Moorlands (Strensall) Limited

Moorlands Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Moorlands Care Home is registered to provide nursing care for up to 68 people who may be living with dementia, a disability or require end of life care. The service is in a residential area of the village of Strensall, a short drive north of York.

The service is divided into two units. The Jasmine Unit provides nursing care, whilst the Lavender Unit provides nursing care for people who may also be living with dementia. All accommodation is on the ground floor and people living on both units have access to a small courtyard. There is a large car park at the front of the service.

We last inspected the service in June 2016 when we identified breaches of Regulation 9 (Person-centred care), Regulation 11 (Need for consent), Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance). At the time of that inspection, the service was in 'special measures' and due to our on-going concerns the service was rated Inadequate and remained in 'special measures'. Services in special measures are kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, are inspected again within six months.

This inspection was planned to check whether the registered provider had taken the necessary steps to address our concerns. This inspection took place on 1 February 2016. The inspection was unannounced. This meant the registered provider and staff did not know we would be visiting. There were 24 people using the service at the time of our inspection.

At this inspection, we found that the registered provider and registered manager had addressed our concerns and the service was now compliant with the fundamental standards of quality and safety. For this reason the service is no longer in 'special measures'.

We found that improvements had been made to the range of activities and level of meaningful stimulation available to people who used the service. We saw staff made genuine efforts to engage people in conversation. A range of activities were on offer within the service and staff tried hard to encourage participation. Staff listened to people, explained what they were doing, sought consent and respected people's decisions. This demonstrated that improvements had been made to the level of person-centred care provided.

Improvements had been made to the way consent to care was recorded. Mental capacity assessments were completed and work was on-going to establish who was responsible for making best interest decisions. Applications to deprive people of their liberty were now submitted, where necessary, in a timely manner.

Improvements had been made to the way medicines were managed within the service. Systems were now in place to ensure people received their prescribed medicines safely. Improvements had been made to the way accidents and incidents were recorded and analysed and we observed there had been an overall reduction

in the number of accidents and incidents occurring. This demonstrated that the preventative measures put in place by the registered manager were effective in reducing risks to keep people who used the service safe.

Improvements had been made to the management of the service. We received positive feedback about the registered manager. People told us there was stability within the service now that a permanent registered manager had been appointed and we could see that systems, processes and routines were being developed which supported staff to provide good care. The service was now compliant with the fundamental standards of quality and safety.

Whilst improvements had been made, we have not revised the rating for this service to 'Good', because we require evidence of consistent good practice and the improvements made need to be sustained to demonstrate this. We will re-inspect the service to ensure that the positive progress made is sustained.

During our inspection, we received positive feedback about staffing levels and saw that sufficient staff were deployed to meet people's needs.

Health and safety checks of the service and any equipment used were completed. Risks were identified and assessed. Risk assessments were used to guide staff on how to provide safe care and support. Care plans were person centred and reviewed and updated regularly. We were concerned that some staff told us they did not read people's care plans. However, we found that staff were knowledgeable about people's needs and the risks associated with meeting those needs.

Systems were in place to ensure staff received regular training, supervisions and an annual appraisal of their practice.

We received positive feedback about the food provided at Moorlands Care Home and saw that people were supported and encouraged to ensure they ate and drank enough. People's food and fluid intake and weights were monitored to minimise the risk of dehydration or malnutrition.

We received positive feedback about the staff and relatives of people who used the service told us they felt staff genuinely cared for people who used the service. Staff provided support in a way that maintained people's privacy and dignity. People were supported to make decisions and staff respected people's choices.

There was a system in place to gather and respond to feedback about the service provided including handling complaints or concerns.

The registered provider is required to have a registered manager as a condition of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection, the service had a registered manager and as such the registered provider was compliant with this condition of their registration.

The registered manager and registered provider completed a range of audits to monitor the quality of the service provided. We saw evidence of a clear commitment to improve the quality of the service.

