Ashberry Healthcare Limited

Moorhouse Nursing Home

Inspection report

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an unannounced inspection which took place on 22 November and 2 December 2016.

MoorHouse Nursing Home is registered to provide support and accommodation for a maximum of 38 older people who require residential or nursing care. Services offered at the home include nursing care, end of life care, respite care and short breaks. The rooms are arranged over three floors. There are stair lifts and a lift to each floor. On the ground floor there is a large dining room, two lounges and further sitting areas. At the time of the inspection there were 24 people living at the home. People had a range of needs. Some people were living with dementia; others required nursing care whilst other people required minimal assistance.

The manager was not on duty on the first day of our inspection but came to the home for a short while whilst we were there and was present for the second day. They had been in post since 16 August 2016 and had submitted an application to be the registered manager with CQC. 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.

MoorHouse Nursing Home was last inspected on 7 and 8 April 2016 where it was rated as 'Inadequate' and placed into 'Special Measures'. Five breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. These related to personalised care, risk management and medicines, consent, staffing and quality monitoring. Warning Notices were served in relation to Regulations 12 and 17. Requirement actions were set in relation to Regulations 9, 11 and 18. The registered provider sent us weekly reports that details steps that were being taken to make the required improvements. At this inspection we found that the Warning Notices and requirement actions had been met apart from the breach of regulation 18 and that the service had made improvements. It was no longer rated 'Inadequate' in any key area, and was therefore removed from 'Special Measures.' We did find that further work was needed to ensure the improvements were fully embedded, sustained and that actions continued to take place to improve the quality of service people received.

People said that the home had been through a period of instability due to a lack of consistent management. They said that since the manager had been in post management of the home and the quality of service people received was improving. The manager demonstrated an open and honest demeanour throughout our inspection. As a result of our feedback on the first day of inspection actions were taken immediately and evidenced by the second day. This demonstrated a commitment by the manager to improve the quality and safety of service that people received.

Staff had started to receive supervision and training and the manager had implemented a system for monitoring this. However staff did not have the necessary skills and knowledge to meet all the needs of the people who lived at the home. Further work was needed to ensure support and training was consistently and regularly provided to all staff. This was a breach of Regulation 18 of the Health and Social Care Act

(Regulated Activities) 2014.

Risk management systems had improved to reduce accidents and incidents occurring. However, further work should be undertaken to reduce falls and injuries associated with these. We have made a recommendation about this in the main body of our report.

People were happy with the meals provided at the home. Since our last inspection a 'Resident of the Day' system has been introduced. This included the person in question being seen by the Chef who asks for food preferences which are incorporated into the menus. There were gaps in people's food and fluid records that could have placed them at risk of receiving ineffective care. We have made a recommendation about this in the main body of our report.

People in the main now received responsive care and treatment. However, care documentation was not always accurate and had the potential to impact on the treatment people received. We have made a recommendation about this in the main body of the report.

The choice of activities that people could participate in had improved. Access to further stimulation for people who lived with dementia would enhance their wellbeing further. We have made a recommendation about this in the main body of our report.

Understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had improved. As a result, people's legal rights were being promoted. Further work was needed to ensure staff understood who could legally act on behalf of people in decision making processes. We have made a recommendation about this in the main body of our report.

Medicine procedures and practice had improved. On the first day of our inspection we identified some concerns with nurses understanding and procedures relating to the delegation of tasks. These were acted upon immediately and procedures reviewed by the second day of inspection.

People said that improvements had taken place in meeting their individual preferences. They also said that improvements on sharing their views had taken place but that they would still like further opportunities to be involved and kept informed.

Staff numbers and deployment had been reviewed and people now said that improvements had been made in the responsiveness of staff. Call bells were being responded to quicker. Robust recruitment checks were completed to ensure staff were safe to support people.

Quality assurance systems were now being used to monitor the quality of service people received. These had started to identify areas needing improvement and we found evidence of actions taken as a result. Systems should continue to be developed to drive improvements and the service provided to people.

People said that they felt safe from harm. Safeguarding procedures were in place and staff and the manager understood their responsibilities to protect people from abuse.

People said that they were treated with kindness and that their dignity was respected. Staff were observed treating people with kindness and compassion. Relatives said that they could visit at any time and that they were always made to feel welcome.

