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?	Good
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This was an unannounced inspection which took place on 12 October 2015.

MoorHouse Nursing Home provides support and accommodation for a maximum of 36 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 fifteen rooms on the ground floor, fourteen on the first floor and six on the second floor.

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 34 people living at the home.

During our inspection the manager was present. The manager had been in post since 15 June 2015. They had submitted an application to register as a manager with us. 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager's application was being processed at the time of this inspection.

People said that the home was well-led and that management was good. Although the manager had started to take action to drive improvements at the home a consistently good quality service was not provided to everyone.

The majority of people said that there were enough staff on duty to meet their needs and to provide assistance at the times they wanted. However, we found that call bells were not always responded to in a timely way and that this meant that at times, some people did not receive care and support that they required at the times they preferred.

Recruitment records for staff did not always contain information from their previous employer or proof of identity to ensure they were safe to care for people.

People said that they were happy with the medical care and attention they received. However there were inconsistencies with the assessing and implementation of care plans which meant that some people, at times, were at risk of receiving care that did not meet their needs. Other people had assessments and care plans that were personalised and reflected their individual needs.

The manager had completed some audits of the service such as people's weight and activities but not for other aspects of the service and as a result systems were not being used to identify and take action to reduce risks to people and to monitor the quality of service they received. The manager acknowledged further work was required in this area and explained that since being in post she had prioritised areas such as ensuring staffing levels were maintained. Records confirmed that improvements in staffing had occurred since the manager had been in post.

People said that they were treated with kindness and respect. In the main people were treated with dignity and respect and their privacy was promoted. Throughout our inspection we noted that the majority of people's bedroom doors were ajar and this had the potential to impact on their privacy and dignity. We have made a recommendation in the main body of our report in relation to this.

People said that they were happy with choice of activities available to them. The home employed dedicated activity staff and an activity programme was in place. The home was surrounded by lovely, accessible and secure gardens and people some people told us that when their family members visited they walked in the gardens. We noted that the garden area was not included in the activity programme. Also apart from reading to people who could not leave their beds specific time was not allocated to them. We have made a recommendation in the main body of our report in relation to this.

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. There had been no residents or relatives meetings since the manager had been in post and although people's care plans were reviewed on a regular basis they were not invited to join in the review process and be actively involved in their future care choices. We have made a recommendation in the main body of our report in relation to this.

Medicines were managed safely at MoorHouse Nursing Home. There were systems in place to ensure that medicines had been stored, administered, and reviewed appropriately. Risks to people's safety were assessed and actions taken to reduce incidents and accidents being repeated where possible.

People said that they would speak to staff if they were worried or unhappy about anything. Staff had received safeguarding training and were aware of their responsibilities in relation to safeguarding.

People said that the food at the home was good. Staff assisted people when required and offered encouragement and support.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. A training programme was in place that included courses that were relevant to the needs of people who lived at MoorHouse Nursing Home. Staff received support to understand their roles and responsibilities and said that the manager was approachable.

MoorHouse Nursing Home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty

Summary of findings

these have been authorised by the local authority as being required to protect the person from harm. Staff understood their responsibilities in relation to capacity and decision making. This was in line with the Mental Capacity Act (2005) Code of Practice which guided staff to ensure practice and decisions were made in people's best interests.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Summary of findings

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.

Robust recruitment procedures were not always followed to ensure staff were safe to care for people.

Risk assessment processes were in place however these were not always completed. This meant changes in people's needs might not be responded to appropriately.

Dependency assessments were used as a basis for deciding staffing levels. However, at times, response times for assistance meant that people did not always support when they wanted it.

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

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People said that they were happy with the support they received to maintain good health. People were supported to eat balanced diets that promoted good health.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life.

People consented to the care they received and MoorHouse Nursing Home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005.

Is the service caring?

Requires improvement

The service was not consistently caring.

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.

People said that the staff were kind and caring and that they were treated with dignity and respect. Staff were able to explain how they promoted people's dignity and privacy. However this was not always applied when care was delivered.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Summary of findings

At times people's needs were not assessed appropriately and care and treatment was not provided in response to their individual needs and preferences.

An activity programme was in place and people expressed satisfaction with the range of activities available.

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.

