

Boldlawn Limited

# Moorland View Care Home

## Inspection report

Moorland View  
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Date of inspection visit:  
07 March 2023  
08 March 2023

Date of publication:  
24 March 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Moorland View Care Home is a residential care home which provides personal care for up to 32 older people. Accommodation is provided over 2 floors, with a passenger lift available. At the time of the inspection 31 people were living at the home.

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

People received safe care. People told us there were enough staff to provide them with support when they needed it. Staff were recruited safely. They had completed safeguarding training and knew the action to take if people were at risk of abuse or avoidable harm. The home was clean and staff followed safe infection control practices, including wearing appropriate personal protective equipment (PPE). Staff managed people's medicines safely; some minor improvements were needed to ensure medicines processes reflected national guidance. The safety of the home environment was checked regularly.

People received support which reflected their needs, risks and preferences. Staff received an appropriate induction and completed the training necessary to meet people's needs and support them well. 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. People received support with their dietary and healthcare needs and were referred for specialist support when they needed it. Feedback received from community professionals about the quality of care provided at the home, was very complimentary. The home environment was suitable to meet people's needs and support their independence. Some repairs and redecoration were needed, and the provider had an ongoing plan of improvements.

The management team and staff were clear about their roles and responsibilities. They prioritised providing high-quality, individualised care which gave people a good quality of life. The service worked in partnership with a variety of community health and social care professionals to ensure people received any specialist support they needed. Community professionals gave us positive feedback about the management team. Management sought the views of people and relatives and listened to them. People and relatives told us they were very happy with the management of the service and staff found management approachable and supportive. Regular checks and audits completed by management were effective in ensuring appropriate standards of quality and safety were maintained at the home.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 14 October 2019) and there were breaches of regulation. The provider completed an action plan after that 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.

At our last inspection we recommended the provider review their processes for managing accidents and incidents, ensured the home environment was dementia friendly and reviewed their quality assurance processes. At this inspection we found the provider had acted on the recommendations and made the necessary improvements.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Moorland View Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

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

#### Service and service type

Moorland View Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Moorland View Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The first day of the inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually, with key information about their service. A PIR is information providers send to us to give us key information about the service, what they do well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 8 people who lived at the home and 6 visiting relatives, to gain their feedback about the care and support provided. We spoke with the registered manager, the support manager, and a number of staff, including care staff, housekeeping staff and the lead chef. We also spoke with 4 visiting health and social care professionals.

We reviewed a range of records, including people's care records and medicines records. We reviewed two staff recruitment files and a selection of staff supervision and training records. We also looked at a variety of records related to the management of the service, including policies and audits. We contacted 4 additional community health care professionals who visited the service regularly for their views about the care provided.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure there were robust staff recruitment processes in place. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider ensured staff were recruited safely. Appropriate pre-employment checks were carried out before staff started working at the home, to ensure they were suitable to support people living there.
- Staffing levels were appropriate to meet people's needs. People and relatives were happy with staffing levels at the home. They told us, "You don't have to wait for help, the girls are always around" and "There always seems to be someone to help if my [relative] needs attention."
- Staff felt staffing levels were appropriate to meet people's needs, but told us they struggled to support people without rushing them, when the service was short staffed due to sickness or holidays. The registered manager acknowledged the service was sometime short staffed. He had recruited additional staff in recent months and told us further recruitment was planned. He described difficulties recruiting and retaining staff, which CQC recognises as a national issue in the social care sector.

### Assessing risk, safety monitoring and management;

- Risks to people's health and wellbeing were managed safely and effectively. Risk assessments were in place to guide staff on how to support people safely and were updated regularly.
- The provider had systems to manage accidents and incidents effectively. Staff supported people appropriately when accidents occurred and the manager reviewed accident records monthly to ensure appropriate action had been taken.
- The management team completed regular checks of the home environment. This included checks of equipment, fire safety and water safety, to ensure it was safe and complied with the necessary standards.

