

Ashberry Healthcare Limited

Moorhouse Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Moorhouse Nursing Home (Moorhouse) is a nursing home that provides care to older people, people with physical disabilities and complex medical needs. The home is registered to provide support to up to 38 people in one adapted building. There were 19 people living at the service at the time of our inspection.

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

The new manager had worked hard to continuously improve the service since our last inspection. In addition to managing the impact of the pandemic, the manager had developed and supported her staff team to ensure people received a service that was safe and personalised to people's individual needs.

The culture within the service was now positive and inclusive and people, relatives and staff felt empowered to share their ideas and opinions.

Provider presence and engagement with the service had also improved, but the development plan for the service was very much driven by the manager. In order to embed and sustain improvements we have made a recommendation that the provider seeks support from a reputable source in respect of developing the leadership skills at a provider level.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Risks to people were now identified and managed in a way that balanced their safety with their right to freedom.

Staff were kind and compassionate and people were able to make decisions about their support and followed daily routines and interests that were meaningful to them. Medicines were managed safely.

The home was safely maintained with systems now well-established to manage the risk of infection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 March 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 4 December 2019. Breaches of

legal requirements were found. A further unannounced targeted inspection was carried out on 12 August 2020 where further breaches were identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safety and quality of services provided.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Moorhouse Nursing Home on our website at www.cqc.org.uk.

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?

The service was safe.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Moorhouse Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Moorhouse 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, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission (CQC). A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A permanent manager had been in post since July 2020 and was in the process of applying for CQC registration.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included safeguarding concerns and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We sought feedback from the local authority and

Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We also talked individually with seven members of staff including the manager, nursing, care, housekeeping and administrative staff.

We reviewed a range of records. These included the care plans for five people and current medicines records. We looked at the recruitment files for four staff. A variety of documents relating to the management of the service, including policies, procedures and complaints were reviewed.

After the inspection

We gathered telephone feedback from the relatives and representatives of five people living at the service. We also reviewed a range of quality assurance documents and sought further clarification from the manager to validate our evidence.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we found that identified risks were not always being managed safely and that incidents and accidents were not analysed appropriately to mitigate future risk. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that people's care had been reviewed and that where risks were identified, there were now clear plans in place to reduce these. As such, we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- People told us they felt safe living at Moorhouse. One person informed us, "I made absolutely the right decision to come here. I feel very safe and have absolute trust in them."
- Relatives confirmed they had no safety concerns about how their loved ones were cared for. One family member told us, "I believe it (the home) to be 100% safe." Likewise, another relative commented, "They manage risks really, really well."
- Our last inspection had identified the risks associated with a person who experienced a high number of falls. The new manager had arranged for a complete review of this person's support needs involving relevant professionals and the person's representative. Consequently, specialist equipment and bespoke guidelines were now in place for this person which had improved both their safety and independence.
- A new electronic care planning system was now in place which enabled nursing staff to have a better overview of the risks associated with people's clinical needs. An electronic display board in the nurses' office provided a real-time update of people's needs and whether their clinical support had been provided. For example, where people were at risk of pressure ulcers, nursing staff could quickly see whether the plans in place to reduce this risk had been followed by care staff.
- The reflective management of incidents had led to a reduction in incidents resulting from known risks. A monthly analysis of incidents and accidents was completed to identify any themes and trends. Steps to mitigate new risks were then shared with staff at handover and staff meetings.

Staffing and recruitment

At our last inspection we found that the systems in place had not always been effective in ensuring consistent staffing levels were in place and made a recommendation in respect of this. At this inspection we found that the management team regularly reviewed staffing levels alongside people's changing needs and deployed appropriate numbers of staff accordingly.

- People told us that they received their care when they needed it and that staff took the time to deliver

their support safely and with kindness. One person informed us, "I need two staff to help me move about and that is always the case."

- Relatives said that they felt their loved ones got the support they needed and praised the consistency of the staff team. For example, one relative commented, "They seem to have a low turnover of which is good." Likewise, another family member commented, "[Person's name] can't see so staff getting to know her is so important, she really seems to trust them now."
- We observed people received their support in a relaxed and timely way. Staff were present throughout the service and people's requests for help were responded to quickly. Staff confirmed that the number of staff on duty during the inspection was reflective of usual practices.
- Staff reiterated staffing levels had increased since our last inspection. One staff member told us, "Staffing levels feel really good now as we have the time to spend with people." Another staff member commented, "Residents are calmer because staff aren't rushing around – we can really offer people time and care that is person-centred now."
- Appropriate recruitment checks were followed to help ensure staff were safe to work with people who used care and support services. Where necessary, these included evidence of up to date registration with the Nursing and Midwifery Council (NMC) and Home Office Indefinite Leave to Remain forms to show that staff were suitable to work in the service. The manager confirmed that they had systems in place to ensure that appropriate checks were undertaken in respect of staff supplied by external agencies.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe living at Moorhouse, and that staff treated them well. One person said, "The care staff are wonderful, and I have honestly never had a problem."
- Relatives echoed they felt their loved ones were safe at Moorhouse. For example, one family member said, "They seem to be doing everything they can to make him happy, I have no worries at all how he is treated. I think it is everything I could have hoped for."
- Staff understood their roles and responsibilities in protecting people from harm and were committed to keeping people safe. They were able to explain the different types of abuse and how they would report any concerns.
- The management team ensured safeguarding concerns or incidents were appropriately and openly reported to relevant agencies without delay.