People told us they would feel comfortable making a complaint if they needed to and were confident that

any concerns they raised would be addressed. Records confirmed that action was taken when issues were raised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks to people's safety were now assessed to reduce accidents and incidents occurring. However, procedures needed to be developed further in order to reduce risks when people's needs change.

The deployment of staff had been reviewed and people in the main, now received care and support when they wanted or required it.

Medicines were now managed safely.

People told us they felt safe. Staff understood the importance of protecting people from harm and abuse.

Recruitment procedures were followed to ensure staff were safe to care for people.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had started to receive support to undertake their roles and responsibilities. Staff knowledge and competency was lacking in some areas and impacted on the quality of care provided.

People were satisfied with the dining and meal arrangements. Implementation of best practice guidance would help ensure people with specific nutritional and hydration needs are met.

People were supported to access health care professionals.

MoorHouse Nursing Home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005. Further work was needed to ensure staff understood who could legally act on people's behalf.

Is the service caring?

Good

The service was caring.

Formal systems had been introduced to support people to express their views and to be involved in making decisions about their care and support.

People said that improvements to meeting their preferences had taken place.

People said that the staff were kind and caring and that they were treated with dignity and respect. Staff treated people with kindness and their privacy was respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's needs were now assessed and care and treatment, in the main, provided in response to their individual needs and preferences. However, there were gaps in some records that had the potential to impact on staff providing responsive care.

An activity programme was in place and people expressed satisfaction with the range of activities available. Development of activities for people who lived with dementia would enhance their wellbeing.

People felt able to raise concerns and were aware of the complaints procedure.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Management of the home had improved and people spoke positively about this. People and staff said that the new manager was approachable.

The quality of service that people received had improved. Quality monitoring systems were now being used to monitor the quality of service people received. These needed embedding in order that the service becomes more proactive in driving improvements.

Moorhouse Nursing 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 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 22 November and 2 December 2016. The first day was unannounced. The second day was announced as we needed to arrange time to speak with the manager and nurses. The inspection team consisted of two inspectors, a pharmacy inspection manager 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.

We did not ask the provider to complete a Provider Information Return (PIR) as the inspection was within six months of our previous visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection, we reviewed information that we held about the home and the registered provider. This included statutory notifications, previous inspection reports and actions plans that the registered provider had been sending us on a weekly basis. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection. We also spoke with people at Surrey County Council safeguarding adults and quality monitoring departments and reviewed minutes of meetings they had held with the registered provider and reports of visits they had conducted at the home.

During the inspection we spoke with 11 people, five relatives, a friend of a person using the service, and two external healthcare professionals who were present at the home during our inspection. We also spoke the manager, the clinical lead nurse, three nurses, three care staff, a team leader, an external quality consultant engaged by the registered provider and a managing director.

We observed care and support being provided in the lounge and dining areas and we also spent time observing the lunchtime experience. We also observed part of the medicines round that was being completed.

We reviewed a range of records about people's care and how the home was managed. These included five people's care records, 19 medicine administration records, staff training, support and employment records. We also looked at records of visits to the home by the manager outside of 'office' hours, quality assurance audits for call bell response times, health and safety, medicines, falls and accidents and audits completed by the quality consultant. Minutes of meetings with staff and residents and relatives were looked at along with menus, policies and procedures, complaint records and accident and incident reports.

Requires Improvement

Is the service safe?

Our findings

As a result of our previous inspection in April 2016 a Warning Notice was served for a continued breach of regulation 12. This related to poor medicines management and unsafe care and treatment. A requirement action was also set due to concerns about staffing. The provider sent us weekly actions plans and stated they were compliant with both regulations. At this inspection we found that sufficient action had been taken and that the Warning Notice and requirement action were met. Further steps should be taken to ensure the improvements are embedded and sustained.

Action was taken to minimise risks of injury when incidents occurred. Accidents were looked at on an individual basis. One person who had fallen recently said, "I was admitted because of falls". We observed that the person was walking with the assistance of a walking stick and was wearing non slip footwear; both of which helped reduce the risk of further falls. An accident record had been completed for their recent fall and their falls risk assessment reviewed. This also considered medicines that they were prescribed that could have the potential to impact on their risk of falling. Risks to the individual were assessed and the impact of any restrictions considered. For example, this person had a risk assessment in place for leaving the building by themselves. This considered the enjoyment the person had walking around the garden independently, their capacity to make informed choices and the measures put in place to reduce risks associated with this activity. The relative of the person had also been consulted about this and stated, 'Thrilled my X (family member) has this opportunity, the pleasure far outweighs any risks.'

