

Signature of Hindhead (Operations) Ltd

Signature Moorlands Lodge Care Home

Inspection report

Moorlands Lodge
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Tel: 01428605396

Date of inspection visit:
14 May 2018

Date of publication:
28 June 2018

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

Signature Moorlands Lodge Care Home provides facilities and services for up to 106 older people who require personal or nursing care. The service is purpose built and provides accommodation and facilities over three floors. The home is known and referred to as Moorlands Lodge. People requiring assisted living, live in suites that include studio, one and two bedroom flats. On the ground floor a separate area of the service known as Livingstone provides support to people living with a dementia

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good.

People were supported by sufficient staff who had undergone robust recruitment checks to ensure they were suitable to work in the service. Risks to people's safety were identified and management plans were in place to keep people as safe as possible. Staff understood their responsibilities in keeping safe from abuse and reporting any concerns. Safe medicines management systems were in place. Relevant health and safety checks were completed and the provider had a contingency plans in place.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff received an induction to the service and regular training and supervision. People's needs were assessed prior to them moving to Moorlands Lodge. People were supported to access healthcare professionals and a variety of nutritious foods were available to help people stay healthy.

Staff knew people well and ensured their care was provided in a person centred manner. Staff treated people with kindness and respected their privacy and dignity. People were supported to maintain their independence and visitors were made to feel welcome to the service.

People received responsive care and detailed care plans were in place to guide staff. There was a varied activities programme in place and community events were planned. Complaints were taken seriously and monitored to prevent reoccurrence.

There was a positive culture within the service and people told us the registered manager was approachable. Quality assurance systems were in place to monitor the service provided and action was taken where any concerns were identified. People were able to contribute to the running of the service and regular feedback was sought. Records were well maintained and securely stored.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service is Well-Led

There was a positive culture with the service and staff worked together as a team.

Quality audits were completed and any concerns identified acted upon promptly.

People, relatives and staff had the opportunity to share their views and felt they were listened to.

Records were comprehensive and securely stored.

Signature Moorlands Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 14 May 2018 and was unannounced. The inspection was carried out by three inspectors, a nurse specialist and an expert by experience. The nurse advisor specialised in the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed records held by the Care Quality Commission which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with 11 people who lived at Moorlands Lodge and observed the care and support provided to them. We spoke with four relatives, nine staff members and the registered manager. We also spoke with a visiting healthcare professional and another professional who visits the service regularly. We reviewed a variety of documents which included the care records for seven people, five staff files, medicines records, complaints and compliments, quality audits and various other documentation relevant to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Moorlands Lodge. One person told us, "We came when it became clear that I was no longer able to manage at home because of my mobility. It is very reassuring to know that all I have to do is push the bell and someone will come to my aid. It makes you feel very safe." One relative told us, "I have finally been able to go on holiday. It didn't worry me leaving them. I knew they'd be okay."

Staff understood their responsibilities in protecting people from potential abuse. Staff received training in safeguarding which was regularly updated. Staff were able to describe the different categories of abuse, signs which would alert them to concerns and reporting procedures. One staff member told us, "Depending on who was involved I would report to my senior or the management. If management were involved I would go straight to social services or the police." Records showed that where concerns had been identified these had been appropriately reported and acted upon."

Risks to people's safety were assessed and monitored. One person told us, "It is safe here and they try to get the balance right so you not restricted." Risk assessments were routinely completed in areas including mobility, falls, nutrition and skin integrity. Care plans contained details of how highlighted risks should be managed to keep people safe. Where individual risks arose due to people's healthcare conditions, management plans were in place to ensure staff were aware of how to support them. One person was admitted to the service with a pressure sore. Detailed guidance was followed to ensure that this was appropriately treated and the person was repositioned regularly. Records showed that this guidance had been followed and the person's pressure sore had now healed.

Accidents and incidents were recorded and monitored to ensure that risks to people's safety were minimised. One person who had experienced a number of falls had been referred to the falls team for advice. In addition they had been provided with a pendant alarm and encouraged to use their walking frame. As a result the number of falls the person was experiencing had reduced. The registered manager maintained a table of all accidents, incidents and falls which enabled any trends to be identified.

There were sufficient staff to meet people's needs and people we spoke with confirmed this. One person told us, "There are always staff available. I can't leave my apartment at the moment but the staff always come in and chat to me so that I don't get lonely." The registered manager explained that staffing levels were based on the level of care people required and this was calculated monthly. Rotas confirmed the assessed levels of staff were consistently working on each shift. Staff told us and we observed that they did not need to rush people's care and could respond to their needs promptly. One staff member told us, "There's always enough staff here and residents are safe." Another staff member said, "We have time to interact a lot and it is laid back in here." Records showed that staff had undergone an interview process and relevant checks to ensure that they were safe to work at the service.

People received their medicines as prescribed from trained and competent staff. Medicines were appropriately stored and best practice was followed when administering medicines. Where people required

PRN (as and when required) medicines clear protocols were in place for staff to follow. Creams and drops were dated when opened and application charts were completed. Each person had a Medicines Administration record which contained an up to date photo, GP contact and any known allergies. No gaps in recording of people's medicines were identified.