We received positive feedback about the registered manager and the changes they had made.

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.

We received positive feedback regarding staffing levels and observed that there was sufficient staff on duty to meet people's needs.

Staff were trained to recognise and respond to safeguarding concerns to keep people who used the service safe.

Risk assessments were used to minimise risks. We observed staff providing care and support in a safe way.

Improvements had been made to the way accidents and incidents were monitored and responded to.

Improvements had been made with how medicines were managed. There were appropriate systems in place to ensure people who used the service received their prescribed medicines.

Is the service effective?

Good

The service was effective.

Staff received on-going training and supervision to support them to provide effective care.

People who used the service were supported to ensure they ate and drank enough.

Improvements had been made to the way consent to care was recorded and applications to deprive people of their liberty were appropriately completed in a timely manner.

Work was on-going to develop the dementia friendly environment.

Is the service caring?

Good

The service was caring.

People who used the service told us they were well cared for.

We observed that people were supported and encouraged to make decisions and staff respected people's choices.

Care and support was provided in a way which maintained people's privacy and dignity.

Is the service responsive?

Requires Improvement

The service was responsive.

Improvements had been made to the way that care and support was provided. We saw that staff were more attentive to people's needs and provided more effective person-centred care.

Improvements had been made to the range of activities and meaningful stimulation provided to people who used the service.

The registered provider had a system in place to manage and respond to feedback about the service provided including complaints.

Whilst improvements had been made, we have not revised the rating for this key question to 'Good', because we require evidence of consistent good practice and the improvements made need to be sustained to demonstrate this.

Is the service well-led?

Requires Improvement

The service was well-led.

The registered manager and registered provider had made positive progress addressing concerns identified at previous inspections and the service was now compliant with the legal requirements.

We received positive feedback about the registered manager and the improvements they had made to the quality of the service provided.

Whilst improvements had been made, we have not revised the rating for this key question to 'Good', because we require evidence of consistent good practice and the improvements made need to be sustained to demonstrate this.

Moorlands Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 February 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting. The inspection team consisted of two Adult Social Care Inspectors and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service. The Expert by Experience supported this inspection by observing staff's interactions and by speaking with people who used the service and visitors to find out about their views of the service provided.

Before our inspection, we spoke with the local authority to seek their feedback about the service provided at Moorlands Care Home. We also looked at information we held about the service, which included information shared with the Care Quality Commission via our public website and notifications sent to us since our last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service.

We also asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection, we spoke with seven people who used the service and seven people who were visiting their relatives or friends. We also spoke with three health and social care professionals to gain their feedback about the service provided. We talked with the registered manager, regional support manager, deputy manager and four care staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed care interactions between staff and people who used the service in the communal lounges on both Jasmine and Lavender Unit

including during planned activities and at lunchtime. We also carried out a tour of the premises and, with permission, looked in people's bedrooms.

We reviewed three care plans, staff recruitment and training files, medication administration records, meeting minutes and records relating to the management of the service including health and safety, maintenance records and quality assurance checks.

Good

Is the service safe?

Our findings

During our last inspection of the service in June 2016, we found that medicines were not managed safely and the systems in place to respond to accident and incidents or manage safeguarding concerns were not robust. 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 improvements had been made and the service provided was meeting the requirements of Regulation 12. This meant there was no longer a breach of this regulation.

We reviewed how medicines were managed within the service and checked people's medication administration records (MARs). We found that people who used the service provided positive feedback about the support provided to take their prescribed medicines. One person commented, "I always get my medicine on time."

The registered provider had a medication policy and procedure in place to guide staff on how to safely administer medicines. Staff responsible for administering medicine received training from the pharmacy who supplied the service's medicines, and competency tests were completed to ensure staff had the necessary skills to administer medicines safely.

We saw that medicines were stored securely and MARs were used to record the medicines people had been supported to take. Our checks showed that MARs were appropriately completed and systems were in place to monitor levels of medicine in stock to ensure a continuous supply. Protocols were used to guide staff when to administer medicines to be taken only when needed. Appropriate topical administration charts supported staff to know when and where to administer creams.

