

Boldlawn Limited

# Moorland View Care Home

## Inspection report

Moorland View  
Exchange Street  
Darwen  
Lancashire  
BB3 0DX

Tel: 01254704611

Date of inspection visit:  
02 September 2019  
05 September 2019

Date of publication:  
14 October 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Moorland View is a residential care home providing accommodation and personal care to 31 people aged 65 and over at the time of the inspection. The service can support up to 32 people. Accommodation is provided in 32 single bedrooms over two floors. 16 of the bedrooms have en-suite facilities. The home is located in a residential area in Darwen.

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

People told us they were well cared for and felt safe in the home. However, we found staff had not always been safely recruited. In addition, they had not always completed the provider's mandatory training or annual updates to ensure their knowledge and skills were up to date.

The provider had a system to ensure staff documented any accidents or incidents which had taken place. However, it was not always clear what action the registered manager had taken to help prevent such incidents from occurring. In addition, the registered manager had not informed CQC of some important incidents as required under current regulations. We have made a recommendation regarding the management of incidents and learning lessons when things go wrong. We have also made a recommendation regarding making the environment more dementia friendly.

The registered manager had systems to assess and monitor the quality of the service. However, these had not been effective in identifying the issues found during this inspection. We have made a recommendation that the provider reviews the quality assurance processes they use.

Staff had completed safeguarding training and knew the correct action to take to protect people from the risk of abuse. People received their medicines as prescribed. The interior of the home was clean and free from malodour. The provider took action to improve the laundry after we identified concerns regarding the lack of cleanliness on the first day of the inspection.

Staff told us they felt well supported and received regular supervision during which they were able to discuss their professional development. 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. The provider had systems to assess and monitor people's health and nutritional needs.

People told us staff treated them with dignity and were respectful. Our observations supported these views. Staff encouraged people to be as independent as possible. People felt listened to and confident to raise any issues. We saw that where concerns had been raised, the registered manager had acted to resolve the matters.

Care plans contained information on people's health and communication needs as well as their family

background, religious needs and social interests. Activities were available for people to participate in if they wished.

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

#### Rating at last inspection

The last rating for this service was good (published 3 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this report.

We have identified breaches in relation to the recruitment of staff and staff training.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one 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 is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The first day of this inspection was unannounced. We returned to the home on 5th September 2019 to speak with the registered manager as they were on holiday on the day of our initial visit.

#### What we did before the inspection

Before our inspection, we reviewed all the information we held about the service. We checked for feedback we received from members of the public, local authorities 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 also checked records held by Companies House.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three visiting relatives. We completed checks of the premises and observed staff interacting with people in communal areas of the service. We spoke with a total of seven staff. These were the registered manager, five members of care staff and the cook.

We reviewed a range of records relating to the way the service was run. This included three people's care and medicines records, three staff recruitment files, minutes from meetings, audits and checks completed in the service and a sample of policies and procedures.

# 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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staff had not always been safely recruited. We looked at the recruitment files for three staff and found the provider had not ensured staff had always included a full employment history on their application form. They had also not documented the reasons for any gaps in a person's employment history as required under current legislation. In addition, they had not completed an assessment of any risks raised following receipt of pre-employment checks.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff had been safely recruited. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was staffed sufficiently. People told us there were generally enough staff on duty. Our observations during the inspection confirmed this to be the case.

### Learning lessons when things go wrong

- The provider needed to improve systems to ensure lessons were always learned following accidents or incidents. Staff documented when accidents and incidents occurred but there was no evidence these had been reviewed by the registered manager. In addition, these records did not show any action the registered manager had taken reduce the risks of similar events happening again.

We recommend the provider seek advice and guidance from a reputable source, about the management of and learning from accidents and incidents

### Using medicines safely

At our last inspection we found people had not always received their medicines as prescribed. The provider had made the necessary improvements.

- Medicines were safely managed and stored. Staff responsible for the task had received training in the safe handling of medicines although they had not completed annual updates of this training. The registered manager told us this was because they had focused on undertaking annual competence assessments. People told us staff always administered their medicines correctly.
- The recording of when creams had been administered had improved since the last inspection. In addition,

there were now protocols in place to provide information about the safe administration of 'as required' medicines.

- We reviewed the medicines administration records for three people and found they had been fully completed. The stock of medicines held corresponded with the records held. This meant people had received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. People told us they felt safe in the home and had no concerns about the support they received from staff. Comments made included, "The staff look after us well" and "The staff make me feel safe and there are always people around."
- Most staff had completed safeguarding training, although several of these had not completed annual refresher training as required by the provider. However, staff spoken with were able to tell us the correct action to take if they witnessed or suspected abuse. This included involving external professionals and agencies if they felt this necessary.