Using medicines safely

- People told us they received their medicines safely and as prescribed. One person was prescribed time-critical medicine and their relative confirmed; "Nursing staff are absolutely excellent at making sure he has his medicines on time." Records reflected this too.
- Staff supported people to take their medicines in a way that was personalised to them. We observed staff taking their time to give people their medicines in their preferred way and checking the medicine against the records before administering it to people.
- There were systems in place to ensure medicines were managed and stored safely. Only staff who had been trained and competency checked were permitted to give medicines to people. Nursing staff administered medicines to people with nursing needs. Where people administered their own medicines, there were appropriate risk assessments in respect of this.
- Where internal audits had identified actions, nursing staff were able to explain the steps being taken. For example, staff ensured all individual 'when required' medicines' protocols were transferred and accessible on the new electronic system and the over-stock of topical creams was appropriately reduced.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. The provider had not updated the business continuity plan and we have addressed this under the Well-Led domain.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

Our last comprehensive inspection in December 2019, identified that people did not always feel listened to and that some relatives were fearful of raising concerns. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the new manager operated an open-door policy and was approachable and responsive to the feedback she received. As such, we found enough improvement had been made and the provider was no longer in breach of Regulation 16.

- People told us whilst they didn't have any active complaints they would speak with the manager if they did. One person informed us, "I report my grumbles to the manager, and she gets them sorted."
- Relatives repeatedly said that they appreciated the accessibility of the manager and felt confident to raise issues with them directly. One family member commented, "She's (Manager) always reminding us that we can ask or talk about anything." Similarly, another relative said, "I feel like I can speak to her anytime or email, she is very approachable. I am confident they would action and respond to any concerns or queries."
- The manager maintained a log of compliments and complaints which fully documented issues raised and how they had been responded to. It was evident feedback was now valued and used to improve the way the service was run. For example, a complaint had been raised about a person's furniture being damaged during personal care. This led to the individual being supported to move to a larger room that was better suited to their physical needs.

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

- People told us they were supported in the way they wished and felt like they mattered as an individual. One person told us, "I've always been a loner and so I like to spend time in my own room. Staff go the extra mile though and notice the little things; like coming to draw my curtains when the sun starts to go down."
- Relatives praised the way staff knew people and the things that made a difference to them. One family member told us, "They know him well and make sure he's offered the chocolate biscuits because they know they are his favourite."
- One relative described how a person had been supported well with their clinical needs. They described, "They put plan in place with us and arranged an air mattress for her... They also now support her to get up when previously she didn't want to... it has definitely improved her quality of life [being at Moorhouse]."
- Staff spoken with had a good knowledge of people's needs and preferences and were responsive when these changed. One staff member told us, "People have a choice about how they want to be supported. For example, we have one lady who likes to do her own personal care during the week but likes us to help her with a shower on a Saturday morning. So, we spend extra time with her on that day and style her hair and

generally pamper her too."

- People's care records had recently been transferred to an electronic system which provided staff with the most up to date information via a hand-held device. Whilst there was still some ongoing work to ensure all records had been inputted, this system enabled a better oversight of people's needs and real-time monitoring of their clinical needs by the registered nurse on duty. The manager recognised that there were still some recording gaps but had mitigated the risk of this by ensuring there was always a least one regular nurse on shift. She told us, "At the moment either myself or my deputy cover any shifts that our own nurses can't do, so we always have someone leading the shift that knows people well." We will ensure all records have been fully updated and transferred to the electronic system before our next inspection.

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.

- Staff had the necessary skills to communicate effectively with people. Staff knew people well and gave them time to answer questions or express their needs in their own way.
- A relative highlighted; "[Person's name] is blind ... Staff communicate really well with her, [there is] regular staff so they understand her needs and have gained her trust which supports her communication."

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

- People told us they had the freedom to spend their time as they wished and we observed that people were pursuing their own interests during the inspection.
- Where people told us that they liked to spend time in their own company, we saw that staff had made sure they had everything they wanted nearby. For example, one person was enjoying doing a sudoku puzzle and another person was watching a programme on their television. We noticed that people had their remote controls, drinks and call bells located within easy reach.
- People and relatives both spoke positively about the new activities co-ordinator who had recently been recruited. One family member told us, "They have a fantastic relatively new lady in charge of activities, she always seems to go an extra mile." The family member went on to explain how their loved one who lived with dementia had been supported to look through old photographs on what would have been their wedding anniversary.
- Due to the pandemic, there had been a focus on engaging with people on an individual basis. During the inspection we saw people being invited to hold and pet two guinea pigs and it was evident that the tactile nature of this had brought them a great deal of comfort at a time when usual physical interaction was not possible.
- With lockdown easing, the manager described how they were planning to re-introduce the more sociable activities, including in person church visits and external trips and entertainment.
- The new manager had been proactive in reviewing the visiting policy in line with changing national guidelines and facilitating safe family visits. It was clear from speaking with people and relatives that a person-centred approach had been adopted. One family member told us, "We were really lucky, they (Moorhouse) have been fabulous. I am able to see my father as much as I want to, they have two areas for visiting." Likewise, another relative said, "The pod visit did not work for us, so they enabled me to visit [as an essential care giver]. I do tests before and they provide me with Personal Protective Equipment (PPE), so I can help him with his lunch and dinner."