Quality monitoring systems were not always being used to identify and take action to reduce risks to people and to monitor the quality of service they received.

The manager was aware of the need to promote a positive culture which was open and inclusive and had started to take steps to do this.

People spoke highly of the manager and said that the home was well-led. Staff felt well supported and were clear about their roles and responsibilities.

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 12 October 2015 and was unannounced. The inspection team consisted of three inspectors and an expert by experience who had experience of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. We reviewed the completed PIR and we checked information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. 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 spoke with seven people, three relatives and one visitor. We also spoke with a registered nurse, four care staff, a cleaner, the chef and the manager. We contacted four external health and social care professionals prior to our visit. None responded to our requests for information.

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. In addition we observed nine people participating in an activity during the afternoon. When observing the activity we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the home was managed. These included 10 people's care records, 15 people's medication administration records, staff training, support and employment records, quality assurance audits, minutes of meetings with staff, menus, policies and procedures, complaint records and accident and incident reports.

MoorHouse Nursing Home was last inspected on 23 January 2014 and there were no concerns.

Requires improvement

Is the service safe?

Our findings

Robust recruitment checks were not always completed to ensure staff were safe to support people. Of the three staff files we looked at two did not include evidence that references had been obtained or proof of identity. One person's records included information that they had been subject to disciplinary proceedings from their previous employer. There was no written evidence that this had been explored or assessed to ensure that the person was suitable to work at the home. The manager said that as she knew the person she did not feel the issue needed further consideration. Therefore, appropriate checks had not been completed to ensure staff were safe to work with people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff files with the missing information did however contain evidence checks had been undertaken with regard to criminal records, eligibility to work in the United Kingdom and completed applications forms.

We noted one person was largely immobile and cared for in bed. Consequently, they were at risk of developing pressure sores. We noted that a body map completed for this person showed abrasions on their spine, which had developed during a recent hospital stay. There was also a photograph of this in the care plan. However, the person's skin care plan had not been filled in, despite the obvious risk. In addition, neither the nutritional assessment form nor the nutritional care plan for this person had been completed. Consequently, it was not possible to ascertain from the care plan what action was being taken to prevent pressure sores and to promote good skin health through a healthy diet. As a result, the potential risks to this person were not being assessed or planned for in order to keep them safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For other people, we found that risks were considered and actions taken to ensure people were supported safely. Risk assessments were in place for areas that included moving and handling, wound care and falls. Accidents and incidents were looked at on an individual basis and action taken to reduce, where possible, reoccurrence. People's individual care and support needs were reviewed when incidents occurred to help keep them safe. For example, as a result of one person who had a number of falls the flooring was changed.

The manager told us, and records confirmed that staffing levels were decided on occupancy and individual dependency assessments. The manager told us that staffing levels consisted of one nurse and seven care staff during the morning, one nurse and six care staff during the afternoon and one nurse and three care staff during the night. She also informed us that a second nurse was allocated of a Monday each week and at other times when needed. The manager explained that the current staffing levels were higher than the dependency assessments recommended but that due to the need to deploy staff on three floors to care for people an additional member of staff was allocated to shifts to do this safely. Other staff employed at MoorHouse Nursing Home included housekeepers, activity staff, catering staff, maintenance and administration. Records that we looked at confirmed that in the previous four weeks staffing levels had been maintained to the numbers described by the manager. Although the numbers of staff planned to be on duty were delivered, call bell response times indicated that at times people had to wait unacceptable lengths of time for assistance. With regard to the answering of the call bell, one person told us, "Sometimes it is nearly an hour before they answer it."

During our inspection we observed that people received care and support promptly and at the times they preferred apart from one instance. We heard one person call out from their room for assistance. Staff responded within four minutes. They then called for the assistance of another member of staff who was then able to assist the person with their request to sit up in bed.

People who lived at MoorHouse Nursing Home, relatives and staff told us that in the main there were enough staff on duty to support people at the times they wanted or needed. A relative said, "There is always staff on hand for anything that is needed." Another person told us that they received their medicines on time and if they rang the call bell staff came quickly.