Some prescribed medicines are controlled under the Misuse of Drugs legislation. These are called controlled drugs and there are strict legal controls to govern how they are prescribed, stored and administered to prevent their misuse. We found that safe systems were in place to ensure controlled drugs were securely stored and appropriate records were kept by staff to record when these were given. We concluded that systems were in place to ensure the safe administration of medication.

A record was kept of any accidents or incidents which had occurred involving people who used the service. These documented what had happened and how staff had responded. The registered manager collated accident and incident reports and robustly analysed these to identify any patterns or trends that were emerging or any instances where further action was needed to reduce any on-going risks. We saw that the number of accidents and incidents had reduced showing that the preventative measures put in place by the registered manager were effective in reducing risks to keep people who used the service safe.

People we spoke with told us they felt safe at Moorlands Care Home. Comments included, "The staff look after me really well" and "I feel safe and well cared for." We observed that people were relaxed and comfortable in the company of staff showing us that they felt safe.

People who used the service were protected from abuse and avoidable harm by staff who were trained to recognise and respond to safeguarding concerns. The registered provider had a policy and procedure in place to guide staff on how to safeguard vulnerable adults from abuse. Records of training completed showed that 97% of staff had received safeguarding vulnerable adults training. Staff we spoke with described the signs and symptoms that may indicate someone was being abused and told us what action they would take if they had any concerns. Staff understood how to report safeguarding concerns and told us they were confident that the registered manager would take the appropriate action if they reported any concerns regarding poor care. This showed us there were systems in place to appropriately identify and respond to safeguarding concerns.

We reviewed people's care records which demonstrated that people's needs were assessed and regularly reviewed. Risk assessments were used to identify and quantify the level of risk and provided guidance to staff on how care and support should be delivered to minimise risks and keep people safe. We found that care plans and risk assessments were regularly updated and contained person centred information on how to safely meet people's care needs.

However, some staff told us they did not always read the care plans and instead relied on a verbal handover of information from the team leader, nurses and their colleagues. We found that information in the care records could be better organised to ensure it was easily accessible as it was often necessary to read a number of pages of evaluation to get an up to date picture of people's needs. Despite these concerns, we observed staff providing safe care and support and staff we spoke with showed a good understanding of people's needs and the risks associated with providing support to those people. We spoke with the registered manager about ensuring staff read people's care plans, particularly if new people were admitted to the service, as staff would not be familiar with these people's needs. The registered manager agreed to address this.

We looked at checks completed to ensure the premises were safely maintained as well as documentation relating to the servicing of any equipment used. We saw there were up-to-date maintenance certificates in place for the electrical installation, portable electrical appliances, gas safety, the fire alarm system, the call bell system and mobility hoists and slings. Regular checks were completed of bed rails and profiling beds, water temperatures, window restrictors and wheelchairs. These environmental checks helped to ensure that people who used the service were safe.

The registered provider had completed a fire risk assessment and regular checks of the fire alarms, fire extinguishers, fire doors and emergency lighting were carried out to ensure that these were in safe working order. The registered manager ensured regular fire drills were held so that staff knew how to respond in the event of an emergency. Personal Emergency Evacuation Plans (PEEPs) were in place to record what equipment and assistance a person would need when leaving the premises in the event of an emergency. The registered provider had an emergency contingency plan for Moorlands Care Home. This showed us the registered provider had taken appropriate steps to keep people who used the service safe and ensure people's needs would continue to be met in the event of an emergency.

Staff we spoke with told us they had an interview and were required to provide references before starting work. Records in staff files confirmed this and also evidenced that the registered provider completed DBS checks. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with vulnerable groups.

The registered manager carried out regular checks with the Nursing and Midwifery Council (NMC) to ensure

that the nurses employed by the service had active registrations to practice. Where agency staff were used, profiles had been obtained confirming staff had valid DBS checks in place and had received appropriate training.