A second persons falls risk assessment had been reviewed on a regular basis including after a recent fall and their care plan detailed equipment and staff support required to minimise further falls. Equipment included a standing hoist and a slide sheet for moving from bed. The person confirmed that staff always used the equipment when supporting them to transfer.

On one occasion full and robust action was not taken to reduce the risk of injury to a person after an event. They left the home unnoticed and were found in the garden. Some measures were put in place to reduce this happening again. After this they again left the home unnoticed as the measures that were put in place were not effective. On the second occasion the person sustained a serious injury that had the potential to be avoidable if all of the measures the registered provider said they would do had been put in place in a timely manner.

One person had risk assessments and care plans in place for areas that included falls. These had been reviewed on a monthly basis and did not identify any change in support needs. The person had one fall in October and two in November 2016. We noted that the person's falls risk assessment said that the person did not have vision difficulties but that their moving and handling care plan said that they had both vision and hearing impairments. We spent time with this person and observed that wore glasses but that they did not appear to have difficulty hearing us when we held a conversation with them. On the second day of inspection we observed the person walking down a corridor wearing ill-fitting slippers and that one of the slippers was not secure when they walked. We drew this to the manager's attention who informed us that it was the person's choice to wear the slippers. This was not recorded and did not form part of the person's

risk assessment. After the inspection we were informed that a discussion had taken place with the persons relative and new footwear was being purchased.

It is recommended that the registered person researches and implements latest best practice guidance on post falls management.

Accidents and falls were also looked at in order to identify trends and themes for everyone who lived at the home. Monthly audits had been completed that looked at areas that included times of incidents and the location in the home where they had occurred. The overall analysis showed that there had been a reduction of accidents since September 2016.

Staff were able to explain about actions that could be taken if someone was at risk of falling. One nurse said, "This depends on the resident. If this is a known issue we can check more often and complete charts. If there is no risk of climbing over bedrails these can be considered, sensor mats can be put on floor that alert us." Staff were also able to explain the actions that should be taken if a person fell. One nurse said, "First staff shouldn't move the person. I have to take their observations and check for injury. If any signs of pain call the emergency services. If no pain or sign of injury can use hoist and help to transfer. We also have to monitor as pain can come later or bruising."

People's views on the staff varied. One person said, "I think we are very well looked after. If I ask for something to be do its done." A second person said, "There are times when you have to wait for help. They don't have enough staff on at the busiest times." A member of staff said, "We manage." A second member of staff said, "Sitting and chatting with residents is important. Sometimes it's not possible as we are too busy, short staffed."

Since our last inspection the occupancy level at the home had reduced to 24 people. The manager had assessed that 17 people required nursing care and seven did not. The staffing levels had been reviewed and reduced as the registered provider stated the numbers were not required to meet the assessed needs of people. Of a night staffing was now three care staff and one nurse (previously four care staff). The deployment of staff had also been reviewed with designated staff allocated to each of the three floors of the home during the day. A twilight shift had been introduced with a member of staff allocated from 8pm to 11pm to assist night staff. A member of staff explained that this person's role was "to answer call bells."

Records confirmed that the staffing levels had been maintained apart from two shifts when agency staff did not arrive to complete pre agreed shifts. Other staff employed at the home included housekeepers, activity staff, catering staff, maintenance and administration. There had been a number of staff leave since our last inspection. Shifts were being covered where possible by the same agency staff in order to offer continuity to people who lived at the home.

Despite the reduction in staff we found that there had been an improvement in the timeliness of care provided to people and that in the main staffing levels were adequate to meet people's needs. Although staff were observed to be very busy throughout the inspection people in the main received support when they wanted this. Call bells were responded to quicker and records confirmed improvements had been taking place in this area, especially for the previous three weeks.

Robust recruitment checks were completed to ensure staff were safe to support people. Staff files included evidence that references had been obtained and proof of identity, that checks had been undertaken with regard to criminal records, eligibility to work in the United Kingdom and completed applications forms. Therefore, appropriate checks had been completed to ensure staff were safe to work with people.

