

Care Worldwide (Ashton) Limited

# Moss Cottage Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Moss Cottage is a care home providing personal and nursing care to 30 older adults and people with physical disabilities at the time of the inspection. The service can support up to 34 people. The home has communal areas, including lounge and dining area and communal bathrooms. There are individual bedrooms across two floors, some of which have en-suite facilities.

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

People were being supported to take their medicines and there were detailed records and secure storage of people's medicines. The home was clean and tidy and the current guidance to manage the risks associated with Covid-19 were being followed. People felt safe, individual and environmental risks were assessed, action taken to reduce risks as much as possible, and learn lessons when things went wrong. Suitable recruitment processes were being followed to ensure there were enough staff to meet people's needs, although some people did comment that they would like more activities to do.

People enjoyed their food and staff knew how to meet the needs of people who required a specific type of diet. People's needs were being assessed and staff worked closely with other healthcare professions to meet these needs. Staff felt suitably trained and well supported in their roles.

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.

People were supported by a stable team of staff, and a registered manager who was committed to improving the service. The registered manager completed a variety of checks to enable any risks or shortfalls to be quickly addressed and understood the requirements of their roles. People felt able to raise concerns and feedback their views, and feedback was taken onboard.

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 last inspection and update: The last rating for this service was requires improvement (published 01 May 2020) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service between 03/03/2020 and 20/03/2020. Breaches of legal requirements were found.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective 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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Moss Cottage Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

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

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Moss Cottage Nursing Home

## **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

The inspection was undertaken by one inspector.

#### Service and service type

Moss Cottage Nursing Home 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.

#### What we did before the inspection

Prior to the inspection we completed a monitoring activity call with the service and found evidence to

indicate improvements had been made within the service. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, nurse and senior care workers, care workers and kitchen staff. 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 the services staffing levels and walked around the building to ensure it was clean and a safe place for people to live.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and other information provided by 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we found the provider had failed to ensure medicines were securely stored and information about how to support people with their medicines was not always accurate. This was a breach of regulation 12 (Safe Care and Treatment) 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.

- Medicines were being stored appropriately. The clinic room was well organised and there were systems for regular checks to ensure people had the medicines they needed. There were some occasions where checks were not being recorded, such as counts of medicines, and this was fed back to the registered manager.
- Accurate information about how to support people with administering medicines were in place. There was detailed information to guide staff about people who required their medicines covertly, hidden in food and drink; and people who require medicine 'as and when', such as medicine for pain. Records of administration were being maintained.

### Preventing and controlling infection

At our last inspection we found the provider had failed to ensure a robust system for good infection control was being followed in the laundry. This was a further breach of regulation 12 (Safe Care and Treatment) 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.

- The laundry was tidy and organised and had appropriate equipment in place for managing soiled and dirty laundry.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that 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.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider ensures a robust system for the use of agency staff to ensure these staff have the training and uphold the values of the service. The provider had made improvements

- People told us they felt safe living at Moss Cottage. One person said, "I'm happy here, I keep coming back. The staff are good, they know me well and are there when I need them." A relative told us, "I cannot fault the quality of care [family member] gets, and when and if there are any issues they are dealt with quickly and professionally."
- Staff knew people and recognised when to raise concerns. Staff had completed training and understood their responsibilities to safeguard people. There were safeguarding and whistleblowing policies in place and the service worked closely with the local authority to investigate any safeguarding concerns. One staff member commented, "There is a good solid staff team here."

Staffing and recruitment

At our last inspection we recommended the provider regularly reviews staffing levels in line with dependency tools and feedback from stakeholders to ensure there are enough staff to meet people's needs. The provider had made improvements.

- There were enough staff to meet the needs of people living at Moss Cottage. Staff were quick to respond to people's requests for support, and communal areas were rarely left unattended. People and staff generally felt there was enough staff, although the experience of people cared for in their bedrooms varied. Some people commented that they would like more activities and things to do in the home.
- Suitable recruitment processes were being followed by the provider. This included checks of a person's identity, reference checks from previous employers and checks with the disclosure and barring service.