People lived in a safe, clean and comfortable environment. Staff received training in safe infection control practices and were seen to wear gloves and aprons when appropriate. Cleaning schedules were in place and signed to acknowledge they had been followed. Regular health and safety checks were completed and equipment was serviced in line with requirements. The provider had developed a contingency plan to ensure that people would continue to receive their care safely in the event of an emergency. Staff were able to describe the action they should in the event of the building needing to be evacuated.

Is the service effective?

Our findings

People and their relatives told us they felt staff were trained well. One person told us, "I think the staff are well trained. They always ask me what I want them to do for me and check whether it meets with my approval." One relative told us, "Yes the staff are well trained, very friendly and pleasant."

Staff received an induction, on-going training and supervision to support them in their roles. When staff began working at the service they spent time with experienced staff getting to know people before working on their own. One staff member told us, "I had to complete eLearning before I started and did a first aid course, I had a three month induction with shadowing for a few weeks. I have just done a dementia course." Staff completed regular training in areas including safeguarding, medicines, health and safety, MCA and person centred care. Where required training was provided to give staff guidance in supporting people with specific needs. One staff member told us, "We had someone who had choking problems and they got someone in to train us." Staff told us they received regular supervisions with their line manager and records confirmed this was the case. One staff member told us, "I have supervision every three months. We talk about care planning, updates for training and any issues or problems. I can be open and say whatever I want."

Prior to moving into the service people were assessed to ensure the service were able to meet their needs. The information gained during assessment was shared with staff and used to develop people's care plans. The assessment process also gathered information regarding people's personal histories, hobbies and interests. This information was shared with activity staff in order for them to look at what activities the person may enjoy.

People received support with their nutrition and hydration needs. People told us they enjoyed the food provided and were always offered a choice. We observed lunchtime to be relaxed and staff were attentive to people's needs. Where people required support to eat this was done sensitively and at the persons own pace. People's weight was monitored and where significant changes were noted action was taken. One person told us the service had supported them well following weight loss due to health concerns. They told us, "When I lost weight they made sure I had a fortified diet. They keep a very close eye on me and I'm very grateful." The catering staff were knowledgeable about people's dietary needs and preferences. One relative told us, "He's vegetarian and is always very well catered for."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with demonstrated they had an understanding of the MCA and worked within the principles to ensure people's legal rights were respected. Consent to care forms were signed by people or those with the legal authority to do so. Capacity assessments had been completed in relation to specific aspects of people's care such as locked doors in Livingstone. Where people lacked capacity best interest decisions were made in consultation with relevant others such as the person's relatives or GP.

People were supported to remain healthy and had access to healthcare professionals when required. The GP visited the service twice weekly. They told us that referrals for visits were made appropriately and that any advice given was followed. People's care records showed evidence of involvement from a range of professionals including chiropodists, optician's dentists, dieticians and specialist consultants. One person told us that nursing staff were always on hand and acted upon any concerns. They told us, "Anything at all unusual and the girls (care staff) tell the nurse. They do all they can but will make an appointment for the doctor to come if I should need it."

People lived in an environment suitable for their needs. Livingstone had an open plan feel which enabled people living with dementia to move around easily whilst remaining in the sight of staff. Areas of interest had been created such as hat and coat stands and dementia dolls for people to use. There was clear signage around the service to help orientate people. All areas were bright and spacious and there were several quiet rooms throughout the service where people could spend time with their visitors.

Is the service caring?

Our findings

People and their relatives told us they were treated with kindness. One person told us, "The regular staff are wonderfully kind and caring; they don't intrude but will always help if you ask." Another person told us, "I've been here four years and I think it is splendid. I could never have seen myself adjusting to this kind of life but this staff are so kind, absolutely wonderful." One relative said, "The staff are really kind. They care and the carers are very good."

People were supported who knew them well. We observed staff and people chatting easily with each other and there was a relaxed and friendly atmosphere. A visiting healthcare professional told us, "Staff know people and genuinely care about them. Staff are good at autonomy, it's not institutionalised. There is a feeling of cheerfulness and a sense of community." The registered manager told us they had changed the way staff were allocated so they now worked in one area of the service. This meant that people had more consistency in their care. Staff we spoke to were aware of people's needs, their past lives, family members and hobbies. They were able to tell us small details regarding people's care which were important to them such as how they preferred to put on different items of clothing or how they liked their hair styled. Support was provided to enable people to practice their religious beliefs. People told us that they were supported to attend their local church and a minister visited Moorlands Lodge regularly.

People were treated with dignity and respect. One relative told us, "They have had their dignity restored. They were very active in the local community and the church. Their contribution is recognised here and they have their own self-respect back." We observed that people were addressed in a respectful manner by staff. When speaking to people staff sat bedside people and made eye contact with them. Before entering people's room's staff knocked on doors and announced themselves. Personal care was carried out discreetly and people's privacy was respected. People were supported to maintain their independence. People were able to move freely around the building and had the use of appropriate mobility aids where required. Adapted crockery and cutlery were available to people which meant they were able to continue to eat without staff support.