### Learning lessons when things go wrong

At our last inspection we recommended the provider seek advice and guidance from a reputable source, about the management of and learning from accidents and incidents. The provider had made improvements.

- The provider had systems to analyse accidents, incidents and concerns. Audits of accident records were completed monthly to identify any patterns and ensure appropriate action had been taken by staff. The registered manager told us they often used their weekly ward round with health colleagues to discuss accidents. This helped to ensure that any possible contributing factors, such as infections or medicines, could be explored, and any necessary actions taken.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from abuse and avoidable harm. People felt safe living at the home. One person told us, "Because staff are always on hand to help, we are kept safe." One relative commented, "I think [person] is well cared for and safe at this home."
- Any safeguarding incidents were investigated and reported to the local authority and CQC when appropriate. Staff had completed safeguarding training and understood how to protect people from the risk of abuse

#### Visiting in care homes

- Friends and family were able to visit people in line with Government guidance. We spoke with a number of visitors during our inspection and saw that they were made to feel welcome by staff.

#### Using medicines safely

- People's medicines were managed safely, and people received their medicines as and when they should. Some minor improvements were needed to ensure medicines management processes reflected National Institute for Health and Care Excellence (NICE) guidance.
- Staff had completed the necessary training and been assessed as competent to administer people's medicines safely. Management completed regular checks of medicines stock and records. People living at the home and relatives were happy with how medicines were managed. One person told us, "My tablets are looked after by the staff, I don't have to worry."

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 that the provider's infection prevention and control policy was up to date.



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that staff had completed required training. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider ensured staff received an appropriate induction when they joined the service and completed the training necessary to meet people's needs. Staff told us their training was up to date and this was confirmed in the records we reviewed.
- People and relatives were happy with the skills of staff working at the home. They told us, "The staff are just excellent and support me very well. I don't know what I'd do without them" and "From what I have seen, the staff seem to know their jobs."
- Staff told us they received regular supervision and were happy with the training and support provided.

Adapting service, design, decoration to meet people's needs

At our last inspection we recommended the provider review best practice guidance about dementia friendly care home environments, as this can have a positive impact on people's well-being and independence. The provider had made improvements.

- The provider ensured the home environment was suitable to meet people's needs. Since the last inspection, some dementia friendly signage had been introduced. The provider told us further improvements were planned.
- The building had been adapted to meet people's needs and support independence. A passenger lift, lifting equipment and adapted bathroom facilities were available to support people with mobility needs. There was a large dining room and a number of lounge areas, which meant people had a choice of where they spent their time.
- The home needed repair and redecoration in some places, and we saw evidence that the provider had an ongoing improvement plan in place. Since our last inspection some windows and flooring had been replaced.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received care and support which reflected their assessed risks, needs and preferences. Detailed care plans and risk assessments were available to guide staff about how to support people safely and effectively.
- Community professionals told us staff knew people well and provided people with individualised care which reflected their assessed needs.
- The provider had policies and procedures for staff to follow, which reflected CQC regulations and relevant guidance.

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

- People were supported to eat and drink well. Care plans included information about people's dietary needs, risks and preferences. Some minor improvements were needed to ensure that information in people's care records was consistent and reflected the information held by catering staff.
- People's weight and nutritional intake were monitored, and they were referred for specialist support if concerns about weight loss, or difficulties eating or drinking, were identified.
- People and relatives were happy with the quality and choice of food provided. They told us, "My food is very good. There is a choice of meals, and they are always good and plentiful" and "When I was off my food, the cook tried very hard to find something I would enjoy. It's nice when they go to all that trouble just for me." Two relatives told us their family members' weight and appetites had improved since they had moved into the home.