During the inspection, we received positive feedback regarding staffing levels and people who used the service told us they thought there were enough staff to meet their needs. One person commented, "The staff come fairly quickly if I press my buzzer." Comments from relatives included, "Staffing levels are much better now that [registered manager's name] is in charge", "There is a tangible difference. We had to hunt for staff before, now they are always with the residents", "If I've needed to see a member of staff, staff are there. If my mum rings the buzzer they [staff] respond in a reasonable time" and "[Registered manager's name] has got to grips with staffing issues. There's certainly less agency staff and I tend to see the same staff when I visit."

On the day of our inspection, there was the registered manager, deputy manager (who was also a registered nurse), a team leader, seven care workers, the service's administrator, handyperson, chef, kitchen assistant and two domestic assistants on duty. At night, staffing levels consisted of one nurse and four care workers. We reviewed rotas for the four week period before our visit and saw that staffing levels were typically maintained at this level, with agency staff used where necessary to cover gaps in the rota.

Staff provided positive feedback about staffing levels. One member of staff commented, "Staffing is much better, we used to have a lack of staff, but it has greatly improved." We reviewed the registered provider's use of agency staff and saw that this had reduced and was predominantly used to cover night shifts. A member of staff told us, "There is less use of agency now. There is enough staff."

During the inspection we observed that there were sufficient staff on duty to meet people's needs. We saw that staff were attentive and provided care and support to people at their own pace and in an unrushed way. We observed that people who used the service had access to a call bell and these were placed close to people when they were in their rooms. We noted that staff responded promptly to people's call bell. We concluded that sufficient numbers of staff were deployed to meet people's needs.

We saw that the registered provider was completing on-going maintenance and renovation work to improve the home environment and areas of the service were being decorated during our visit. We observed that the service was clean and tidy and did not detect any areas of the service that were malodorous. However, we noted some carpets in communal hallways were stained and worn and needed to be cleaned or replaced.

Good

Is the service effective?

Our findings

At our last inspection in June 2016, we found that consent to care and treatment was not always sought in line with relevant legislation and guidance and that the Deprivation of Liberty Safeguards (DoLS) had not been used in a timely manner to prevent possible unlawful deprivations of liberty. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the registered provider had addressed our concerns and the service was now compliant with Regulation 11.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During this inspection, we checked whether the service was working within the principles of the MCA and DoLS.

At the time of our inspection, we found that authorisation to deprive people of their liberty were in place for six people who used the service and a further nine applications had been submitted in a timely manner and were awaiting authorisation. The registered manager appropriately described how they identified potential deprivations of liberty and we saw that a system was in place to track when DoLS were authorised and when these expired so that further authorisations could be sought in a timely manner.

Mental capacity assessments had been completed where there were concerns regarding people's ability to make informed decisions. If people were deemed to lack mental capacity, for example to consent to care or consent to having their photograph taken, there was evidence that people's families and healthcare professionals were consulted in making a best interests decision. However, it was not always clear whether staff had appropriately established who had authority to make decisions on people's behalf where they lacked mental capacity. For example, we found one care file where the consent to care documentation had been signed by a relative, but there was no evidence that they had power of attorney (POA). A POA is someone who is legally authorised to make decisions on someone's behalf where they lack mental capacity. In another example, it was recorded that a member of family did have POA and they had signed the consent to care records. However, a copy of the POA was not held on file. We noted that these issues around the use of the MCA had been identified at a recent monitoring visit by the local authority and steps had been taken, including writing to family to obtain copies of POA, to properly establish who would be the decision maker where people lacked mental capacity.

People who used the service provided positive feedback about the food provided at Moorlands Care Home. One person who used the service commented, "The food is lovely and there is plenty of choice." A relative told us, "I am surprised how well they eat, they have put on weight." Two relatives commented that they thought the food had improved recently, whilst other relatives told us they had eaten at Moorlands Care Home recently and were happy with the food provided.

