

## Barchester Healthcare Homes Limited

# Moors Manor Care 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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Moors Manor Care Home is a residential care home registered to provide accommodation and personal care to up to 66 people. This is a purpose built home across three floors with access via stairs and lifts. At the time of inspection the top floor was not in use and 20 people lived across two floors of the home.

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

People told us they were happy living at Moors Manor Care Home and found the staff kind and caring. One relative told us, "It is a wonderful place, [person] is so well cared for, staff are patient and kind."

Medicines were managed safely. However, we have made a recommendation to help ensure the process is as robust as it can be.

Staff had received training on how to safeguard people from abuse, infection prevention and control and fire safety to keep people safe. Staff had access to personal protective equipment (PPE) and wore this appropriately.

Risk assessments had been completed before people were admitted into the service. The risk assessments were updated regularly and formed the basis of person-centred care plans.

Throughout the inspection we saw kind, relaxed, compassionate and caring interactions between people and staff. We observed that staff were respectful of people and took time to offer support and reassurance when needed.

Staff received training, support and supervision. Staff told us they felt well supported to carry out their roles and told us everyone worked very well together as a team for the benefit of the people living at Moors Manor Care Home.

People had access to nutritious, home cooked food that they enjoyed and were given choice in their menu selections.

People were supported to maintain their independence and have maximum choice and control in their lives. Where people lacked mental capacity to make decisions, these were made in line with the Mental Capacity Act and staff supported people in the least restrictive way; the policies and systems in the service supported this practice.

Care plans were person centred and detailed how people wished and needed to be cared for. People and relatives felt included in the planning of care. One person told us, "They know me and my likes and dislikes very well, I am so happy here."

There were governance arrangements in place and systems to monitor the quality and safety of the service provided. Where shortfalls had been found during the inspection, the registered manager took immediate action to address this.

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

This service was registered with us on 5 February 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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?

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 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 well-led.

Details are in our well-led findings below.

Good ●

# Moors Manor Care 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by two inspectors and one 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

Moors Manor Care Home is a 'care home'. 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. Moors Manor Care Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 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 4 people who used the service and 12 relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, deputy manager, care workers, maintenance, home services advisor and catering staff. We also spoke with 3 healthcare professionals who have experience of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People received their medicines safely. However, special instructions were not always in place for staff to follow. One person had their medicines administered covertly; this had been agreed by a medical professional but written instructions on how to give the medicines were not in place. We raised this with the deputy manager and they immediately addressed this by contacting the pharmacist.

We recommend the provider ensures that all relevant information is in place and is correct for the safe administration of medicines.

- There were safe processes for the ordering, storage and disposal of medicines. Staff responsible for medicines were trained and had their competency assessed.
- Where people had medicines they took when required, guidance was in place to ensure staff gave them when needed.
- Medicines that requires stricter controls by law were kept secure and accurate records maintained.

### Systems and processes to safeguard people from the risk of abuse

- Staff had received training and knew how to recognise signs and symptoms of abuse.
- Staff knew who to report concerns to within the home. Staff were confident their concerns would be listened to by the registered manager and knew who to report to outside the home if they were not.
- Regular meetings took place to discuss safeguarding concerns and appropriate referrals to the local safeguarding team where made by the home when needed.
- People and relatives told us people felt safe. One relative said their loved one was "one hundred percent safe and secure".

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

- The home had assessed risks to people and plans were in place to manage these risks and keep people safe from harm.
- Staff took part in daily meetings to discuss any changes or emerging risks to people ensuring a clear, accurate and current picture of safety.
- The building and equipment were regularly serviced and well maintained by passionate staff who enjoyed their jobs. One staff member said, "I love my job and it's an honour to help and make a safe environment for our residents."
- Accident and incidents were recorded and analysed. Each month the provider team produced a report identifying any themes or trends, which the management team at Moors Manor Care Home discussed in

monthly meetings. Any learning was shared with staff and relevant others to understand how to minimise risks.

- When things went wrong the service had a culture of openness, discussing what happened and learning to prevent the incident from reoccurring.