Assessing risk, safety monitoring and management

- The environment was checked to ensure it was safe for people living at Moss Cottage. There were regular checks, including in areas where we had found shortfalls at the last inspection. The registered manager completed a variety of audits and risk assessments to ensure any risks in the service, including equipment, were minimised. Checklists were in place to support staff to make assessments on what action was needed, for example if the weather became unusually warm.
- People had individual risk assessments, and these were reviewed by staff frequently. The home had completed the move from paper to electronic records and staff had a good understanding of people's needs. Some paper records were in use, such as wound care information and handover records, but these were seen to contain current information regarding people's needs.

Learning lessons when things go wrong

- The registered manager was keen to learn lessons when things went wrong and was responsive to



feedback from stakeholders. Any concerns or shortfalls were quickly investigated, and action taken to address the concerns.

- The registered manager used staff meetings and supervisions to update staff and discuss learning and share ideas with staff.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we recommended the provider review all good practice guidance when implementing the service action plan in this area. The provider had made improvements.

- People spoke very positively about the food and told us they had a good choice of what they would like to eat. One person told us, "The food is pretty good. I'm a fussy eater and sometimes the menu isn't always my type, but I get what I fancy."
- The kitchen staff had a good understanding of people's dietary needs and how to support people with modified diets. We observed people enjoying their food and meals looked appetising, including those which had been modified for people with specific requirements, such as those who had swallowing difficulties.

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

At our last inspection we recommended the provider ensures the plan for redecoration throughout the service is in line with people's preferences and best practice guidance and reviewed regularly to ensure progress is made. The provider had made some improvements.

- Communal areas in the home had recently been decorated and these areas were clean and homely. There were some areas of the service which required attention or updating, but refurbishment plans were in place.
- People had the equipment they needed in place, which included any falls equipment or specialist chairs the person might need. People were able to personalise bedrooms to reflect their preferences.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people's individual needs and care plans were developed to reflect people's needs and preferences. People told us they got the care they needed and one person said, "Staff know me well."
- People had regular reviews of care, and any changes in need were made within care plans. There were systems to ensure training and policies were updated as needed, and regular checks of the delivery of care were completed by the registered manager as part of their dignity checks.

Staff support: induction, training, skills and experience

- Staff completed a variety of training and we observed staff following safe practices. There were systems for competency checks and assessments which the registered manager completed.

- Staff spoke positively about the training and support they received. One staff member told us, "The training is pretty good, and you get lots of support from the deputy manager and registered manager." The registered manager had training oversight and would remind staff to complete any training needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with other health care professionals to ensure people's needs were met. Staff could recognise when people's needs had changed and would make referrals to appropriate services for assessment and advice. Advice from external services was incorporated into people's care plans to ensure their needs were met. This information, and any updates, were communicated to staff in the home and other records were updated.

- People told us that staff would arrange for them to see a doctor if they felt unwell. Professionals confirmed that staff worked closely with them and they had a good working relationship.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- Staff completed capacity assessments and where people lack capacity appropriate applications for DoLS were made. Records demonstrated that, where people lack capacity, their best interests were considered, and this was documented with the involvement of relevant individuals.

# 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 improved 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

At our last inspection we found the provider had failed to ensure effective systems to ensure action was taken in response to safety concerns, that lessons were not effectively learnt to prevent future risks and ensure records were accurate and up to date. This was a breach of regulation 17 (Good Governance) 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 17.

- There was a registered manager in post and a stable team of staff who knew their roles, and the people they were supporting well. There was clear guidance to support staff on what action to take when certain events happened, such as safeguarding issues. The registered manager was committed to improving the service and responsive to feedback.
- The registered manager was submitting notifications to CQC about important events that effect the service as required. Significant events were investigated by the registered manager and action to prevent future risk taken.
- The registered manager completed a variety of audits and checks which covered all aspects of care undertaken at the service. The registered manager and staff were committed to driving continued improvement.

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

- The registered manager responded to complaints and would investigate any concerns raised by people, families and staff. A response, following investigation, was provided and apologies would be offered if needed.
- People and staff felt able to raise concerns with the registered manager and told us they felt confident that any issues would be addressed.
- The registered manager was keen to achieve good outcomes for people and was proactive in seeking advice and support when needed.

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

- The service worked closely with other professionals and was responsive to advice and feedback given. External professionals spoke positively about the staff and registered manager.
- A variety of meetings were completed which provided an opportunity to discuss things happening in the service.
- People were encouraged to be involved in developing their care plans. The provider completed surveys with the people living at Moss cottage, their families, staff and visiting professionals. The most recent survey had been primarily positive.