People said that they felt safe from harm. One person said they "Always feel safe, staff are always in and out." A relative said that their family member was "Safe, but has his freedom." They also said, "I never have to worry, they keep an eye. He is a bit over-protected sometimes, I mean that in the nicest possible way."

Staff had received training in safeguarding and were able to describe what different types of abuse were and the procedures for reporting this. One member of staff explained, "I would tell my line manager or X (manager). I would record and observe the resident. I would go one stage higher to CQC or social services if I thought nothing was being done." The manager was able to explain her role and responsibilities in relation to safeguarding people from harm. Since our last inspection we had received statutory notifications from the manager when incidents and events occurred at the home which included safeguarding concerns. These demonstrated that the manager understood her legal responsibilities to report to external agencies and to ensure people were protected from harm.

Since our last inspection we had been notified when medicine errors occurred in the home. Action had been taken as and when an error occurred. This included when necessary referring nurses to the NMC, sharing concerns with the local authority safeguarding team, reviewing of medicine procedures and further training of staff.

Improvement had been made with medicines management. The medicines administration record (MAR) charts showed consistent recording of allergies. We also found that where medicines were prescribed to be taken when required that there were clear protocols in place to support staff in ensuring that the person received these appropriately in line with the prescriber's directions. We also found that where a person was prescribed a variable dose that it was recorded when it had been administered.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection in April 2016 two breaches of regulations were identified. These related to consent and staff support. Requirement actions were set and the provider sent us weekly action plans. At this inspection we found that sufficient action had been taken to meet the requirement action in relation to consent. Although steps had been taken to address the requirement action for staff support this was not sufficient and impacted on the care that people received.

Staff said that they had recently been provided with support to understand their roles and to undertake their responsibilities. One member of staff said, "We have had more training in moving and handling, infection control, safeguarding, first aid and fire. The team leaders now give supervision to the care staff which is beneficial as we work with them. I have supervision from X (manager).

Records evidenced that agency staff received an induction when coming to do a shift at the home in order that they could provide effective care. An agency member of staff told us that on their first shift they were shown around the home and worked alongside a permanent member of staff "Told about resident's likes and dislikes." Despite this two people raised concerns about the communication skills of some agency staff. They said that some staff had accents that were difficult to understand. One person said it was the nursing staff that brought their medicine who they had difficulty understanding. The person's relative agreed but did say that they felt their family member was safe at the home.

Care staff and nurses told us and records confirmed they had started to receive formal supervision but that this was not consistent. The clinical lead told us that they received supervision but there were no records on their file. A second nurse records included evidence they had received one supervision and training in areas that included continence care and catheter care. A third nurses records included evidence of one supervision and certificates for pressure care management, end of life care, malnutrition and continence care. During supervision subjects were discussed that included training and progression, understanding of role, health and safety and workload.

The manager had implemented a detailed workforce development plan that detailed training that all staff were required to complete and nurse specific training. This also detailed the frequency that staff were required to undertake refresher training. The plan included training in areas that included pressure area care, dementia care, diabetes, continence care, epilepsy, tissue viability and falls awareness. At the time of inspection staff had received training in some areas but not all. Nurses had completed medicine training since our last inspection and their competency had been assessed. One nurse told us that they had not completed any refresher training on prevention and management of pressure wounds training since 2014. They said that the manager was going to organise this as "It's good to keep up-to-date." Two staff said that they had not received mental capacity training and that they did not fully understand this subject

A training matrix was used as a tool to monitor training that staff had completed and when refresher training was required. All nurses had completed up to date training on moving and handling people, health and safety, infection control, medicine management and female catheterisation. We did note that information

about the clinical lead nurse was not included on the matrix. Where gaps in training for nurses was identified such as diabetes and wound management the workforce development plan should ensure steps were taken to address these. For example, first aid training had been arranged for 9 December 2016 and pressure care and wound management for January 2017. Two nurses that we spoke with confirmed that further training would improve their knowledge and skills. One nurse said that they had not had any training in the management and prevention of pressure wounds. They stated "It's a skill I am going to have to develop."

On the first day of our inspection we observed that two people were given drinks that had not been thickened as per their care records stated they should and one person had not had a topical cream applied at the frequency instructed by the prescriber. We drew this to the attention of the quality consultant. The two nurses on duty were not able to show any records that the members of staff preparing and administering thickened fluids or applying external preparations had received training to carry out these tasks or that they had been assessed as competent to carry out the tasks. On the second day of inspection the manager had responded to this and implemented delegated task procedures to ensure people received safe care and treatment. These included assessing competency and recording of the outcomes. They had also held a meeting with the nursing team and five staff had had their competency assessed.

