

Moor Park House Limited

Moor Park House Limited

Inspection report

81-83 Garstang Road
Preston
Lancashire
PR1 1LD

Tel: 01772886785
Website: www.moorparkcare.co.uk

Date of inspection visit:
25 November 2020
07 December 2020

Date of publication:
06 January 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Moor Park House Limited is a 54 bedded purpose-built home. The home provides personal and nursing care for young adults and older people, specialising in care for people needing support with complex needs, physical disability and acquired brain injury. There were 52 people living at the home when we visited.

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

The service was not always safe. At the last inspection we recommended that the provider implement systems to show an audit trail of accidents and incidents. At this inspection we found this had not been implemented effectively. We could not be assured that lessons had been learnt to prevent similar incidents reoccurring. We found medicines records were not always managed effectively. Systems and processes in place were not robust enough to ensure medicines policies and practices were consistently implemented. People did not always have risks to their personal safety identified and recorded. When they had been identified, control measures were not always documented to mitigate the risk. Staff were able to tell us about the risks to people and knew how to support people to minimise the risks.

The service was not always well led. The registered manager had not operated effectively systems to assess, monitor and improve the service. Some records relating to care and the management of the service were either incomplete, inaccurate and/or not kept up to date. The issues we found were not picked up by the auditing systems in place. This could have compromised the quality and safety of the service provided. Staff told us they felt well supported in their role. People we spoke with told us that they felt their loved ones were well cared for.

We found the management team receptive to feedback and keen to improve the service. The registered manager worked with us in a positive manner and provided all the information we requested. Additionally, they responded promptly to our concerns during and after the inspection.

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

Rating at last inspection

The last rating for this service was good (published 7 July 2018).

Why we inspected

The inspection was a targeted inspection prompted in part, due to concerns received about medicines and documentation. A decision was made for us to inspect and examine those risks.

We inspected and found there were concerns with oversight of risk and quality assurance, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well led.

The ratings from previous comprehensive inspections 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 good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to good governance at this inspection.

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 work alongside the provider and local authority to monitor progress. 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Moor Park House Limited

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 team was made up of one inspector and a pharmacist specialist.

Service and service type

Moor Park House 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 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.

Notice of inspection

The first day of this inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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.

During the inspection-

We spoke with four relatives about their experience of the care provided to their loved ones. We spoke with six members of staff including the registered manager, nurses, senior care workers, and care workers. We carried out observations of care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



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

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.

Using medicines safely

- Medicines records were not effectively managed. The completed medicines audits did not identify the inconsistent practice we found.
- Protocols to support the safe administration of 'when required' medicines and use of prescribed patches were not in place on all floors. The use of dedicated charts for the use of prescribed creams had been discussed but were not in use. The service had received the charts but the system had not been implemented for consistency.
- Quantities of medicines carried forward to the next month's records were not recorded on all floors, making it difficult or impossible to audit the safe administration of medicines.

Systems were either not in place or robust enough to demonstrate medicines procedures were consistently applied. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's individual choices and needs were considered when administering medicines. Guidance was in place for the administration of medicines using specialist techniques e.g. through a PEG [feeding tube].
- Arrangements were in place to ensure that special label instructions such as 'before food' were followed, and to ensure that enough time was left between repeated doses of the same medicine.

Learning lessons when things go wrong

At the last inspection we made a recommendation about documentation to allow for an audit trail of the evidence and collation of lessons learned. The provider had not made improvements.

- Systems and processes were not effective to evidence that lessons had been learned to prevent similar incidents occurring in future.
- The registered manager had developed a tool to capture further information around accidents and incidents. However, the documentation was not effective and was not always used or fully completed. When we discussed some of the incidents with the registered manager, they were not able to assure us of the actions they had taken in response to the accident or incident.

Systems were either not in place or robust enough to demonstrate lessons were learnt and acted upon. This

placed people at risk of harm. This was a breach of regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and wellbeing were not consistently assessed or planned for. Staff were provided with guidance on how to keep people safe. However, we found inconsistencies in documentation. We discussed this with the registered manager in response, the registered manager acted to review the care plans.
- Staff demonstrated they were aware of the different risks people were vulnerable to which reduced the risk of harm.

Staffing and recruitment

- Recruitment was safe. The registered manager carried out checks on all new staff before they were employed.
- The registered provider made sure there were enough staff to meet people's needs in a timely way and in line with their care plan. We observed staff were busy but responded to any calls for assistance.

Systems and processes to safeguard people from the risk of abuse

- The service had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to demonstrate their knowledge.
- Management and staff understood safeguarding and were clear about when to report incidents and safeguarding concerns to other agencies. Staff told us they would not hesitate to raise concerns if they witnessed abuse or poor practice.

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 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.

We have also signposted the provider to resources to develop their approach.

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; Continuous learning and improving care; 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

- We found some inconsistencies in documentation. These included incomplete information. Supplementary records for people were not consistently completed or checked. During the inspection the issues we found had not been recognised by the registered manager or provider.
- The registered manager had not operated effectively systems to assess, monitor and improve the service. We viewed audits that had highlighted issues such as missing documentation in care files. However, there was no information to say if this had been investigated and rectified.
- Audits completed by senior staff did not always identify and escalate relevant risks and issues. Actions were not always identified or monitored effectively to ensure mitigation was in place. We could not see that there was oversight by the registered manager to monitor the overall risk at the service.
- While the registered manager and the staff team were aware of their roles and responsibilities, we found they had not followed required standards, guidance and their own policies in various areas.

We found no evidence people had been harmed however, systems were not robust enough to demonstrate leadership and quality assurance was effectively managed. This is a breach of Regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager had an 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence. Good relationships had been developed between management, staff and people using the service and their family members.
- There was a positive culture at the service which focussed on providing people with high standards of care. Staff told us they felt supported and valued by the management team.

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

- Records and discussion showed the service worked in partnership with a variety of health and social care

professionals to ensure people received the support they needed. These included social workers, GPs and community nurses.

- Staff and management meetings took place regularly and were open forums for information to be shared.
- There was a plan to deliver high quality care and support at the service. Staff were aware and involved in this vision and the values shared.
- Following the inspection, the registered manager and provider took prompt action to start addressing shortfalls we identified.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured the systems processes they had to monitor quality and identify areas for improvement were always effectively implemented. Regulation 17 (1) (2) (a) (f)</p> <p>The documentation did not always contain a complete and accurate record of people's needs. Regulation 17 (1) (2) (c)</p>