

Ripon Stourport Care Limited

The Moors Care Centre

Inspection report

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Ripon
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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Moors care centre is a residential care home providing personal and nursing care to 57 older people and younger adults at the time of the inspection, some of whom may be living with dementia. The service can support up to 70 people.

The Moors Care Centre accommodates people across four separate units spread over three floors, each of which has en-suite bedrooms and separate adapted facilities. One of the units provides residential care, two units provide dementia care and one unit provides nursing care.

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

Records and documentation around people's care was not written in a person-centred way and did not provide enough relevant detail. Care plans and risk assessments were not always in place or did not include sufficient detail for staff to follow and guidance was inconsistent. Staff who worked at the home knew people, their needs and preferences well. However, there was a risk of harm if staff were new or did not know the person well.

Staff told us that the electronic care records were not easy to use, and it was difficult to find the information they needed. It was not always clear where staff should record information about the care they provided or concerns. This had led to inconsistencies in reviewing incidents for one person.

The registered manager was aware that there were issues with the care records. However, audits in place did not reflect the issues and there were no plans around how this was going to be addressed and improved.

Records and administration of medicines were safe and managed well. We have made a recommendation around the storage of prescribed creams and ointments.

People told us they felt safe and were happy with the care provided at the home. The environment was clean, safe and well maintained. People had the opportunity to personalise their rooms and had access to facilities on site such as a café, salon and cinema.

Staff were recruited safely and had received a good induction, regular training and had opportunities to develop their skills. Staff told us they felt supported but formal supervisions were not as regular as they should have been due to the impact of COVID-19. One staff member told us, "I have had maximum support from senior carers and management. The staff are very dedicated and passionate".

People told us they had choice and control over their care and decisions within the home. Documentation around the mental capacity act needed to be improved and we made a recommendation around this.

People and their relatives were happy with the communication from the home. They were comfortable

raising concerns if needed and felt listened to by the registered manager and staff.

The home had good relationships with external agencies and professionals such as the local authority and GP; they worked well with each other to ensure good outcomes for people.

People were involved and contributed to their local community and events. Activities in the home were meaningful, varied and tailored to individuals. Relatives told us they felt welcomed in the home and were happy with how their loved ones were cared for. One relative described the care as "first class".

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.

Rating at last inspection

This service was registered with us on 21 August 2019 and this is the first inspection.

The last rating for the service under the previous provider was good, (published on 30 August 2019).

Why we inspected

This was a planned inspection as the service has not been inspected since registering as a new provider with CQC.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

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

Enforcement

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

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

The Moors Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

Two inspectors visited the service on day one of the inspection. An Expert by Experience made calls to people and their family members. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two, three inspectors visited the service.

Service and service type

The moors care centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first day. We told the provider we would be coming on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection

We spoke with four people who used the service and nine relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, nurse, team leader, lifestyle co-ordinator, chefs and care assistants. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at three staff files and agency profiles in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training records and documents relating to quality monitoring systems were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further quality assurance records and policies and procedures. We asked for feedback from a variety of professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had a good understanding of the people they supported and how to provide care and manage risk. However, risk assessments and care plans were not always in place when there was a known risk. For example, there was a lack of risk assessment and guidance for one person who was living with dementia. Their behaviour and actions as a result of their dementia impacted other people they lived with.
- Safeguarding incidents were not always consistently recorded by staff. This increased the risk of incidents and patterns in behaviour not being effectively reviewed, managed or reported.
- Care plans were generated from pre-determined statements from a variety of assessments on the electronic care plan system. As a result, care plans did not always contain relevant details for staff around how to manage risks and support people. For example, there was limited information about how to support a person with diabetes.

The provider failed to ensure assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The environment and equipment used were well maintained and managed safely.
- Staff had received training on safeguarding and were confident that action would be taken to keep people safe when reported.
- People and their relatives told us they felt safe and had confidence in the staff. One relative said, "I am really, truly impressed staff are very caring and do an exceptional job, I am very very assured that she is safe".
- Accidents, incidents and concerns were regularly reviewed by managers to look for patterns and trends. These were discussed in various meetings with staff across the home to learn lessons and prevent reoccurrence.

Using medicines safely

- Medicines such as prescribed creams were not always stored securely. Some people had these stored in their bathroom for ease of access without appropriate risk assessments in place.

We recommend the provider reviews the secure storage of prescribed creams and ointments in line with best practice guidance amending their practice accordingly.