We asked staff members the question, "Do you think there are enough staff on duty to consistently care for people safely?" One staff member told us, "Sometimes there aren't and we miss breaks from time to time." Another staff member said, "I've just finished induction and I've had the time to get to know people." A third staff member said, "I think we have time, yes. Some days are busier than others but things get done."

Requires improvement

Is the service safe?

People said that they felt safe from harm. One person said, “Yes I feel safe, no one shouts at me.” A second person said, “I’m not only safe I am restful.” A relative said that they felt their family member was in a safe environment and they were safe with the staff.

The staff members we spoke with had undertaken adult safeguarding training within the last year. They were able to identify the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider’s policy. One staff member told us, "I would tell one of the nurses and I think they would let the manager know.” Another staff member said, “I would go higher than the manager and go outside the organisation if I had to”. Staff confirmed to us the manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. A copy of the local authority safeguarding policy was in place for staff to refer to if needed. The manager was able to explain her role and responsibilities in relation to safeguarding people from harm. When a person needed to be admitted to hospital following deterioration in their condition. The home had correctly raised a safeguarding alert with the local authority Adult Safeguarding Team.

Checks and risk assessments had been undertaken on the home environment to ensure it was safe. Equipment had also been checked to ensure it was safe for people. These included gas appliances, lift, and hoists, wheelchairs and bedrails. Maintenance staff were employed and a system was in place to address repairs to the environment and equipment promptly that ensured facilities were safe for people. Personal emergency evacuation plans were in place for people which would help them move safely from the home if needed, in the event of a fire.

Medicines were managed safely. The administration and management of medicines followed guidance from the Royal Pharmaceutical Society. We noted staff locked the medicine trolley when leaving it unattended and did not sign Medicines Administration Records (MAR) charts until medicines had been taken by the person. A recent audit had identified that there were gaps in MAR sheets, which we did not see on our visit. We noted all MAR sheets contained a list of peoples’ preferred methods of taking tablets and a list of peoples’ allergies. We also noted that the management of medicines to be taken on an ‘as needed’ basis was safe. MAR charts contained information regarding the purpose and possible side effects of medication. Staff were knowledgeable about the medicines they were giving.

Medicines were labelled with directions for use and contained both the expiry date and the date of opening. Creams, dressings and lotions were labelled with the name of the person who used them, signed for when administered and safely stored. Other medicines were safely stored in locked trollies in a lockable room. Medicines requiring refrigeration were stored in a lockable fridge. We noted one food item was in the fridge which staff removed when told the fridge should not be used for any other purpose than drug storage. The temperature of the fridge and the room which housed it was monitored daily to ensure the safety of medicines.

The staff we spoke with told us there was no formal medicine training or updates offered to registered nurses, who undertook this independently. However, the training plan given to us by the manager detailed six registered nurses employed at the home; four had received medicines training in January 2015, one in April 2014 and one in December 2013. For two of the registered nurses the frequency of training was not in line with that stated as required on the training plan this being annual.

Good

Is the service effective?

Our findings

Staff said that that they were happy with the support they received to understand their roles and responsibilities. With regard to induction one staff member told us, “I’m not new to care so I suppose it wasn’t as important for me as some other people but it was very good”. Another staff member said, “It was great. I think it’s based on the Care Certificate so it’s quite thorough”. The Skills for Life Care Certificate familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. One staff member said, “I’ve not been here that long so I haven’t had an appraisal yet but I know I can say what I want when I speak to my manager”. Another staff member told us, “Yes, that’s fine but for me it’s about if I can speak to the manager whenever I need to and I know I can”.

Staff also said that they were satisfied with the training opportunities on offer. One staff member said, “Yes, that’s okay. No problem really, though it’s not as good as it was". Another staff member told us, “I think we have enough training to do our jobs”. A third staff member said, “I’m quite new but I’ve done some training already”.

Staff were trained in areas that included first aid, fire safety, food hygiene, infection control, health and safety and moving and handling. A training programme was in place that included courses that were relevant to the needs of people who lived at MoorHouse Nursing Home. Courses attended included dementia care, end of life, continence and management of malnutrition. Staff were provided with training that enabled them to support people appropriately.

MoorHouse Nursing Home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Since being in post the manager had reviewed people’s assessments and removed those she found were not needed. The manager understood when an application should be made, how to submit one and the implications of a recent Supreme Court judgement which widened and clarified the definition of a deprivation of liberty.

Capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. This was in line with the Mental Capacity Act (MCA) 2005 Code of Practice which guides staff to ensure practice and decisions were made in people’s best interests. The manager demonstrated understanding of when best interest meetings should be held with external professionals to ensure that decisions were made that protected people’s rights whilst keeping them safe.

Staff had a good understanding of the MCA, including the nature and types of consent, people’s right to take risks and the necessity to act in people’s best interests when required. Staff could tell us the implications of DoLS for people they supported. One staff member told us, “I think it’s really about acting in people’s best interests”. Another staff member told us, “I know that it’s really about everybody having mental capacity unless we can prove that a person doesn’t”.

Peoples care records included evidence that written consent had been sought and obtained in a variety of areas. These included photography for identification purposes and consent for outside agencies to examine care plans. We also noted care plans contained mental capacity assessments where necessary and that up to date and relevant risk assessments were in place as a result of these. We also found that people were not prevented from taking risks if they possessed the mental capacity to do so. For example, we noted that one person with mental capacity, who had developed difficulty in swallowing, had been assessed by a Speech and Language Therapist and advised to have thickened fluids and a pureed diet to minimise the risk of choking. The person had been informed of the risk, but wished to continue with a normal diet. We noted the provider respected these wishes, informed all staff, documented it in the care plan and updated the person’s nutritional assessment form and risk assessment to reflect this. We also noted the risk assessment was reviewed monthly or more often if required.

People were supported to eat and drink sufficient amounts to maintain good health. Everyone expressed satisfaction with the meals provided. One person said, “The staff are mostly very sweet, the food is very nice and the meat is very tender, excellent.” A second person said, “They have

Good

Is the service effective?

got lovely food and the chef knows my needs, the food is excellent." A third person said, "I do like the food! If you don't like anything they will always rustle up something for you and I have a choice."

We observed that the lunch time period was a very happy event, there was a lot of conversation between people and everybody appeared to be very content. The meals were served promptly and staff checked with people that they were happy with the meals provided. The staff engaged with people and the atmosphere was relaxed and natural. Peoples' responses gave us the impression that this was an everyday occurrence and not contrived.

Kitchen staff were able to explain how they managed people's dietary needs and how likes and dislikes and changes in people's special diets were communicated. Kitchen staff had a good knowledge of people's dietary requirements, including those requiring special diets. We observed good communication between kitchen and nursing staff, who advised the chef of changes made to people's diets following input from visiting professionals, such as Speech and Language Therapists.

The menu was based on a five week rota. There was a choice of meals on offer and kitchen staff told us they would prepare other food for people on request. We noted care staff asked people about their food preferences for the following day's menu. Whilst in most circumstances this worked well, people with short term memory loss would be unlikely to remember what they had ordered the previous day.

We noted, from looking at care plans, that those at risk of poor nutrition were regularly assessed and monitored using the Malnutrition Universal Screening Tool (MUST). 'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese. All people with special dietary needs were regularly assessed by external professionals such as speech and language therapists. Records also evidenced that people received support to access other health care professionals and to maintain good health. These included G.P's, opticians and chiropodists.

Requires improvement

Is the service caring?

Our findings

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. We asked how staff sought to involve people and their families with their care as much as possible. We also looked at people's care plans and daily records. Care plans and risk assessments were reviewed monthly and signed by staff. We found no evidence that people or their representatives had regular and formal involvement in care planning or risk assessment after the initial admission assessment stage. Consequently, there was no formal opportunity to alter the care plans if the person did not feel they reflected their care needs accurately. People that we spoke with did not express a view about this lack of formal involvement. People told us that the manager and staff chatted to them about the care they received on an informal basis and if they were unhappy with any element of the care being provided they would raise this at the time.

The staff we spoke with were unaware of any residents or relatives' meetings having taken place recently and the manager confirmed these had not occurred. The manager explained that this was due to staff shortages that the home had experienced and that she was going to reintroduce these on a two monthly basis.

It is recommended that the registered provider reviews the systems in place that allow people to formally participate in making decisions about their care and treatment.