There were no restrictions on visiting times. We observed relatives visiting their family members throughout the day. They told us they were always made to feel welcome. One relative said, "I come in to see her most days and they are always very polite and friendly. If they are bringing tea in they will offer me a cup." Another relative told us, "I feel part of the furniture now and they are always so welcoming."

Is the service responsive?

Our findings

People and their relatives told us that they received the care they required. One person told us, "Absolutely, the care I get is tailored to what I need." Another person said, "I think the care I receive is exactly what I need and if there's any problem they are straight on it to make sure you have extra support." One relative told us, "They are so flexible and work around any problems. It's a complete partnership between me and them."

Care plans contained detailed information about people and how they preferred their support to be provided. Detailed guidance was available to staff and we observed this was followed. Staff were able to tell us in detail about how they supported people in accordance with their wishes and how they used people's preferences to encourage them in their daily living. For example, one person enjoyed a particular type of music. Staff were able to describe how this was used to support the person when they were anxious about their care. When people's needs changed care plans were reviewed promptly to ensure that staff had all the relevant information they required.

People had access to a wide range of activities and their hobbies and interests were catered for. One person told us, "They provide everything for your recreation, film shows, meetings, crosswords, talks, arts and crafts. They have parties for special days like burns night, birthday parties and Gala nights." An activities team were in place who co-ordinated a varied programme including, exercises, visiting entertainers, tai chi, flower arranging, a gentleman's club, knitting and various quizzes. There were regular outings to places of interest, shopping and for lunch. Links had been developed within the local community. People were involved in a flower arranging festival at the local church, one person who enjoys walking was supported to attend a local walking group and the local British Legion visited the service regularly to deliver talks and discussion groups. On the day of our inspection a local nursery group visited people living in Livingstone where they joined in games together.

The registered manager maintained a complaints log which showed that all complaints received had been recorded, investigated and responded to. The complaints policy and procedures were displayed and gave details of how to make a complaint and timescales for receiving a response. The log reflected that the registered manager ensured even low level concerns were responded to in detail. This demonstrated the registered manager understood the importance of listening and responding to people. People told us that they would feel confident in raising any concerns. One person told us, "I've never had to complain but if I was bothered about anything I would speak to the manager, she is always available and I know she would get something done immediately."

Staff supported people in decisions regarding the care they would prefer when reaching the end of their life. Care plans included details of people's preferences and things that were important to them. A visiting healthcare professional told us, "Staff do a lot of good on end of life care. They phone direct to the palliative team and make sure people have the medication they need." We observed that where required detailed plans were in place to ensure people were not in pain and that staff were aware of people's end of life wishes.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that the new registered manager had made a positive impact on the service. One person told us, "The home is in safe hands with this new manager, it's very well run. Everyone knows what their job is and they get on with it." Another person told us, "I think the home is very well run. It's very clean and fresh, the food is superb and if anything goes wrong you just have to tell them on reception and someone deals with it for you. The manager is very friendly and makes the effort to speak to you and let you know that you can talk to her at any time." A relative told us, "It's always been good here but with the new manager it's even better."

Staff told us that there was a positive culture in the service and that they felt listened to. One staff member told us, "There is a close culture here and we know people. If someone is finding something difficult then a colleague will take over. She (registered manager) is incredible. She listens to you. I do not have a bad thing to say about her." We observed staff worked together and communicated well throughout the inspection. Checks were made throughout the day to ensure that things had been done and where staff needed support this was readily provided by their colleagues. The registered manager told us, "I'm always present around the building but the main thing is supporting managers in each department. Staff are starting to gel and we're using far less agency. A positive culture is developing." Staff told us that they were regularly thanked by senior staff and that they felt their work was acknowledged and valued. Regular staff meetings were held and staff told us they were able to speak openly and felt listened to.

At our last inspection in November 2015 we found that the service would benefit from more comprehensive quality assurance monitoring systems. At this inspection we found that this was in place and regular audits were completed to monitor the quality and effectiveness of the service. Senior managers and heads of departments all conducted a series of audits which included health and safety, call bell response times, medicines, care plans and hospitality. The registered manager checked that action plans were implemented to address any shortfalls identified and that any on-going learning was shared. In addition, a comprehensive audit was completed by the group operations manager on a quarterly basis. This looked at all aspects of service delivery and included discussions with people and staff to gain their views. An overall service action plan was developed from the audit which was being addressed by the registered manager.

Feedback regarding the quality of the service provided was sought from people and their relatives. An annual survey was distributed to people and their families to gain their views. The results of the last survey completed in November 2017 were largely positive with 96% of people rating the service excellent or very good. Comments included, 'I think the Moorlands team are fabulous' and 'One could not wish for anything more comfortable or better'. Where people had commented on improvements they would like to see the service had responded positively. One concern raised was regarding the number of changing agency staff

used. This had been addressed and the number of agency hours used had greatly reduced. Residents and relatives meetings were held monthly in addition to food and activity forums. This meant people had the opportunity to be involved in the running of the service.

People's confidential records were stored securely. All care records were electronically stored and could only be accessed by the use of individual passwords. Paper records were stored securely in locked cupboards in the office. The CQC had been notified of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.