Assessing risk, safety monitoring and management

- The provider had established systems to assess and manage risks in the service. Staff completed an assessment of the risks relevant to each individual who lived in the home and strategies were in place to manage the identified risks. Staff reviewed these strategies regularly to ensure they remained relevant to people's needs.
- The registered manager completed regular checks to ensure the safety of the premises and any equipment used. They also documented the support people would need to evacuate the premises safely in the event of an emergency.

Preventing and controlling infection

- The provider and registered manager had systems to help protect people from the risk of cross infection. Since the last inspection, the provider had refurbished a bathroom and toilets to enable staff to keep these areas as clean as possible. People told us staff always kept communal and their bedroom areas clean.
- All areas within the home were clean and free from odour. However, the laundry facility located in the grounds of the home was not clean and presented a risk of cross infection. We raised this with senior staff on the first day of inspection and found the situation had improved by the second day.



# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not always received required training. The registered manager kept a record of the training completed by staff and employed a support manager who delivered two weekly training sessions for staff on key topics. However, the training matrix showed several staff had not completed either required initial training or annual updates. This included first aid, moving and handling and safeguarding. The registered manager told us staff had not always attended the training which was identified as necessary. They told us they did not have any system for setting deadlines for staff to complete required training but would introduce this immediately following the inspection.

We found no evidence that people had been harmed because of this lack of training. However, the provider's system to monitor and plan for required staff training had been ineffective. There was a risk staff might not have the necessary skills or knowledge to provide effective care. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were well supported by senior staff and the registered manager. Staff told us they felt supported through day to day contact, regular supervision and annual appraisals of their performance. Supervision sessions provided an opportunity for staff to discuss their work performance and professional development.

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

- The provider had improved the premises since the last inspection. People told us they were happy with the environment and the ability they had to personalise their bedrooms.
- The registered manager had not given consideration to how dementia friendly signage and other adaptations could be used to help people find their way around the home.

We recommend the provider pays attention to best practice guidance regarding how a more dementia friendly care home environment can have a positive impact on people's well-being and independence.

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

- The provider had systems in place to ensure people received care which met their individual needs. The registered manager completed an assessment of people's needs before they entered the home. This assessment was used to develop care plans and risk assessments.
- Care plans were handwritten and difficult to decipher. Staff told us, although they referred to care plans, they often struggled to read the registered manager's writing. A typed summary of each person's needs was

placed at the front of their care records file. The registered manager told us they would consider how the documentation of people's needs could be improved.

- Staff we spoke with had a good understanding of people's needs.

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

- Staff supported people to maintain a healthy and balanced diet. People told us the quality of food in the home was good and they had the opportunity to choose what they wanted to eat. Our observations of a meal time showed staff were patient when supporting people to eat and drink. Snacks and drinks were offered to people throughout the day.
- Staff had assessed people's nutritional needs and, when necessary, recorded the amount people had to eat and drink. Guidance from health professionals was followed.

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

- Staff worked with healthcare professionals to ensure people's healthcare needs were met effectively and consistently. Staff documented any advice received from professionals in people's care records. One relative told us how the action of staff had prevented their family member from developing a serious health condition.
- Staff told us there was a system to make sure important information about people's needs was communicated to health professionals if they were transferred 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 particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The provider had systems to protect the rights of people who lacked capacity to make particular decisions. The registered manager had submitted DoLS applications to the local authority when people were unable to consent to their care and treatment in the home.
- Staff had a good understanding of the principles of the MCA and gave us examples of how they gained consent from people before they provided any care. Staff supported people in the least restrictive way possible. The service had policies and procedures to underpin this approach.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people well and respected each person's individuality. People told us they valued the support they received. Comments people made about staff included, "They are nice people", "They sit and talk to you and ask me about my past" and "I think they are really kind." During the inspection, we observed positive and respectful relationships between staff and people in the home.
- The provider had a policy for staff to follow regarding how to treat people equally, taking into account their differing and diverse needs. Staff received training which covered equality and diversity and the importance of valuing people's individual backgrounds, cultures and life experiences.