Some people who lived at the home were living with dementia. Some staff did not demonstrate sufficient understanding of living with dementia. One person who lived with dementia spent most of their time in their room. Staff did not appear to understand how to communicate with this person or how to support them to come out of their room. A visiting health care professional also confirmed this. Some staff had received dementia awareness training but told us that they would like more. A nurse had recently been employed at the home who had completed dementia champion training. The manager said that they were going to provide additional support to staff so that all staff could communicate effectively with people who lived with dementia.

The above evidence demonstrates that sufficient numbers of staff had not received appropriate support, training, professional development and supervision to carry out the duties they were employed to perform. This is a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) 2014.

We checked whether the home was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS application had been submitted to the authorising authority for people when needed.

One person had mental capacity assessments in place for decision specific areas of care. For example, leaving the building by themselves. The assessment followed the MCA code of practice as it clearly assessed and recorded the person's ability to retain information, follow and understand instructions and communicate. Another person had a mental capacity assessment that stated their capacity fluctuated. This stated they were able to make decisions in relation to some aspects of life but not in other. Documentation informed that for complicated decisions family members would assist in decision making processes. We did not find evidence of specific best interest meetings for the use of bedrails for this person. Records stated that a family member had Lasting Power of Attorney but they did not specify if this was for making health

and welfare decisions. Neither the clinical lead or a nurse on duty were able to tell us if this was the case.

It is recommended that the registered person reviews processes to ensure that staff have sufficient information to ensure only people with the legal right can made decisions on behalf of others.

The majority of staff were able to explain what mental capacity and consent was. One member of staff said, "It's giving the person the right to make decisions and offering choices. Risk assessments that provide options whilst minimizing the risks. If not able to make larger decisions for themselves it's a framework that makes sure decisions are in best interests. Unless proven otherwise everyone has mental capacity to make decisions. If someone lacks capacity and there is a restriction on their movement we have to apply for a deprivation of liberty." This member of staff went on to tell us about a DoLS application that had been made for one person due to them being unable to leave the building by themselves and measures put in place to alert staff of their movements.

The manager told us that to ensure all staff understood mental capacity and consent she had obtained guidance from the Skills for Care website and that she was going to give each member of staff a laminated copy of this that they could refer to.

People were happy with the meals provided at the home. One person told us that if they did not like the food on offer, "They will always offer one or two other things in its place." They also said that there are "Two good cooked meals a day" and "They take account of the idiosyncrasies of the people here." A second person said of the food, "They know what they are doing." A third person described it as "average" with not a lot of choice. A fourth person said, "We have a very good chef."

As at previous inspections we observed that people were able to eat their meals where they chose. Some people chose to eat their meals in the communal dining room whilst others preferred to eat their meals in their own rooms. We saw staff support people in the dining room who required help to eat. The atmosphere in the dining room was calm and quiet. There was a choice of fruit juices and water and people were offered plenty of fluids with their lunch. The staff in the dining room at lunch time were aware of people's dietary needs and knew who was having special diets for example diabetic, or soft. A three course lunch was served along with cheese and biscuits afterwards with coffee and tea.

Since our last inspection a 'Resident of the Day' system has been introduced. This included the person in question being seen by the Chef who asks for food preferences which are incorporated into the menus.

Summary sheets were also in place in people's bedrooms that identified people who were at risk of choking and consistency of fluids required. This information was also in the kitchen for staff to refer to. Fluid records were in place for people whose fluid intake needed to be monitored however some had not been completed in full and this affected their value as a monitoring tool.

Information about people's dietary and nutritional needs was included in their assessments and care plans. We did note that for one person their dietary profile stated that they required a 'normal diet.' The person had a medical condition and guidance for management of this is that they should have five to six meals a day, drink plenty of fluids and avoid caffeine. Weight monitoring records confirmed that the person's weight had remained stable which indicated they received effective support in this area despite the lack of a care plan. However, fluid monitoring records did not demonstrate they were having sufficient fluid to maintain good health and this had not been identified within the care management systems or by staff at the home.

It is recommended that the registered person researches and implements latest best practice nutritional

and hydration guidance.