Meals were prepared in the service's kitchen and delivered in a 'hot trolley' to each unit at mealtimes. We observed lunch being served on both Lavender and Jasmine Unit. We saw the dining rooms were clean, spacious and there was a pleasant atmosphere. The tables had been set with tablecloths and napkins. However, we noted that the menus on Lavender Unit were partly handwritten and not in an accessible pictorial format which is considered good practice and 'dementia friendly'.

We saw that before lunch was served, people were asked what they wanted to eat and were offered a choice of two main courses and two desserts. People who used the service were offered clothes protectors and several had adapted cups. We observed that one person was served their drink in a china cup, as they preferred to drink from this. We observed that people were supported to eat at their own pace. Staff showed that they were aware of people's likes and dislikes and those people who needed help and encouragement to eat.

We observed that lunch on the Lavender Unit was a positive experience. Staff were attentive and person-centred in their approach and effectively encouraged and supported people to ensure they ate and drank enough. On the Jasmine Unit, we found staff were busy at times serving people in their rooms and this meant some people were left unattended in the dining room. We observed one person who used the service who would have benefitted from more encouragement and discussed whether a number of different sittings would reduce the pressure on staff on the Jasmine Unit.

We observed that hot and cold drinks and snacks, such as biscuits, were readily available and offered during the day and people were regularly encouraged to eat and drink.

We saw that people's nutritional needs were assessed and food and fluid charts were used to record and monitor what people ate and drank. These were appropriately completed and reviewed daily to identify any problems with people's food and fluid intake. We saw that a comprehensive system was in place to ensure people were regularly weighed and action taken where weight loss had been identified. This showed us that people who used the service were supported to ensure they ate and drank enough and the risks associated with dehydration and malnutrition were appropriately managed.

People's care records contained information about their medical history, any on-going health needs they had and the level of support required from staff to meet those needs. People who used the service were clear about how they could get access to their GP and that staff in the service would arrange this for them. Staff completed a 'professional visit record' which recorded details of the purpose and outcome from healthcare professional's visits. These records evidenced that staff liaised with healthcare professionals where necessary to ensure people's health needs were met. Records evidenced that people who used the service were regularly visited by their G.P, a chiropodist, a practice nurse and other healthcare professionals where necessary.

We reviewed the registered provider's induction and training programme. We saw that all staff completed training which the registered provider considered to be essential. This included moving and handling, dementia, safeguarding vulnerable adults from abuse, infection control, fire safety awareness, health and safety, food safety, first aid and dignity, diversity and equality. Training was also provided on MCA and DoLS,

medicine management, nutrition and hydration and a range of other topics relevant to the care and support provided.

The registered manager showed us a copy of a training matrix which they used to record staff training which had been completed and to identify where training needed to be completed or had expired. This showed us that progress had been made to resolve gaps in staff training identified at our last inspection.

Relatives of people who used the service provided positive feedback about the care and support that their relatives were now receiving. Staff we spoke with were also positive about their induction and training and told us they felt supported to carry out their work. Staff told us they completed two weeks of induction training and shadowed more experienced members of the team to gain confidence in their role. New staff we spoke with said they did not complete the Care Certificate. This is a nationally recognised set of standards which set out learning outcomes, competencies and standards of care that are expected from staff. However, the registered manager did complete induction competency records. These included observations from supervised practices with feedback given on how staff could develop. Observations were also completed of the care provided focussing on areas of practice, such as privacy and dignity and person centred care. This system was used to monitor staff competencies and ensure staff were providing effective care.

Staff received supervision to support them in their role. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. It is important that staff have regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice. Staff we spoke with confirmed that they had regular supervision meetings and felt well supported by the registered manager. The registered manager maintained a matrix to record supervisions completed and supervisions due. We reviewed records of supervisions completed and saw that the manager used these to share information and discuss important changes that were being made in the service. This showed us that supervisions were being used to encourage and drive improvements.