One aspect where people were involved and supported to express their views was when decisions were made about if people wished to be resuscitated in the event of cardiac arrest. We noted that, from examining care plans, that they contained a section which included advanced decision making. This section was completed in conjunction with people and their families. They included whether the individual wished to be resuscitated in the event of cardiac arrest. The care plans for those who did not wish to be resuscitated contained documentation indicating this, as required by law and was countersigned by the person's GP. The staff we spoke with displayed a good level of knowledge of advanced care planning and were aware of people's needs in this regard.

People said that the staff were kind and caring and that they were treated with dignity and respect. One person said, "I think the staff are caring and I certainly have nothing to complain about the staff." A second person said, "I think the staff are caring." A relative said, "Excellent care! No one could have been kinder, more caring and patient. They are respectful pleasant and friendly even the laundry lady has a few words to say." A visitor said, "I think they care because they are caring people and not for any other reason. They are such lovely people, it's like a family."

When being shown around the home we observed that the majority of people's bedroom doors were ajar and that this did not promote people's privacy or dignity. Some people were in night clothes, others in bed and one person was seen to be using their toilet, which resulted in us having to intervene and close their door. Bedroom doors were seen to be open throughout our inspection and no staff were seen to question this practice. There was no documentary evidence that indicated the practice of bedroom doors being open was the preference of individual's who lived at the home. We discussed this with the manager who agreed this was not person centred and did not promote people's privacy. The manager said that this practice would be reviewed.

It is recommended that the registered provider reviews the arrangements in place for promoting personalised care and privacy.

Efforts had been made to support people to maintain their dignity. Some people were seen wearing colour co-ordinated shirts and cardigans and non-slip footwear. Several people were wearing clean reading glasses and many ladies had their nails painted. Staff were able to explain how they supported people to maintain their dignity and privacy. One staff member told us, "I suppose I try to treat people as I would like to be treated". Another staff member said, "I always knock before I go into someone's room". A third staff member told us, "Some people don't want to eat in front of other people in the dining room. They tend to stay in their own rooms which we respect. I think I'd be the same so I wouldn't have a problem with it at all. It's up to the residents".

We also asked staff how they promoted people's independence. One staff member said, "It helps if you have the time to do it. Sometimes we do, but other times we don't". Another staff member told us, "I think if people can do things for themselves then we should and do encourage

Requires improvement

Is the service caring?

that". Most care plans included people's preferences with regard to personal care and we saw that this was respected. Care plans also informed staff about aspects of care that people could do for themselves and again we saw that this was respected and understood by staff.

Requires improvement

Is the service responsive?

Our findings

Some people did not receive responsive care or support that was based on their individual needs and preferences. One person's care plan stated that they required a bath daily. The person told us that this had not been happening and therefore requested twice to staff to have a bath twice a week. These requests were also recorded in the person's records. This person also said that staff would often not apologise or say why they could not have their bath. The daily record stated that this person had not had a bath or been offered one for six days.

A second person told us that "Girls are kind and helpful; there just aren't enough of them". They went on to tell us that at times, they had to wait for assistance to wash and dress which they found very depressing. They also told us that they would like to be washed and dressed by 9am. This was not identified in their care plan. A member of staff confirmed that at times people had to wait for assistance. They said, "Each morning I have four to five residents to get up, washed and dressed each morning before lunch (12.15pm). Sometimes residents are left in bed until after lunch, but they have been toileted and had breakfast".

Records of response times to call bells ranged from a couple of seconds to over an hour. One person told us that they had been up since 7am and we saw that they were still sat in their dressing gown unwashed at 10.30am. We visited the person again in their room at 11am and saw that this was still the case. We found a member of staff and pointed this out who then went and supported the person to wash and dress.

The response times to call bells for some people and the length of time some people had to wait for assistance meant that the registered provider had not ensured people received care that was appropriate, met their needs and reflected their preferences

All of these instances meant that people were not receiving responsive care and support. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other people's records contained sufficient information to ensure they received responsive care and treatment. For example, one person had been admitted to the home from hospital with a pressure sore. We looked at this person's care plan and noted staff had photographed and documented evidence of the wound on admission to the home. Staff had involved external agencies, such as the person's GP and the NHS Tissue Viability Nurse at an early stage, had followed advice and guidance given and documented relevant information in the care plan. We noted that, subsequent to returning to the home, the person was re-admitted to hospital following the development of circulatory problems. The care plan and daily record contained a detailed account of nursing and care staff's actions leading up to this event, which were consistent with the delivery of safe and responsive care.