- Medicines were managed safely by trained staff; assessments were completed on a regular basis to ensure staff remained competent to safely administer medicines.
- Guidance was in place for staff to follow in relation to 'as required' (PRN) medicines and care plans detailed people's preferences for taking their medicines.
- Staff completed electronic medicine administration records (eMARs) where required and other relevant records had been completed to ensure medicines remained safe to administer.

Staffing and recruitment

- Staff were recruited safely. When agency staff were used to cover staffing shortfalls, the provider ensured they had the right skills and that appropriate checks had been carried out.
- People were supported by the right amount of suitably skilled and qualified staff. The registered manager had a system in place to check that there was enough staff on each unit to meet people's needs.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were somewhat assured the provider was using PPE effectively and safely.

Issues identified with staff use of PPE on day one of the inspection were responded to immediately by management. There were no further issues on day two of the inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed for individual decisions; however, these were not always recorded in enough detail. One person was receiving covert medication in their best interest. However, documentation did not evidence that best practice and the providers policy had been followed.

We recommend the provider reviews their documentation to ensure it is meeting best practice and their own policy around covert medication.

- Staff had received training in the MCA and understood their responsibilities.
- Where people had a DoLS authorisation in place, the correct procedures had been followed. Conditions attached to authorisations were documented and considered as part of peoples care and support and regularly reviewed.
- People told us they had choice and control over their own lives and their decisions respected.

Staff support: induction, training, skills and experience

- Staff had not received supervisions and appraisals as often as the providers policy stated due to the impact of COVID-19. The registered manager was working to improve this, and staff told us they felt

supported.

- Staff had received a robust induction and on-going training to ensure they could meet the needs of the people they supported.
- Staff told us they had been supported to attend additional training and gain qualifications as part of their employment.
- People told us they had confidence in staff's abilities and competence.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Assessments of people's needs were carried out before people came into the home and reviews of people's needs were regularly reviewed.
- People and family members felt involved in their care and felt the home achieved good outcomes for people.
- The home had a good working relationship with other professionals such as district nurses and the GP. Staff implemented guidance from other professionals and communicated any concerns or changes to provide timely and effective care.

Supporting people to eat and drink enough to maintain a balanced diet;

- Staff supported people to access food and drinks frequently and people were given choices around their meals. People at risk in relation to food and fluid intake were provided with additional support by staff and this was regularly monitored and discussed.
- The chef and kitchen staff worked with residents and staff to meet people's preferences, get feedback and make mealtimes a positive social event. The home had themed meals with décor to mark significant dates and events.
- Relatives told us, "They really enjoy the food, it is very good, and they try to accommodate relatives' preferences". Another relative told us, "They love it and there is loads to eat. They get choices and they have put on weight". Some people felt the food could be better and had raised this with the chef.

Adapting service, design, decoration to meet people's needs

- The moors care centre is a purpose-built home which has been decorated and furnished to a high standard and in a way that provided a 'homely' feel. The home was well maintained, and people had access to secure garden.
- A visiting room had been created to support safe visits from family and friends during COVID-19. People also had access to an on-site salon, cinema and library within the home.
- People's rooms had been personalised with items of personal memorabilia and furniture from home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were observed to be treated with dignity and respect. However, language used in the electronic care records was at times institutional and not person-centred. The registered manager was aware of this and was working to address this.
- People were encouraged maintain their independence wherever possible. We observed people independently leaving the home to go into the local community and grounds.
- Staff ensured confidential information was stored securely and private and sensitive conversations were not held in communal areas of the home.

Supporting people to express their views and be involved in making decisions about their care