We identified that additional steps had been taken to develop a dementia friendly environment since our last inspection. There were signs on rooms such as the toilets and bathrooms and directional signage around the service to help people move around independently. The bedrooms had room numbers and names, but memory boxes were not used outside people's bedroom to help people with dementia to recognise which room was theirs. We also noted that some information including the menus and the activities calendar were not presented in an accessible and dementia friendly way. The registered manager agreed to address this.

Good

Is the service caring?

Our findings

People who used the service told us they were generally well cared for. One person commented "The staff look after me really well."

When asked if staff cared about people who used the service, relatives told us, "The staff are now encouraged to get to know the residents and talk to them" and "Yes they are caring...staff know them [people who use the service]. There is genuine interaction." A member of staff told us, "We speak with them [people who used the service] and ask them questions. We get to know them."

We saw that care files contained sections 'This is me' and 'Map of life', which recorded important information about people's social history, hobbies and interests. This supported staff to get to know people who used the service. However, we were concerned that some staff told us they did not read the care files.

We observed interactions between staff and people who used the service. We saw staff were polite and sensitive to people's needs. This included knocking on doors and asking if they could come in. Staff also helped people to move around the service, including taking them to the dining room or communal areas. As staff moved around the service, we noted that they talked with people about their families and where they used to live. It was clear that staff knew people including important information about their likes and dislikes. People who used the service acted in a way that showed us they felt comfortable and at ease in the presence of staff.

We observed that people who used the service were supported to make choices and staff respected people's decisions. One person who used the service told us, "Sometimes I prefer to stay in my room and the staff understand that." We observed people were encouraged to participate in planned activities, but staff listened to people and respected their decision if they did not want to join in. People made decisions about where they ate their meals and what to have. Staff asked people's permission before providing support and explained what they were doing to help people understand what was happening and to help them participate. Relatives of people who used the service told us they felt staff encouraged people to be as independent as possible and treated their relatives with dignity and respect.

Staff we spoke with showed us they understood the importance of supporting people who used the service to make decisions. One member of staff told us, "We will give them [people who use the service] choice. Sometimes they will struggle so we show them options." We observed this happening during lunchtime when staff showed people plated options of the food available to support them to decide what to eat.

We observed how staff promoted people's privacy and dignity during the day by knocking on bedroom doors before entering, ensuring toilet and bathroom doors were closed when in use and holding discussions with people in private where necessary. Staff we spoke with showed a good understanding of how to provide personal care in a way that maintained people's dignity. Staff told us they made sure people's doors were shut and their windows closed before providing support with personal care. Another member of staff explained how they maintained people's dignity. They told us, "We communicate with them and treat them

with respect. We respect their choices and don't just assume, we ask them."

We found that people who used the service were wearing appropriate clothing and footwear. We saw that people's clothes were clean and their personal care needs were being met. Many of the people who used the service had their hair washed and styled by the hairdresser who visited the service regularly.

Training records and discussion with staff evidenced that they had received training on dignity, diversity and equality. At the time of our inspection, there were people who used the service that had diverse needs in respect of the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. We saw that staff treated people on an equal basis and that information about equality and diversity, such as gender and religion, were recorded in people's care files. During the inspection, we saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in June 2016, the care and support provided was not person centred and we were concerned about the lack of meaningful stimulation and interaction for people who used the service. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we found that our concerns had been addressed and these improvements were sufficient to meet the requirements of Regulation 9. This meant the service had met this breach of regulation.

We used the Short Observational Framework for Inspection (SOFI) to observe the care and support provided to people who used the service and to help us understand the experience of living at Moorlands Care Home. We also informally observed interactions between staff and people who used the service in communal areas on both Jasmine and Lavender Unit including during planned activities and at lunchtime. We found that staff were attentive and responsive to people's needs. We observed that staff made genuine efforts to engage people in conversation and encouraged people to join in activities throughout our inspection.

