

Ashmoor Health Care Limited

# Moorside Hall

## Inspection report

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Tel: 0152469901

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Moorside Hall is a nursing home providing accommodation and nursing care for up to 22 people. At the time of our inspection there were 15 people living in the home. The home is an extended adapted property with bedrooms on two floors, near Williamson's Park in Lancaster. There is a lift and a stair lift.

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

People told us, and their relatives confirmed, they felt safe in the home. People were protected from abuse and avoidable harm because the providers' safeguarding policies were understood and followed by staff. People were supported by enough staff who told us they had time to care for people in person-centred ways. People received their medicines as prescribed from trained and qualified staff.

People were protected from environmental risks, including fire and legionella because the provider ensured safe systems were maintained and equipment had been checked and serviced regularly.

People living in the home and their relatives praised the person-centred culture of the home. Staff and leaders were committed to achieving high-quality care. People received care which promoted their independence from staff who were proud to work in the home.

The management team had robust governance systems in place to monitor the quality of care and care practice.

People and their relatives felt fully engaged with things going on the home and were able to raise anything they wished with the staff and leaders.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

### Rating at the last inspection

The last rated inspection for this service was good. (Published 17 April 2018). The rating at this inspection has remained the same.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. This was a focused inspection looking at the key questions of Safe and Well-Led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

## Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was Well-Led.

Details are in our Well-Led findings below.

# Moorside Hall

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Moorside Hall is a 'care home' with nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided, and compliance with regulations.

At the time of our inspection the registered manager had just left. There was a new manager in post who had applied to register with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 5 people who lived in the home, the relatives of 4 people and 9 members of staff. We spoke with the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at the care records of 3 people and medicine records for 6 people. We looked at recruitment and training records and a range of records relating to governance and records related to the safety of the premises.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse because staff understood and followed the providers' safeguarding policies and procedures.
- Staff had received training in safeguarding procedures and information about this, and whistleblowing was displayed in the home for staff to refer to.
- The management team followed robust procedures to report concerns when required; and completed internal investigations to identify potential lessons learned.

Assessing risk, safety monitoring and management

- People received safe care because the provider assessed any risks they needed support with to manage and had developed plans to avoid any potential harm. This included risks in relation to; moving and handling, nutrition, choking, medicines, skin care and falls.
- People told us they felt safe in the home. Comments included; "The staff take good care of me. I can move a bit on my own, but staff always help me just in case." And "I am well cared for. The staff are always there for me. I often stay in my room. The staff come to see me all the time to make sure I am ok."
- A relative told us, "I am completely confident that [name] is safe and well cared for. [Name] is watched continually by staff."

Using medicines safely

- People received their medicines as prescribed because staff followed the providers policies and procedures in relation to the safe administration of medicines.
- People who needed medicines on a 'when required' basis, received these properly because there was clear guidance in place to support staff to make decisions about when to give these and the correct dose.

Staffing and recruitment

- People were supported by enough properly recruited staff because the provider followed their own robust recruitment procedures. Recruitment records we looked at showed all necessary checks had been completed before staff started to work in the home.
- Staffing levels were maintained at a safe level because the provider followed a system to ensure there were enough staff to meet people's needs. This was reviewed regularly in response to changes in people's needs and occupancy. We saw staff had quality time with people and engaged in conversations and activities.
- Staff felt they had enough time to support people in person-centred ways. This included people being able to get up when they chose and to be supported to maintain their independence.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires, 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The service was working within the principles of the MCA and, if needed, appropriate legal authorisations and applications to deprive a person of their liberty were in place.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- The provider was following current guidance with regards to people visiting the care home.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received person-centred, high-quality care because the provider had embedded a positive culture in the home which was understood by staff. Staff felt valued and supported by the management team and were proud to work in the home.
- People were supported to achieve good outcomes because staff supported them in person-centred ways to maintain their skills and promoted their independence. People living in the home told us; "They always give me choice in the morning what to do, get up or stay in bed."
- Relatives praised the quality of care provided by the staff. Comments included; "They are really friendly and are very good with [Name]." And, "The staff are just amazing. They give 100%. They really do love the residents."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People received a consistently high-quality service because the management team ensured they had an effective oversight of the quality of care and care practice. Robust auditing systems were in place and followed.
- Staff told us they understood the quality of care expected by the management team and were committed to achieving this and more.
- The provider had effective oversight of the quality of the premises and equipment in the home. Though some people felt the home would benefit from some decorating there was a plan in place to achieve this.

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

- People living in the home were able to express their views and give feedback about their experience living in the home. Residents meeting notes showed that people's views and concerns had been responded to.
- Relatives of people living in the home, felt confident they were kept up to date with important events and were able to visit the home and attend social activities. Relatives' meetings had also been held.
- Staff meetings helped ensure staff were up to date and able to share their views and experiences. Staff meetings were often repeated at different times which helped ensure all staff were able to attend.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their obligations in relation to the duty of candour.
- Relatives said someone from the home always contacted them when necessary. Relatives said they felt confident approaching the staff team and managers at any time.
- The provider had reported all notifiable incidents appropriately, this included to CQC, local authority safeguarding teams and Public Health.

Continuous learning and improving care; Working in partnership with others

- The management team were involved in professional forums and linked in with other services to share knowledge and experience. Though this had been affected by the recent COVID-19 pandemic they remained in contact with other partners.
- Staff received training and updates to their knowledge through regular agenda items on staff meetings which helped develop their knowledge.