- Care plans were not consistently written in a person-centred way and did not always reflect the person's involvement in their care. However, there was evidence that the provider was consulting people and people told us they were involved. This issue has been addressed in the safe domain of this report.
- People made their own choices around their care where they were able to. One person told us, "I can get up and go to bed when I want to". Another person told us, "everything is on hand, I can get a shower when I want one, the staff are brilliant and prompt at answering my call bell".
- Relatives told us that staff listened and acted upon what the person said, and staff were flexible in the way that they treated people.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well looked after. One person said, "I think the home is wonderful, I feel safe and staff are considerate and careful and look after you".
- Relatives were also very complimentary about the care provided, one relative told us, "They couldn't have been more supportive, particularly during this difficult time of COVID-19 and lockdowns. My daughter and I couldn't be more grateful for the service this care home provides, whenever I visit, it feels like entering a welcoming family environment. I'm full of admiration for them all".
- Observations of interactions were caring, and staff knew people well. One family member told us, "The staff are kind and caring and know them well, they realise the things that unsettle them and understand what their problems are".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good understanding of people's communication needs and adaptations had been made for people who were unable to communicate verbally. For example, staff used a white board to communicate with one person who was deaf.
- An initial assessment was in place around people's communication needs. Where required, referrals had been made to a speech and language therapist for further advice and support.
- Communication difficulties were also highlighted in people's individual evacuation plans.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised although new electronic records did not always reflect practice as well as it could. We discussed this with the registered manager, and they were working to improve this.
- People and their relatives had been consulted around their care and involved in developing their life histories. People felt they had choice and control over their care.
- People and their relatives told us that staff had a good understanding of people's likes, dislikes and preferences around care. One relative told us, "They know their likes and dislikes and they can decide the gender of the support staff. They join in the activities, and there is loads of stuff for them to do".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by a dedicated staff member to engage in a range of activities they enjoyed. Activities were based on people's interests and helped to maintain and develop functional skills, independence and well-being.
- People supported their local community through engagement in activities such as flower arranging for the local supermarket and knitting for the local primary school.
- Religious services were held in the home in person and then virtually when COVID-19 restrictions prevented visitors.
- People were supported to maintain contact and relationships with family and friends. The environment in the home supported this and families told us they felt welcomed. During COVID-19 alternative options to face-to-face visits were supported such as video calls and safe visiting rooms.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns or complaints if they were not happy. They told us they were confident action would be taken by the management team to make improvements.
- A complaints record was maintained which provided information regarding the nature of complaint and action taken.

End of life care and support

- The home worked with external professionals such as the GP and district nurses to ensure people had a pain free and dignified end of life. External professionals told us the end of life care provided by the home was excellent.
- People's and their families had the opportunity to discuss their wishes and preferences for end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the service management was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had recently introduced an electronic system for care records. We found care plans did not provide enough guidance for staff and they lacked necessary detail. We also found contradictions in care plans for how people should be supported.
- Regular staff had a good understanding of the people they supported. However, the lack of person-centred, clear guidance put people at risk of receiving care that wasn't delivered in the way they needed or wanted it to be delivered. This risk was increased where the service used agency staff, were new or did not work regularly.
- Due to COVID-19 staff had received limited face to face training since the introduction of the electronic system. This led to inconsistencies in recording information about people's care. We found incidents reported incorrectly that as a result had not been reviewed appropriately. It was unclear when monitoring charts should be used and these were completed inconsistently.
- Care plan and safeguarding audits were in place however these had not identified the issues picked up on the inspection.
- The registered manager was aware of issues with the new care record system being used but there was little evidence of how this was being managed or escalated to improve these.

The provider failed to ensure records were accurate, complete and contemporaneous. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The home was welcoming, and staff demonstrated an open and inclusive approach to their work and the people they supported.
- People, relatives, staff and professionals all spoke positively about the registered manager and deputy manager and had confidence in their leadership.
- Staff were supported and encouraged to develop their skills and champion roles had been developed within the service.
- Staff were very complimentary of their colleagues and how they worked well as a team to ensure the best outcomes for people. One member of staff told us that kitchen and housekeeping staff regularly go out of their way to get items that the residents need to improve their quality of life.

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 registered manager had displayed an open approach and listened when things went wrong to staff, people and their relatives. They worked in partnership to overcome issues and make improvements.
- Staff, people and their relatives were happy with this approach and told us the registered manager was approachable. One relative told us, "I know who the manager is and find her very approachable, very nice and very helpful. They 100% listen to me".

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

- The provider sent out annual satisfaction surveys to people and their relatives and acted on feedback to improve the service.
- Regular meetings were held with staff to keep them updated and to seek feedback and share ideas on how to improve the service.
- One relative told us, "The home is well managed, and that the manager is approachable and easy to talk to. There are forums for relatives to contribute ideas to and staff will talk about any new ideas they have".
- The service had developed good links with the local community to promote good outcomes for people. Staff worked closely with local community groups to help develop people's social skills and independence.
- Managers and staff worked closely with health and social care professionals to ensure people were provided with right care and support. Professionals were complimentary about the service, the support people received and the management of the service.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider failed to ensure assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider failed to ensure records were accurate, complete and contemporaneous. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>17(2)(b)(c)</p>