We received positive feedback about the changes in staff's attitude and approach to providing care with a number of relatives commenting on the increased interaction and engagement between staff and people who used the service. A relative of someone who used the service said, "They [staff] know the residents - what they like and what they dislike. There is interaction."

We observed at previous inspections that one person spent long periods of time in their room and did not like engaging in activities. During this inspection, we found that they had responded positively to staffs approach and spent the day out of their room engaging in activities. We observed they laughed and joked with staff and thoroughly enjoyed spending time with people and participating in the activities on offer.

The registered provider employed an activities coordinator and a timetable of activities had been implemented for people who used the service. Activities scheduled included a daily coffee morning and chat, exercises, flower arranging, quizzes, a music afternoon, the hairdresser visiting, manicures, cross words, puzzles and games and one to one activities depending on people's individual preferences. A daily log was completed of the activities people participated in and this showed us that other activities had included ball games, animals visiting the service as part of a 'pets as therapy' scheme and a visit to a local college for a hair and beauty session.

We observed that the activities co-ordinator and care staff undertook activities with people who used the service and people were actively encouraged to join in if they wished. There were activities taking place both in the morning and afternoon on the day we inspected. The afternoon activity in one of the communal lounges was singing. We observed this activity and saw staff engaging with people who used the service and trying hard to include people and encourage participation. Activities were varied to try to encourage as many people to get involved as possible. One relative said, "My [relative] cannot join in the activities, but

they will bring them to the table and involve them with the conversation and if they are making something they will make one for them as well so that they feel involved." Another relative of someone who used the service said, "My mum says there are things to do most days that she can get involved with." A healthcare professional told us, "They have made a big improvement on the social side."

We observed that people's needs were promptly met and staff talked with people and explained what they were doing throughout our visit. We observed that staff also made genuine efforts to engage with people outside planned activities, but also provided people space if they wanted to spend time alone in their rooms.

We concluded that the support provided for people to engage in meaningful activities and the level of social stimulation on offer to people who used the service had improved. This was observed to have had a positive impact on people's quality of life. Whilst improvements had been made, we have not revised the rating for this key question to 'Good', because we require evidence of consistent good practice and the improvements made need to be sustained to demonstrate this.

During our inspection, we reviewed records relating to the care and support provided at Moorlands Care Home. We saw that each person's needs had been assessed and care plans and risk assessments were put in place to guide staff on how to meet their needs. We found that care files generally contained detailed person centred information.

Staff participated in daily meetings and kept daily notes of the care and support provided. Staff we spoke with described how this enabled them to keep up-to-date with people's changing needs.

The registered manager held monthly 'Residents and Relatives Meetings' and we saw minutes for the last meeting held in January 2017. Topics discussed included an update on changes and developments within the service and an update on activities. Minutes showed that this meeting was used to share information and discuss the service provided.

Relatives we spoke with said they felt involved in decisions about the health and welfare of their loved ones and that communication between the staff and themselves had improved under the new manager. Relatives were aware of the meetings and that they were welcome to attend to express their views. Relatives we spoke with told us they felt comfortable speaking with the registered manager and raising any issues or concerns. One relative said, "We know we will get the truth from the manager, not just want they want us to hear."

The registered provider had a policy and procedure in place detailing how they managed and responded to complaints. We observed that a copy of the complaints policy was displayed in the entrance to the service for people to access if needed.

People who used the service and relatives we spoke with told us they knew who the registered manager was and felt they could approach them if they had any problems or concerns. The registered manager kept a log of any issues or concerns raised and how these were dealt with. These records showed that the registered manager was responsive to feedback and took action to address people's concerns.

Requires Improvement

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration for this service. At the time of our inspection, the service had a registered manager. They had been the service's manager since March 2016 and became the registered manager in December 2016. The registered manager was supported by a regional manager, regional support manager, deputy manager and team leader in the management of the service.

