

Kirklees Metropolitan Council

Moorlands Grange

Inspection report

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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

Moorlands Grange is a residential care home providing personal care for up to 40 people who require short-term or intermediate care. People are supported by a core team of staff and an on-site health care team which includes; pharmacists, physiotherapists, occupational therapist, nurses and other health care professionals. At the time of our inspection there were 28 people using the service.

The service is a purpose-built building and is set out across 2 floors, each divided into 2 units, with adapted facilities. Each unit has a kitchen, lounge and dining area. Each bedroom has an en-suite facility.

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

People's medicines were at risk of not being administered safely. We found no evidence of harm to people and the provider was working to address staff's performance around medicines. We have made a recommendation about embedding safe medicines practices.

Risks associated with people's care were appropriately assessed and staff were aware of said risks. Improvements had been made to records associated with risks to people's care. We found risk assessments and care plans to be detailed and person-centred.

People told us they felt safe. Staff were trained in and aware of their safeguarding responsibilities. Infection, prevention and control measures were followed to ensure staff protected people from the risk of infection.

Sufficient numbers of staff were available in line with people's needs. People and relatives mostly spoke positively about the care received from the staff team. One person said, "Yes I feel safe here, the staff are so good."

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.

Effective quality and governance processes were in place and the registered manager worked proactively to drive service improvement. Any concerns were promptly investigated, and lessons learnt were shared with staff. The service worked with the on-site health care team and other health and social care professionals to ensure people's care was effective.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 01 May 2019) and there was a breach of regulation. At this inspection we found improvements had been made and the provider was no longer in

breach of regulations.

At our last inspection we recommended the provider took action to update their medicines practice. At this inspection we found the provider had taken action to address their medicines practice, but required a further recommendation to ensure newer governance processes were embedded for managing medicines safely.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Why we inspected

We undertook this focused inspection to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

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 read the report from our last comprehensive inspection, by selecting the 'all reports' link for Moorlands Grange on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation about embedding newer quality assurance processes to address staff performance in relation to safe medicines management.

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 safe findings below.

Moorlands Grange

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 an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Moorlands grange is a 'care home' managed by the local authority in Kirklees. 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. Moorlands grange is a care home without nursing care. 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 there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 22 March 2022 to help plan the inspection and inform our judgements. We requested feedback from stakeholders, including the local safeguarding and commissioning teams. 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 used the service, 3 relatives and 1 friend of someone using the service about their experience of the care provided. We gathered feedback from 10 staff members including the registered manager, service manager, deputy manager, health and safety staff, care staff and the on-site health care team.

We reviewed a range of records including; 4 peoples care plans and risk assessments, 6 peoples medicines records and 2 staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, audits and service improvement plans. Following the site visit, we reviewed further information and evidence from the provider. This included further medicines evidence, action plans, incident records and meeting minutes.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to appropriately assess, or record risks associated with people's care. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were assessed upon arriving at the service. People's risk assessments were detailed and were updated as and when people's needs changed.
- The service had a staff member dedicated to environmental maintenance and health and safety. This staff member was knowledgeable in their role and we found regular health, safety and fire checks were completed to ensure people's safety.
- Accidents and incidents went through a 'claim control' process where they were reviewed by the management team and other departments to ensure risks were assessed and lessons were learnt.
- Lessons learnt were shared with staff in varied ways including through 1 to 1 supervisions and staff meetings. The registered manager worked proactively to create actions plans for any identified concerns.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. 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)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

At our last inspection we recommended the provider took action to update their medicines practice. The provider had made improvements to medicines practice, but a further recommendation has been made.

- People's medicines were at risk of not being safely managed. Team leaders made a high quantity of medicine and recording errors. We found no evidence of harm to people and the management team sought medical advice following all medicines errors.
- The provider had worked with team leaders to understand their learning style and continuously re-assess their competency with the assistance of a pharmacist.
- The registered manager had recently implemented a new system which allowed for conduct and disciplinary procedures to challenge team leaders practice. This process needed embedding in practice.

We recommend the provider embeds the current governance process to ensure team leaders' practice is appropriately challenged when medicines errors occur.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us support provided was safe. One person said, "Yes, I feel safe. The staff here are good".
- The provider had a robust safeguarding policy and process which was accessible to staff.
- Staff received safeguarding training and knew the procedure to follow if they had any safeguarding concerns.

Staffing and recruitment

- People and relatives mostly spoke positively about the staff team. One relative said, "The staff seem to be well-trained, caring and confident".
- The provider followed safe recruitment practices. The registered manager continuously reviewed the dependency needs of people using the service to ensure there was enough staff to provide safe care.
- People said they sometimes had to wait for their call bell to be answered. Most people said they waited around 5 minutes. The registered manager was reviewing call bell response times daily and following up with staff in any delays to answering.

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.

Visiting in care homes

- The providers approach to visitors in the care home was in line with government guidance.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 governance processes in place to review the quality and performance of the service and staff, these were completed by various members of the team. The registered manager developed additional audits to increase quality oversight.
- The registered manager and staff showed passion and commitment to their roles, to provide a caring and person-centred service. One person said, "Oh yes they are kind. Anything I need, they help me with".
- Actions from identified shortfalls in various governance records were not always recorded as completed. However, the registered manager used a continuous improvement plan to monitor actions, have oversight of the service and this included completion dates.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 was working towards a more inclusive service and had dedicated champions for dignity, cultural needs and LGBTQ+ communities.
- Not all people and relatives knew who the registered manager was. However, everyone said if they had concerns, they felt they could raise these. One relative said, "There is always someone there to talk to if you have any concerns".
- Despite people having short-term stays, staff knew people well. We observed positive interactions between people and staff. One person said, "They are all on hand and very helpful".
- The registered manager understood their responsibilities in relation to duty of candour and notified families when things went wrong. The registered manager also updated the appropriate bodies where necessary.

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

- The registered manager held regular staff meetings. Some meetings were broken down into staff groups to ensure the discussions could be targeted to particular areas of practice.
- The service sought feedback from people at the end of their stay at the home. The registered manager also sought feedback from staff on an annual basis. Feedback was used to encourage service improvement.
- The deputy managers had daily 'huddles' and weekly meetings with multidisciplinary teams to discuss people's care and promote collaborative working.

- Feedback from the on-site health care team was mostly positive. One health care professional said, "We have a really good relationship with them [staff]. They [staff] know the patients so well."