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

- The provider ensured people's healthcare needs were met. When people needed specialist healthcare support, appropriate referrals were made. People and relatives were happy with the support provided. They told us, "I feel the home's support (with health needs) has made a difference to my quality of life" and "We find [relative's] general health has improved while being here."
- Community health and social care professionals who visited the home regularly, gave very positive feedback about the care provided at the home. They told us they received appropriate referrals and staff followed any advice given. They described the home as 'lovely', 'impeccable' and staff as 'proactive', 'very helpful and knowledgeable'. They did not have any concerns about the care people received.
- Care plans included information about people's healthcare needs, including their medical history, medicines and allergies. Information about people's needs, risks and medicines was shared with paramedics and hospital staff when people were taken to hospital.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. Care plans included information about people's capacity to make decisions about their care, what they could do for themselves and the choices they were able to make. When they lacked capacity, the provider had processes to make best interests decisions in consultation with their relatives or representatives.
- When people needed to be deprived of their liberty to keep them safe, the registered manager had applied to the local authority for authorisation to do this. One person's DoLS authorisation had a condition and we saw evidence that the condition was being met.
- People, or where appropriate their relatives, had consented to staff providing them with care. We observed staff asking people for their consent before supporting them and encouraging them to make decisions when they could.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created, promoted 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 recommended the provider reviewed their systems for assessing, monitoring and improving the service to ensure they were fit for purpose. The provider had made improvements.

- The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. He understood his roles as the registered manager and nominated individual, and his regulatory responsibilities. He was responsible for the day-to-day management of the home, with support from a support manager and deputy manager.
- Staff understood their roles and responsibilities, which were discussed during their induction, training, supervision, and staff meetings.
- Management completed regular audits of quality and safety, including checks of medicines, infection control and the safety of the home environment. The registered manager had oversight of any audits that had been completed by the other managers. The audits were effective in ensuring that appropriate standards of quality and safety were being maintained at the home. When audits identified the need for improvements, action was taken in a timely way.
- The management team stayed up to date with good practice through regular review of CQC, health authority, Royal College of Nursing (RCN), local authority and Government guidance. Any relevant changes or updates were communicated to staff during staff meetings or shift handovers.
- Management had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.

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

- The provider had various processes to gain feedback from people and relatives about the care provided, including regular satisfaction surveys and meetings. Feedback seen from recent satisfaction surveys and meetings was positive and showed that management listened and responded to people's concerns and suggestions. People and relatives told us their views were considered. One relative commented, "I always feel my opinion is listened to and if changes are necessary, they are put in place."
- Most staff told us that staff meetings took place regularly and they could raise concerns or make

suggestions during the meetings. They told us management were approachable and supportive about both work and personal issues. One staff member commented, "I'm happy with the management of the home. I could go to any of the managers with any concerns."

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

- The service had an open culture, where people, relatives and staff were encouraged to share their views and were listened to. Management and staff treated people as individuals and included people, and their relatives when appropriate, in decisions about their care. People received individualised care which focused on achieving a good quality of life.
- People and relatives were happy with how the service was managed. People told us, "They run this home really well, our needs are met" and "The people at the top make a big difference to the running of this place. They are good, kind people, with our wellbeing at the heart of the home." One relative commented, "The owner is very approachable and listens to our opinion. I would recommend this home for its very caring attitude."
- Staff understood the provider's aim to provide people with personalised, high-quality care. They told us they worked hard to ensure people were well looked after. One staff member told us, "We give them the best possible care." Another commented, "The home is family orientated. People are treated well, and the staff team works well together."

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 provider had a duty of candour policy and was aware of their responsibilities. One incident had occurred which fell under the provider's duty of candour, and appropriate action had been taken.

Working in partnership with others

- Management and staff worked in partnership with people's relatives, representatives and a variety of health and social care professionals to ensure people received the support they needed. This included social workers, GPs, community nurses, hospital staff, dietitians, speech and language therapists and physiotherapists. Community professionals who visited the service regularly were very complimentary about the management team. They told us management were very proactive and always sought to provide the highest quality of care for people living at the home.