People were supported to have access to health care professionals. They were registered with a GP who visited regularly. People also had access to chiropody, dental care, physiotherapy and a dietician.

Good

Is the service caring?

Our findings

At our previous inspection in April 2016 a breach of regulation was identified. This related to personalised care. A requirement action was set and the provider sent us weekly action plans. At this inspection we found that sufficient action had been taken to meet the requirement action.

People said that improvements to meeting their preferences had taken place. They told us how they liked their baths and showers regularly and that the care staff tried very hard to do this. One person said, "I like to be showered before coffee, I like to be showered every morning, I insist on it." Another person said that they should have two baths a week but that sometimes they only had one. They expressed the view that this was because, "I think they are a bit pushed at times, generally at busy times, like the mornings." A third person said that they had a shower twice a week. A relative told us that their family member preferred to have a bath twice a week but at times this did not happen. They explained that staff asked their family member but that they did not understand what was being said to them because of their accents.

At previous inspections formal systems were not being used consistently to support people to express their views and to be involved in making decisions about their care and support. Two resident/relatives meetings had been held since our last inspection. Relatives told us that they found these to be useful and that they would like these to be more regular. With regard to being kept informed about their family members, one relative said, "The nursing staff are not so good at communication." A second relative said, "The Home calls me when there is a problem" and felt that the manager was "doing her best to turn things around."

People said that they were treated with kindness and that their dignity was respected. One person said, "If I have my door shut they will certainly knock on the door" and "I only have to ask for something and it will be discussed or brought." A second person said the staff were "Reasonably caring, they don't go out of their way." A relative said, "The carers are superb and do the best they can." A second relative said, "There is absolutely no doubt about their caring nature."

Staff were observed treating people with kindness and compassion. During lunch we observed one person being assisted to eat by a member of staff who was patient and unhurried. Each mouthful of food that was offered was accompanied by a description as to what the person was being given (e.g.: potato and carrot). A calm and reassuring conversation was encouraged between all the people sitting at the table. People were being offered help by the care staff but it was not forced on them if they preferred to manage on their own. The meal was a very calm, relaxed experience and was unhurried.

We saw that most people chose to stay in their rooms in the morning. We did note one observation where a person's preferences were not respected. A person was walking to the lounge and called out "Hello, Hello." A member of staff responded, "There's no one about at the moment, why don't you go to your room." The person replied, "I don't want to sit on my own, I'd rather go to where other people are." The member of staff replied, "There no one here, let's go straight to your room." The member of staff then escorted the person back to their room.

There were no restrictions when relatives or friends could visit the home. Relatives told us that they could visit at any time and they were always made to feel welcome.

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection in April 2016 a breach of regulation was identified. This related to personalised care. A requirement action was set and the provider sent us weekly action plans. At this inspection we found that sufficient action had been taken to meet the requirement action but that further actions should be considered to ensure improvements continue.

People in the main said that they now received a responsive service. One relative said that their family members condition and particularly their mental health and memory, had improved since being at the home. They added, "I couldn't ask for anymore for Dad." A second relative said, "They get a B+ from me – not perfect but pretty good."

Before our inspection we had received statutory notifications regarding incidents and events that had occurred in the home from the registered provider. One of these informed us that the staff at the home were helping the family of one person find alternative accommodation as the home could no longer meet the person's needs. At this inspection we discussed this with a visiting healthcare professional who was at the home to assess the person concerned. They told us that that they had not been provided with all the required information in order to complete a full and robust assessment and that further information had been requested.

When sitting in the lounge a person who lived at the home came and sat next to us. They said, "Look at this" and held up their arm. Their hand was swollen to double the size of the other and they said that it was hurting them. We spoke to the clinical lead about the persons hand immediately. The clinical lead was unsure if the person had received pain relief or had been referred to the GP. We noted by the end of the day no responsive care had been provided to the person. For example, support for the swollen hand such as a cushion or request for GP support. A nurse stated the GP had been in however this was in relation to the person feeling faint not in relation to their arm. The person had sustained an injury during November and received treatment at hospital. On return to the home a wound assessment chart and care plan was put in place. Records relating to management of the wound did not include photographs and measurements of the wounds sustained.

It is recommended that the registered person researches and implements best practice guidance for responsive wound management.

Other people had care plans and documentation in place that helped ensure they received the care and support they required. They were legible, person centred and securely stored. These included areas such as support with safe medicines management, continence needs and weight management.