Staff that we spoke with told us what they understood by the term 'person centred care'. One staff member told us, "It means doing things with people and not to them". Another staff member said, "I think part of it is about allowing residents to do things for themselves and only helping when they need it". Another member of staff said that they did not have enough time to talk with people and that their job was very task focused. They stated that, "They will always get my time, even if I have to stay for an extra 10 minutes then I will stay. Once I am with that person, I will stay until they don't need my support".

People said that staff arranged for them to receive medical treatment promptly, when needed. One person said, "If I need it they sort it very quickly." Another said, "Nurses are pretty good, they do more than they need to".

People expressed satisfaction with the range of activities available to them. One person said, "There are plenty of activities it's good in that way". Another person told us that they attended a day centre at a local church weekly and that they were happy and that "The care is good".

We observed people join in an activity 'countdown' during the afternoon of our inspection. We were told that this was the first time that this activity was run; people seemed to enjoy it and it was set at the right level of engagement for people. Two activity staff ran the activity and they engaged with people positively, respectfully and had fun.

An activity programme was in place that included a mixture of events provided by either external entertainers or one of the activity staff employed at the home. Activities included visiting musicians, hand massage and nail treatments, quizzes, crosswords and reminiscence activities. Information about forthcoming events was displayed on a

Requires improvement

Is the service responsive?

notice board in order to make people aware of choices available to them. A weekly newsletter also informed people as to what was occurring in the week ahead and also included photographs of previous activities.

We noted that the garden area was not included in the activity programme despite it be accessible, secure and extensive. Activity staff stated that they have been unable to develop activities in this area due to "Health and safety" and other members of staff not engaging with the activity staff. We also noted that there was no planned one to one time for people who were unable to leave their beds to engage with them and offer stimulation apart from one of the activity staff who spent time reading to people.

It is recommended that the registered provider researches and implement's an activity programme that is inclusive for everyone regardless of their abilities.

People said that they were aware of the complaints procedure and that on the whole issues were resolved to their satisfaction. A relative said, "If there is a problem usually it gets sorted". A copy of the providers complaints policy was on display in the home for people to refer to if they needed to.

The manager explained that she walked around the home on a daily basis to chat to people and to hear their views and any concerns they may have. She also said that she encouraged openness with relatives and staff. She explained, "A concern to them is a concern to me". A relative told us, "If I want to talk to a member of staff there are plenty here I can talk to."

A record was in place of complaints received and in all but one instance included a record of actions taken to investigate the complaint and outcome. The manager was able to explain to us the actions taken in response to the complaint and said that a full and detailed record would be put in place.

Requires improvement

Is the service well-led?

Our findings

The manager had been in post since 15 June 2015 and said that she was aware of areas of the home that required improvement. The manager explained that she had prioritised actions based on risk. She said that the first thing she had addressed was to ensure shifts were covered as this had not always happened previously. The manager had completed an audit of people's weight and activities. The manager said that she had not completed any other audits due to prioritising the staffing at the home. She explained, "I thought staffing was the priority, without them I can't ensure peoples safety. Then I sorted medication, nurses and training. Then I started sorting paperwork, archived over 40 boxes. I have been trying to do paperwork plus covering on the floor when needed. Things like supervision and organisation were not in place here when I got here". Although the manager had taken action to ensure sufficient staff were on duty the lack of auditing and monitoring meant that systems were not being used to identify and take action to reduce risks to people and to monitor the quality of service they received.

The home had a call bell system in place that people could activate if they required assistance from staff. The system produced records of when call bells had been activated and response times. The records for 1 September 2015 to 7 September 2015 detailed 29 occasions when it took between 10 minutes and 34 minutes for call bells to be responded to. On one occasion the call bell was not responded to for over an hour. The manager confirmed that she was not aware of this and that she had not completed any audits of the call bell response times. When asked the manager was not aware of a call bell policy being in place or what the expected response times should be. Later the manager told us that she had checked with senior management who had informed her there was no policy in place but that call bells should be responded to as soon as possible and no later than within 10 minutes. The manager had introduced spread sheets for accidents, incidents and falls. At the time of our inspection these contained numerical information only about the numbers of events and did not include enough information in order than an analysis of trends or themes could be completed to prevent future occurrence. The manager said that, "This is a work in progress. It is going to be more specific". The manager said that the audit format would be changed within a week of our inspection.