#### Staffing and recruitment

- There were enough staff on duty to meet people's needs. However, people, relatives and staff told us whilst people's needs were met, they felt there were not always enough staff. One relative said, "There are days when they are short but when they are, they work harder to compensate so residents don't suffer." Agency staff were used when needed to meet ensure people's needs were met.
- Staff had been recruited safely into the home. Robust recruitment procedures were in place to ensure that the right staff were recruited to support people to stay safe.
- Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as standard. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- 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.
- The home was following government guidance in regards to infection prevention and control and visiting in care homes. Visitors to the home were unrestricted at the time of inspection. A dedicated visitor's room with protective screen was in place in the restrictions changed in response to the COVID-19 pandemic.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to access community health care professionals such as their GP and district nurses when needed. However, we received feedback from some healthcare professionals that communication could be improved. We discussed this with the registered manager who told us this had already been identified and improvements had been made. An example of this included a communication book for staff to record important information for the next shift on duty.
- People told us the staff contacted healthcare professionals when needed. One relative told us: "The staff noticed [person] may be starting a chest infection so arranged for antibiotics. The next day their breathing was difficult and the paramedics had to be called but because they had already got the antibiotics it stopped [them] from becoming worse. We were really pleased."
- Other services were available to people including chiropodist, hairdresser and dentist appointments arranged as needed.

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

- People had choice and access to enough food and drink. Information about safe swallow plans and special dietary requirements were available in the kitchen. The registered manager had plans to make the instructions clearer for relief staff.
- People were given choices and offered alternatives if they wanted something different. People were supported to eat by staff if needed and were not rushed.
- The dining environment was pleasant and food well-presented, prepared by a team who knew people's likes and dislikes and sought feedback to ensure people enjoyed the food. A staff member said, "I personally make it my priority to see the residents on a one-to-one basis and am always asking for any suggestions so that I can improve their experience."
- Comments from people included, "I think it is excellent", "I don't like the food, too much and too creamy" and, "I love it, I have as much as I can."
- The home assessed people and managed any risks of poor nutrition, dehydration and swallowing problems. People were provided with food and fluids according to safe swallow plans where prescribed, which staff regularly reviewed with relevant professionals to ensure people's needs continued to be met.

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

- Moors Manor Care Home was purpose built and accessed over three floors by stairs or a lift. At the time of inspection only the ground and second floor were being used.
- The design and décor in the home was bright, spacious and airy. However, in some areas of the home the

décor did not always support people to orientate themselves to their surroundings. We discussed this with the regional director who told us plans were in place to improve these areas.

- People were encouraged to bring their personal belongings with them to personalise their rooms.
- The home was accessible for people who needed support with their mobility. Level access was given to outside spaces and secure gardens for people to enjoy. People could access the outside with the support of staff to escort them to the ground floor.

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

- Before people moved into or stayed at the home, their needs were assessed. People and their representatives were involved fully in the assessment process.
- Assessments were completed using assessment tools that reflected best practice and met legal requirements.
- People's physical, emotional and social needs were assessed, monitored and reviewed on a regular basis and as and when people's needs changed.

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge and training to carry out their roles. All staff had completed training including moving and handling, health and safety and tissue viability.
- Staff received an induction aligned to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they could be asked for additional training if required. One staff member said, "The training here is very good and I can ask for more if I need it. I can also ask to complete training to progress into management if I wanted."
- Staff told us they felt supported and found the registered manager approachable. Staff received supervisions and appraisals to review their working practices and focus on professional development.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff demonstrated good knowledge of the MCA. Staff asked for people's consent before any care or support was provided ensuring people had their rights and freedoms respected and received care in the least restrictive way.
- Where people were assessed as lacking capacity to make a decision, best interest processes were followed and recorded. Examples of this included consent to provide personal care, medication and use of

photographs.

- DoLs authorisations had been requested appropriately. There were no conditions placed on authorised DoLs at the time of our inspection.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their families spoke positively about the standard of care. One relative told us, "When [person] went in they couldn't walk and now they do, with a frame which is wonderful!"
- We observed friendly, positive interactions between staff and people. Staff knew people well and were able to engage in conversations that were relevant to them. Interactions were relaxed and unhurried.
- People and relatives told us the staff were kind, friendly and were sensitive and respectful of their individual needs. Comments we received included, "They are lovely and they obviously know my [relative] well", "Yes, the staff are lovely, really friendly and helpful" and "Staff are lovely, always time for a little laugh."
- Staff had completed training in equality and diversity to gain a deeper understanding and awareness. Equality and diversity were discussed in staff meetings and in supervisions.
- The home supported people with their religious beliefs. An example of this included assisting one person to attend their chosen church through an online telephone video service when they were no longer able to attend in person. This had a positive impact on the person.