At our last inspection in June 2016, there were on-going concerns regarding the quality of the care and support provided at Moorlands Care Home. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the registered provider and registered manager had addressed our concerns and the service was now complaint with the fundamental standards of quality and safety. We found that the breaches of Regulation 9, 11, 12 and 17 had been addressed and the service was now meeting the legal requirements.

Whilst there was clear evidence of improvement since our last inspection, we have not revised the rating for this key question to 'Good', because the registered provider and registered manager need to demonstrate that they can maintain this standard of care.

We observed that the registered manager interacted politely with people who lived at Moorlands Care Home and people responded well to them. The registered manager knew the names of people who used the service and their relatives and was able to speak in detail about their needs.

All of the relatives we spoke with commented about the positive changes they had seen since the registered manager had arrived. This included, "There is better decoration", "There's more entertainment and a wider range of entertainment" and "The manager has pulled the staff together." Other relatives we spoke with said, "The manager is exceptional - we hope they never leave" and "[Registered manager's name] is very approachable...his office door is always open."

Staff we spoke with described the improvements that had been made since our last inspection. One member of staff told us, "I have seen a vast improvement in record keeping - everything is orderly and we have routines now" and "There's stable management and the training is much better now."

We received a number of positive comments about how the service was more stable now that a permanent registered manager was in post. People we spoke with provided positive feedback about the systems and processes that had been introduced which had established consistent routines with regards to how work was organised and how the care and support was provided. Health and social care professionals we spoke with commented on the improvements and changes that had been made within the service, including positive feedback about staffing levels and caring staff.

The registered manager told us that they held 'flash meetings' to share information. We received positive feedback from staff about the communication within the service. One member of staff told us, "We have lots more meetings now; we are more informed than we have ever been." Staff told us they felt listened to by management and that they received feedback on their practice through flash meetings, staff meetings and through supervisions.

Although there was clear evidence of improvement with regards to the level of activities, meaningful stimulation and delivery of safe, person-centre care, we identified some areas of practice which could be improved. We found that care records did not always contain clear information about the level of support required or provided with oral hygiene. The registered manager told us they had recognised this and had appointed a member of staff, who used to work as a dental hygienist, as oral hygiene champion to develop good practice in this area. We found some other daily records around people's continence and support provided with baths and showers which were not consistently completed. Other records kept and observations demonstrated that these were recording issues, but the registered manager agreed to address this.

During our inspection we asked for a variety of records and documents relating to the care and support provided and the management of the service. We found that records were well organised and securely stored. We saw that systems were in place to manage and record information and processes had been embedded so that information was easily accessible on request. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the service had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The registered manager explained how they were arranging a meeting with the local authority to discuss improving the support they provided to people living with dementia. This showed us the registered manager was actively seeking to develop and improve the quality of the service provided.

The registered manager completed a range of audits to monitor the quality and safety of the service provided. At the time of our inspection, we saw that regular audits were completed of medicine management, infection prevention and control, care plans, daily charts, weights, complaints, training, DoLS and MCA and the kitchen. The registered manager explained and we saw evidence of how they had invited the community infection prevention and control team to do an unannounced audit and the pharmacy to review medicine management. We also saw that the local authority had completed a quality monitoring visit to the service. Where any issues or concerns were identified an action plan was in place with information about what was being done and when this would be completed. This showed us the registered manager and registered provider were committed to monitoring and improving the quality of the service provided.

We saw that quality assurance surveys had been used to gather feedback from people who used the service and any visitors. Information from these surveys had been collated and analysed. We saw that feedback from this was largely positive, with comments including, "This home has had its ups and downs...However our family now feel that with the new manager in post, it is definitely heading in the right direction" and "Very happy with Moorlands and all the staff who work there."

Where a small number of negative comments had been received information was recorded about how the registered manager had responded to address these concerns. This information was communicated to people who used the service and visitors through a newsletter which also contained important information about the service, changes that were being implemented and significant events or activities on within the service.