End of life care and support

- Whilst no one was receiving end of life care, staff spoke respectfully about the care they had provided in the past and their role in enabling people to pass peacefully with dignity and freedom from pain.
- Staff had sensitively supported people to think and talk about how they would like to be supported at the end of their lives. It was clear from the information recorded in people's care records, that discussions had been held at a pace and level that was right for the individual.
- People's specific choices about treatment, religious and cultural wishes and funeral arrangements were clearly documented.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found that quality assurance systems were not always effective and there was a lack of management oversight of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that whilst the new manager had made significant improvements to both the quality and safety of the service, governance and oversight at provider level needed to be further developed and sustained. As such, we found enough improvement had been made and the provider was no longer in breach of Regulation 17, although have made a recommendation in respect of continuous improvement.

- Good outcomes for the people living at the service had been secured through the commitment and dedication of the new manager and her team within the service. Whilst the manager stated she was supported by the provider; the improvement journey had been driven at a local level.
- Staff recognised that there had been a greater provider presence and communication than had been the case at our last inspection but expressed that they felt they relied heavily on the manager for leadership and direction.
- There was no up to date and credible contingency plan for the continued safe running of the service in the absence of the manager. On more than one occasion, the manager had returned early from planned leave to support the service when things had gone wrong. Staff told us they had contacted the manager because they had confidence in her doing the right thing and because the provider was not local to the service.
- The business continuity plan was not sufficiently complete and had not considered the risks to service delivery associated with the pandemic and how these would be managed. For example, who would lead the service if the manager had to self-isolate.
- The previous history of non-compliance at Moorhouse occurred due to a lack of provider oversight and monitoring of the service. Provider governance consisted of a summary of their visit rather than robust monitoring of the service against a strategic development plan that strived for continuous improvement.

It is recommended that the provider seeks advice and guidance from a reputable source in developing the leadership skills and strategic monitoring at a provider level.

- Services that provide health and social care to people are required to inform the Care Quality Commission

(CQC) of important events that happen in the service. Notifications were now submitted to us in a timely way and reflected the growing culture of reflective practice.

- Internal audits were used effectively to evaluate and improve the quality and safety of the service.
- The provider had introduced new systems to establish formal contact between the senior leadership team and the manager at Moorhouse. These included weekly manager's meetings and monthly governance meetings. More recently a forum had also been established to facilitate communication between the staff team and the Director of Quality and Compliance. We will review how these systems have been embedded at our next inspection.

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

- The culture of the service was much open, and people were empowered to have choice and control over both their daily lives and the running of the service. People told us the atmosphere across the service was much improved. One person told us, "It was awful before. Last year I told my family that I wanted to move from here, but thankfully I don't feel that's necessary now."
- The new manager had previously been registered at the service and those relatives who had known her from that time told us, "She is excellent, when I heard she was coming back I was over the moon, she is always cheerful and relaxed, she is just an absolute diamond."
- Staff echoed the positive feedback expressed by people and their relatives about how the service was now being managed. One staff member told us, "Things feel very different now and we are all working together to get the home back to where it was. That fear of coming to work and the tension from management has completely gone."
- Staff morale was visibly improved, and we observed good teamwork between staff at every level within the service. One staff member reflected, "We all work as one team now, if we need something then [manager] is our first port of call and she's there helping us with whatever we need."

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

- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The management team now understood their responsibilities in respect of this.
- Relatives confirmed that they were always kept informed about their loved ones. One family member told us, "He's prone to falls, but if he does have a tumble then they are on the phone letting me know. The communication has been great."
- The management team spoke candidly about mistakes that had been made and the steps taken to prevent reoccurrence. One staff member told us, "We had an incident and I had absolute confidence that the manager would deal with it openly. If the same thing had happened under the previous manager, it would have been covered up."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives told us they were much better involved and informed about the running of the service. One family member said, "Things have improved over the last year, particularly under the new management."
- During lockdown, relatives were kept up to date with what was going on by way of a newsletter and weekly e-mails. One relative told us they had really appreciated the communication they received, "The efforts to keep me informed, regular e-mail and communication about how things are going on and how it

was affected by the pandemic."

- As well as providing feedback, relatives said they felt their own views were valued and listened to. One family member commented, "You can say anything, and she [manager] will action it. We feel very involved with staff there."
- Regular staff meetings and one to one sessions were now taking place and staff reported that they were now able to share their opinions and ideas without fear of reprisal.
- The nursing team had established good relationships with the GP, local hospice and community teams who they worked closely with to facilitate a holistic approach to people's care.
- Local authority safeguarding, and commissioning teams confirmed the provider was now proactively engaging with them and working in a more collaborative way.