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

- Staff supported people to make choices about their daily life and the care they received. Most people told us they were aware of their care plans which provided staff with information about how they wished to be supported. They told us they had also been involved in reviewing the care they received.
- When necessary, the registered manager sought external professional help to support decision-making for people, including the use of advocacy services. People can use advocacy services when they do not have friends or relatives to support them or want help from someone other than staff, friends or family members to understand their rights and express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to maintain their dignity. Comments people made included, "When they shower me, they make sure it is private" and "They knock when they come into my room. I can have my privacy if I need it."
- Staff promoted people's independence as far as possible. One person told us how staff had supported and encourage them to lose weight to improve their mobility. They commented, "I am really pleased I can walk with a frame now. I couldn't walk before."
- The registered manager ensured care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

# 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 good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care to meet their individual and diverse needs. Staff recorded people's social and family history as well as their interests. This information was used by staff to engage people in discussions about their care and the activities in which they liked to engage.
- Staff involved people and, where appropriate, others acting on their behalf, in reviews to ensure planned care continued to meet their needs. Care records contained comments from people which confirmed they were happy with the care they received.

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.

- The service met people's communication needs. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. The registered manager gave us examples of how communication tools such as picture cards had been used with individuals to enable them to engage with staff and other professionals. During the inspection we noted an external provider attended the home to review some people's visual needs.

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

- The provider had a programme of activities to help people maintain their emotional and physical health. An external provider visited the home three times a week to engage people in chair exercises. We observed these sessions on both days of the inspection and found them to be engaging and fun-filled. Staff also encouraged people to take part in games, quizzes and music events.
- People told us they were supported to maintain relationships with family and friends. The provider had also ensured people's religious needs were met by arranging regular visits from local church leaders.

Improving care quality in response to complaints or concerns

- The provider had a system in place to record and respond to complaints. There had been one complaint in 2019 and five complaints in 2018, all of which referred to minor issues. The registered manager had taken the appropriate action to investigate and respond to the concerns raised.
- The registered manager had received numerous compliments and 'Thank You' cards. A visiting GP had recorded that they were impressed with the care and attention staff gave to people's care.

- Although people were not always aware of the complaints procedure, they were confident any issues they raised would be swiftly resolved.

#### End of life care and support

- The service had processes to support people to achieve a dignified and pain free death. Staff had access to best practice guidance in relation to end of life care. Some staff had received training in this area.
- The registered manager encouraged people to discuss their end of life wishes and to complete an advance care plan to record these. They told us they would ensure people's end of life wishes were also included in their care plan and summary of needs.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. 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

- The provider had failed to ensure some regulatory requirements had been met. We found there were nine incidents over the 12 months prior to the inspection which the registered manager had failed to report to CQC as required. The registered manager told us this was an oversight and agreed to report all these incidents retrospectively to CQC. This will be considered separately to the inspection process

Continuous learning and improving care

- The registered manager used a variety of method to assess, monitor and improve the quality of the service provided. They completed regular audits of the environment, care plans and the administration of medicines. However, the quality assurance systems had not identified the issues documented earlier in this report.

We recommend the provider reviews their systems for assessing, monitoring and improving the service to ensure they are fit for purpose.

- Staff understood their roles and responsibilities. The provider had policies and procedures to support staff in their work. However, these needed further review as there were some policies which were duplicated and had discrepancies in their content. This might lead to staff being unclear about which information to follow. The registered manager told us they would take action to address this following our inspection.
- The registered manager demonstrated a commitment to using best practice guidelines to improve the care people received, including in relation to oral health care and end of life care.

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

- The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. People were positive about the quality of service they received. Comments people made included, "I am happy. I am alright, having people to talk to and people who care for you" and "Everything you need is here, and I am as happy as you can be here."

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 told us they were always honest with people if things went wrong and made the necessary referrals to the local authority safeguarding team. They did not have a policy to inform staff of the action to take if something went wrong with a person's care. They confirmed they would develop such a policy following the inspection.

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

- The provider had developed systems that engaged and involved people, relatives and staff.
- The registered manager used face to face meetings, surveys and daily interaction to gain feedback about the service. They told us the recent refurbishment of the bathroom was as a direct result of feedback received and that this had had a positive impact on the care people received. People confirmed their views about the running of the home were sought by the registered manager and their views listened to. One person commented, "They do seem to be appreciative of our opinions."
- Staff told us they could contribute to the way the service was run. The registered manager organised regular meetings for all staff to give them an opportunity to discuss working practices and raise any suggestions for improving the service. However, we found how these meetings were recorded needed to be improved to fully reflect discussions which had taken place and any action taken as a result.

Working in partnership with others

- The service worked in partnership with other professionals and agencies to help ensure people received the care they needed. Staff were proactive in contacting community-based health professionals to seek advice and guidance about how best to meet people's needs.
- Relatives told us staff were good at working with them to ensure their family members received safe care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider did not have robust recruitment processes in place.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured staff completed required training.