The lack of robust auditing meant that effective systems and processes were not in place to assess, monitor and improve the quality and safety of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the omissions in quality monitoring systems people said that the manager was approachable and that the home was well run. One person said, "The manager is really good I can't speak highly enough of her, she will do anything, and she also comes in and chats to people in the dining room." A second person said, "The manager has been in this morning to arrange a few things for me. The food is good, they are caring and answer the call bell quickly, and there is nothing untoward." A relative said that the home was well managed and added, "It has been a total relief, and I totally trust them to do the best for him (family member)."

The manager was aware of the need to create a positive culture at MoorHouse Nursing Home and had started to take steps to ensure this was inclusive and empowering. A new scheme had recently been introduced known as 'MoorHouse Diamond Award'. The manager explained that this was awarded to staff as recognition of achievements. A newsletter had also been produced which informed people of events and kept them informed. For example, the October 2015 newsletter informed people about new staff, forthcoming activities and the new staff recognition scheme. The newsletter included colour photographs which could help people with limited or poor sight.

Staff meetings had taken place in July and August 2015 in order that people were kept informed of events and changes at the home. During these staff were also asked for their views and opinions which helped promote a whole team ethos and approach. The manager told us that staff birthdays were now celebrated along with people who lived at the home. She explained that this included the chef baking a cake and everyone joining in a sing along.

Staff told us that since the manager had been in post improvements at the home had taken place. One staff member told us, "I think we are a good team and everyone can say what they want. There have been problems in the past but the manager's trying really hard to improve things". Another staff member said, "I think things weren't that good until recently. I think there's a lot of room for improvement but hopefully we'll see that now".

Requires improvement

Is the service well-led?

We asked about 'duty of candour' and its relevance to the care and support of people living at the home. Duty of candour forms part of a new regulation which came into force in April 2015. It states that providers must be open and honest with people and other 'relevant persons' (people acting lawfully on behalf of people) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. Providers must have an open and honest culture at all levels within their organization and have systems in place for knowing about notifiable safety incidents .The provider must also keep written records and offer reasonable support to the person in relation to the incident. Some of the staff we spoke with were aware of this regulation and were able to describe its relevance and application. One person who lived at the home told us, "The culture is open and transparent; one of the directors came down on Friday and asked me if I was all right and chatted to me."

The manager said that she was fully supported by senior management and that they regularly visited the home to help and advise her. We were informed that when visiting senior management also spoke with people and staff. In addition, the manager said that she received support from other managers employed at the providers other services when needed.

Systems were in place for obtaining the views of people in order that they could drive improvements at the home. Surveys were sent to people, professionals and staff on a quarterly basis with the findings collated from staff for December 2014 to January 2015, professionals for February 2015 to July 2015 and people who lived at the home February to July 2015. In the main, people responded positively. For example, of the 12 people who lived at the home 98% stated they were either extremely or quite satisfied with the standard of care at the home. For those that were not satisfied with the service the manager was able to explain what steps had been taken to address this. For example, it had been raised that some staffs understanding of the English language affected how they communicated with people. The manager told us that staff were being enrolled on English language courses at a local college.

There were clear whistle blowing procedures in place which staff were aware of when we spoke with them. Information that guided staff how to report concerns and bad practice was displayed on the staff noticeboard so that information was easily accessible.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The registered person had not ensured appropriate recruitment checks had been completed to ensure staff were safe to work with people. 19(2)(3)(a).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person had not ensured potential risks to people were assessed or planned for in a safe way. 12(1)(2)(a).**

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The registered person had not ensured people received care and treatment that was appropriate, met their needs and reflected their preferences. 9(1).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person had not ensured that effective systems and processes were in place to assess, monitor and improve the quality and safety of the service. 17(1)(2)(b).**