At our last inspection records of response times to call bells ranged from a couple of seconds to over an hour and people told us that their did not always receive prompt care and support. At this inspection we found that call bell records evidenced that response rates had improved. One person told us that they did not have to wait long when they used their call bell, "They are very good like that". A relative also told us that

response times to call bells was much improved.

Staff told us that systems for sharing information had improved since our last inspection. They told us that information was now shared at the morning handover of shifts and at the daily heads of department meetings. A 'Resident of the Day' system had been introduced that was being used to ensure peoples care was being reviewed, their views and opinions sought and their needs monitored and met. A member of staff was able to explain the process but added, "Just because it's not a person's day we still offer choices and be flexible with the care we provide. This new system is just a way of formally monitoring everyone."

People said that they could participate in activities if they wished. One person said, "If it suits I join in." One person said that they liked to join in the activities but that they were not well attended and "Not as good as they were." Another person said that they liked to attend activities and they (staff) helped them to do this. Several people also told us that they enjoyed walking in the garden. One person said that they liked to walk in the garden but needed help to do so. They expressed the view that at times staff were too busy to help. "They say they are coming and then don't turn up."
One person said that they "very rarely" go to activities as they don't attract them. They said that they loved to read but could not do this for themselves and that at times there were no staff available to assist them with this. Records indicated that many people did not attend the planned activities, choosing to spend their day in their rooms. Room visits were scheduled on the activity diary for three mornings per week in order that people were not isolated.

The home had a large activities room. The room appeared to be well stocked with activity equipment and a piano, and also had a ceiling mounted projector and large screen however no activities took place on first day of our inspection.

Information about forthcoming activities and events was on display in order that people were informed about events. This included a trip out and a Christmas crafts afternoon that were scheduled and two local groups of children were also coming to entertain during the month. A pantomime and a further professional entertainment company were coming to entertain during December. The trip to a local garden centre was scheduled for later in the week and people who were going told us they were looking forward to it. Holy Communion was offered in the home by a visiting pastor, once a month. A hairdresser visited twice a week and on a third day offered free manicures.

People were also given information about activities in a quarterly newsletter that was displayed in the home. It advertised that the home was trying to get someone to come and give armchair exercises and there was a request for activity ideas. The newsletter also gave information about a P.A.T. Dog, clothes shop and art demonstration as well as the Christmas entertainments.

It is recommended that the registered provider researches and implements activities based on current guidance and best practice for people who live with dementia.

People told us they would feel comfortable making a complaint if they needed to and were confident that any concerns they raised would be addressed. One person said, "I get the impression that if I make a comment about something it gets passed on." This person also told us that they knew how to make a complaint and could speak to management. Another person told us that they spoke to the nurses if they had a problem and that "They usually solve it."

The notice board in the main lounge had information about how to raise complaints and there was a form that people can use to make this process easier to use. A record was in place of compliments and

complaints received and included a record of actions taken to investigate the complaint and outcome. Five compliments had been recorded since our last inspection and one complaint about response times to call bells. The complaint had been investigated and there had been no further complaints raised about this. This was a reduction from our previous inspection which further demonstrated improvements made.

Requires Improvement

Is the service well-led?

Our findings

As a result of our previous inspection in April 2016 a Warning Notice was served for a continued breach of Regulation 17. The Warning Notice related to poor quality monitoring, clinical governance systems and records management. The provider sent us weekly action plans. At this inspection we found that the Warning Notice was met but that further work was needed to ensure improvements were sustained and embedded.

People spoke positively about the changes of management that had taken place at the home. One relative said that the new manager was a "Breath of fresh air" and "I think she will bring Moor House back to the lovely home it once was." A second relative said, "I think the home is getting back to where it was, a lovely comfortable home. The big difference with X (manager) is that she walks the floor, and knows the residents." An external healthcare professional said, "Since this change in management it brings a bit more stability now. It's got a feeling of coming back together."

Staff also said that management of the home was improving to the benefit of people who lived there. One said, "Things are improving a lot. Especially the last two weeks. I think it's because of X (manager). The attitude of people is more positive and makes staff want to actually work. X (manager) is really nice. She is always on the floor helping, really proactive and addresses things immediately." Staff meetings had been held in September and November. A member of staff told us that these had been "fairly positive" and that another was due shortly. A second member of staff said, "It's getting much better. Management and nurses are more helpful, working as a team. Its hard work but in best interests of residents."