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

- Staff knew people well, how they wished to be cared for and what was important to them. People said they always felt able to express their views. One relative said, "My [relative] has always felt welcome, safe and part of the team."
- Staff told us that people were involved in planning their care wherever possible and people, who were able to, said their care was provided in accordance with their wishes. Relatives confirmed they were involved in developing their relatives' care plans where necessary.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of their privacy and dignity. One staff member said, "[person] cannot see, I describe their clothes, colours, ask which one, and I always tell them how presentable they look."
- People had their privacy respected. We observed staff waiting to be invited into people's personal space and respecting people's choice to spend time alone.
- Systems were in place to maintain confidentiality and staff understood the importance of this, people's records were securely stored.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People had care plans that were personalised to their individual needs and wishes. Care plans contained information about people's previous lifestyles, interests and people who were important to them. This helped to ensure staff accommodated people's wishes and needs when providing support.
- Care plans were monitored and reviewed regularly. Relatives told us they were included in monthly meetings and felt included in the care planning.
- People were able to follow their own routines. They said they made choices about all aspects of their day to day lives. During the inspection we saw people were constantly offered choices.
- Staff spoke about people in a way that showed they treated everyone as an individual and provided personalised care and support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were supported. People's records contained information about how to support their individual communication needs, for example, if a person required hearing aids or glasses.
- We observed staff communicating with people according to their needs, giving eye contact, speaking slowly and on same level as the person. People were seen wearing aids such as glasses and hearing aids where they required them.

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 to maintain contact with friends and family. During the COVID-19 pandemic the home had followed all government guidelines regarding restrictions on visiting. Staff made sure that people were able to keep in touch with those that were important to them.
- Activities were both communal and on a one to one basis to ensure people were engaged in activities that were meaningful to them. Comments included, "I like that I can be as lazy as I want to be, but I love the activities and I go along most of the time", "It is a very full day, always something going on and I like to chat" and, "Initially [person] didn't want to mix but now they go to the activities and love every minute. When I visited a couple of days ago, I arrived and the staff told me [person] was dancing which I couldn't believe, so

I crept into the room and there was [person] dancing with the leader and obviously having the time of their life!"

- The home spent time finding out about people's life history and interests and then developed personalised individual and group activities. One relative told us, "When [person] went in we had a booklet to complete all about how they like to spend their time."

Improving care quality in response to complaints or concerns

- The registered manager/provider had a complaints procedure in place. This gave clear guidance on how to complain and explained how complaints would be handled.

- There had been no complaints or concerns since the current registered manager had been in post. People and relative told us they were confident about raising any concerns but had not needed to.

End of life care and support

- End of life care was not required for any person living at Moors Manor Care Home at the time of inspection.

- People's wishes had been discussed upon their arrival into the home and these were regularly reviewed.

When people had not wanted to discuss their wishes the home had respected this.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 benefited from a registered manager and staff team who promoted a positive culture. They focused on people being treated as individuals and being able to continue to live full and rewarding lives.
- Feedback about the registered manager and the home was consistently positive from people, relatives and staff. Comments included, "[registered manager] is excellent, wonderful", "[registered manager's] door is always open and is approachable" and, "We always look up to our manager, who helps us tremendously."
- Leadership was visible across the home and we observed positive interactions with the staff team.

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 understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They fulfilled these obligations, where necessary, through contact with families and people.
- The registered manager made sure we received notifications about important events so we could check appropriate action had been taken.

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

- Quality assurance systems and processes covered a broad scope of monitoring, including at management and provider level. Actions were discussed at daily stand up meetings and in monthly clinical meetings to drive improvements.
- Actions identified were monitored and completed in a timely manner. Learning was shared with both the staff team and other homes in the group where appropriate.
- There was a process in place to learn when things went wrong. Staff completed reflective accounts and root cause analysis to find out how and why things went wrong are completed by management. The events were discussed at monthly governance meetings to share learning and prevent events from re occurring.

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

- The home actively sought feedback on the service provided. The home had held meetings with people, relatives and staff; however, actions from the feedback had not been recorded. This meant the home could not evidence how improvements had been made. The registered manager told us they would create an

overall plan for the home and the actions from meetings would feed into the one overall plan.

- The home was active in community engagement which included hosting a mother and toddler group, community café and raising money for a charity chosen by people living at Moors Manor Care Home
- Moors Manor Care Home worked in partnership with other organisations and professionals. For example, we observed a team of district nurses using the facilities to host a meeting. This improved relationships to ensure people's care and support was consistent and timely.