The manager had been in post since 16 August 2016. The manager told us of the work she had undertaken since managing the home. She explained, "I spent my first couple of weeks on the floor getting to know residents and staff. I've embedded 'Resident of the Day', worked with X (team leader) to make care notes understandable. I have been trying to make documentation as user friendly as possible. I've been updating or completing health and safety risk assessments, made sure COSSH data sheets are in place. I have had an informal meeting with residents and relatives and taken on board their suggestions. They wanted a trip out so that's arranged for this week. Music for health are coming for a trial session 1st December. Discussions with people and examination of records confirmed the actions taken by the manager.

At our previous inspection concerns were identified regarding the support that previous managers received from the registered provider. At this inspection the manager stated "It's been a time of change but I am getting support." The manager had been provided with a formal induction at the start of their employment. The manager went on to explain that she received regular support from an external quality consultant commissioned by the registered provider. They had also received support via weekly management meetings and received a formal supervision from a representative of the registered provider and one formal clinical supervision.

The manager demonstrated knowledge and understanding relevant to her role and also of that required as a registered nurse. She was able to explain about the NMC Code of Conduct and what this meant for her as a

nurse and also as a manager. The manager explained that to ensure her knowledge was kept up to date she had recently enrolled on the Health and Social Care level 5 diploma as she had completed the registered managers award some years previously.

At our previous two inspections there had been no designated clinical lead at the home and a lack of management oversight of clinical practices. At this inspection a clinical lead was in post. The manager had moved her office so that this was now shared with the nurses. She explained this helped monitor the nurses and also helped ensure she was available to discuss aspects of their roles as nurses. In addition, nurse and team leader meetings had been held to support staff and in order to share knowledge and changes in practice. The manager had also been visiting the home of a weekend and of an evening in order to monitor nurse practices and the quality of service that people received at these times.

On the first day of our inspection nurses were unable to explain sufficiently their responsibilities of delegating tasks. The Royal College of Nursing (RCN) guidance 'Accountability and Delegation' 2015 sets out the responsibilities for registered nurses and employers when delegating tasks and duties. This includes the provision of supervision, training, assessments of competency and record keeping. On the second day of inspection, as a result of the feedback we gave on the first day of inspection the manager had taken prompt action to ensure the delegation of tasks followed best practice guidance. This included a delegation checklist that followed the RCN guidance. The manager had held a meeting with the nursing team and started to complete competency assessments with staff.

Systems for monitoring the quality of service provided had improved. The manager had completed a health and safety audit which identified that some cleaning products did not have safety data sheets (a requirement for The Control of Substances Hazardous to Health). She then arranged for these to be obtained. The audit also identified that Legionella checks were not being completed and recorded by the company contracted to do these. Arrangements were made for these to be addressed during November. Environmental risk assessments had also been reviewed and rewritten as a result of the audit.

At our previous inspection the registered provider had sourced an external quality consultant who had visited the service and completed a comprehensive audit of the service. The registered provider had not taken prompt and robust action to address the areas identified as needing improvement detailed within the audit report. Since then the registered provider had continued to source support from the consultant. This support had included the completion of audits on the service provided and support and guidance to staff and management. The audit completed during October found that there had been improvements made in all areas and that these needed 'developing and embedding for consistency in practice'. The report detailed an overall compliance score of 65% which was an improvement on the February score of 52%. Areas that identified for further development included the completion of food and fluid monitoring records, personalising and expanding activities, involving people in decision making processes and staff support.

Response times to call bells had improved and the manager had been auditing these to monitor improvements were maintained. At our previous inspection response times had been up to one hour and a half on occasions. The October audit showed that the response times had ranged from seconds to 13 minutes. She had also completed monthly health and safety audits of the environment and out of hour's audits which included visiting the home of a night to check the quality of service provided. Care plan audits had taken place completed by an external quality consultant on behalf of the registered provider.

The registered provider had been working in collaboration with Surrey County Council to drive improvements at the service. This included attending meetings and acting on advice and recommendations made by the council and others who attended the meetings. As a result, improvements to systems and

structures had taken place. For example, medicines management.

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 Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person had not ensured sufficient numbers of staff received support, training, professional development and supervision in order that they could fulfil their duties and responsibilities. 18(1)(2).