

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Moss View Nursing Home

15-16 Moss View, Off Chapel Street, Ormskirk,
L39 4QA

Tel: 01695579319

Date of Inspection: 27 September 2012

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2012

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Safety and suitability of premises	✗	Action needed
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✗	Action needed

Details about this location

Registered Provider	Excelcare Service Limited
Registered Managers	Miss Diane Berkley Mr. Khurum Shahzad
Overview of the service	Moss View Nursing Home is located in a residential area of Ormskirk, close to the town centre and all local amenities. The home provides both single and shared facilities, on two floors, served by a passenger lift and stairs. There are spacious communal areas available including lounges, and dining areas within a conservatory. There is parking to the front of the property. The home provides nursing care for up to 22 people requiring support with dementia and associated conditions.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 September 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We observed people were able to walk about freely in the home. Staff spoke to them respectfully and attended to personal care needs as required. People living in the home told us they were satisfied how staff treated them. There were no rules to follow and no rigid routines. They got up when they wanted and went to bed when they wanted. Staff spoke to them properly and they were respectful. They had the support they needed. Comments were made such as, "Very good, no problems at all". "I think they(the staff) are all right. I can't grumble with my lot. I'm OK". "They are all very nice, no complaints". We found people had an up to date plan of care. They were person centred which meant people's wishes and choices were included. People had access to professionals to keep their health care needs up to date as required. Staff had good instructions to follow when people were at risk of developing pressure ulcers, not eating enough or falling. There was evidence in daily records staff followed care plans and responded to people's needs as required. We found staff maintained people's dignity at all times. There was enough staff on duty to make sure everyone got the help they needed. There were activities people could join in such as manicures, hand massage, summer days in the garden, outings. Any activity people particularly enjoyed was catered for.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 07 November 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our

decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

People who use the service receive the care and support they agree to.

Reasons for our judgement

Before people were admitted they had been given information about the service. We looked at records relating to the assessment and care of two people living in the home and a selection of other people's care notes. We found people had an assessment completed when they were first admitted that had identified their care, treatment and support needs. Peoples' right to maintain their privacy, dignity, choice, independence and fulfilment was central in their assessment. People who lacked capacity to make the best choices, or access the right care had their interests protected by a named person, for example a relative.

People had been issued with a contract outlining the terms and conditions of residence and where applicable an additional service agreement from the funding authority. The contract issued by the service did require updating as it made reference to the registered Homes Act 1984.

We found evidence people had their care and support discussed with them and their care plans were signed, dated and reviewed. We noted procedures to get valid consent within the service were followed in practice. Information about capacity was clearly documented and reflected in care plans. For example, 'Lacks capacity to make an informed choice'. We found risk assessment completed for the use of a bed rail and a signed agreement. The nurse in charge told us relatives were kept informed and involved in their relations care.

We spoke to three relatives visiting. They told us they were involved in making decisions about their relations care and support. One person told us, "They always ask me about her care and what she needs. I want the best for her and I visit regularly". Another person told us, "I know him well enough and they ask me my opinion as he doesn't always say what he would like".

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People using the service experienced effective, safe and appropriate care and support that met their needs and protected their rights.

Reasons for our judgement

During our visit we spoke to several people. Although some people talked to us, not everyone understood some of the things we talked about. They were unable to give a balanced view of their experience of the care and support they received. To make sure their views were represented fairly we made some observations.

We observed people were able to walk about freely in the home. Staff spoke to people respectfully and attended to personal care needs as required. Staff were observant and attentive to people's needs. We saw staff support people to eat their lunch. They engaged with people and provided one to one support in a dignified manner. Staff's approach to people was professional and evidently caring. People appeared to enjoy their lunch and portions served were generous.

One person we spoke to found it difficult to talk. It took them a while to say words. They told us staff helped them and let them take their time when they were asking for things. They told us, "I can't sit down on my own, I need people to help and it takes a lot of time. The staff are very good and patient". We were told staff were "Very good", "Takes us out", and "Kind". Another person told us, "I like to read the daily paper. It's delivered here for me".

We spoke to relatives visiting. They told us people were very well cared for and always clean and well dressed when they visited. One relative told us, "I visit several times a week. They keep her looking nice. I know she doesn't always know what is going on, but that doesn't matter as long as she is happy. I've no complaints really". One relative told us, "I like to visit as often as I can. Staff make me very welcome. Since he has been here, he has improved. He is well looked after and I've no complaints". They also told us staff take people out on day trips and activities were varied. We found people's preference for activities was considered. Birthdays and other festive days were celebrated.

We spoke to care staff on duty. They told us they take direction from senior staff and the manager regarding people's care. They said they were kept up to date with any changes in people's care through handover meetings between shifts. They said people were supported to live as they wish, and maintain their independence. Daily reports were made regarding people's care.

We looked at assessment of two people's needs and care plans and a selection of records from other people's files. We found people had an up to date plan of care. They were person centred which meant people's wishes and choices were included. Plans had been reviewed and daily records maintained. Changes in people's needs were identified and planned for with clear guidance as to the level and type of support people required.

We saw evidence people who used the service had access to professionals to keep their health care needs up to date as required.

Risk assessments had been carried out. These were linked to peoples' welfare and safety. Staff were made aware of who may be at risk of falling, developing pressure ulcers, or may not eat enough. The management of these known risks was planned for with risk preventative measures in place.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

The provider has taken the necessary steps to ensure staff understands all aspects of the safeguarding processes and relevant legislation to provide good knowledge and understanding by providing training.

Reasons for our judgement

People living in the home told us they were satisfied how staff treated them. There were no rules to follow and no rigid routines. They got up when they wanted and went to bed when they wanted. Staff spoke to them properly and they were respectful. We were told, "Very good, no problems at all". "I think they(the staff) are all right. I can't grumble with my lot. I'm OK". "They are all very nice, no complaints".

We talked to staff. They were clear about what to do if they had any concerns and indicated they would have no hesitation in informing the manager if needed. They were aware of Whistle blowing (reporting bad practice) in reporting concerns about the operation of the home.

We observed staff talking to people with respect and they maintained their dignity when providing support.

The nurse in charge told us everything they did helps to make sure people are protected and their rights upheld. For example, person centred planning helped protect people. Plans we looked at supported people to live as valued citizens within the home and the wider community.

Any risks to the wellbeing and safety of people using the service were identified. How these risks would be managed was agreed and written into a plan of care for staff to follow. These were reviewed regularly.

Safeguarding policies and procedures were available. These provided guidance and instructions on identifying and responding to signs and allegations of abuse. We did not have access to staff training records. These were submitted to us following our visit. We are satisfied the provider has met this area of compliance with training

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

People who use the service, were not fully protected against the risks of unsafe or unsuitable premises.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke to people living at Moss View about their accommodation. We were told, "It's a nice place to be, plenty of space", and "very clean, they work hard".

We spoke to relatives visiting. They told us, "It's a lovely place, but unfortunately it needs some TLC (tender loving care)". They also said, "Staff keep it clean. Sometimes because things are broken it doesn't look that way. It's about time the provider put his hand in his pocket and spent some money improving things. I find the care they provide and the manner of the staff is the saving grace of this place".

We looked around the premises. There was evidence some improvements had been made with decorating and new carpets fitted. Some of the fitments in these rooms had been overlooked as in need of repair or maintenance. Some of the sink units in bedrooms were in bad repair, with broken doors, chipped edges and in one room falling apart. Grouting around the sink needed replacing.

Other bedrooms we looked at had wallpaper ripped, loose and old. One door had a coating of paint that was streaked and the varnished surface showing through. Some bedroom furniture required repair or replacement. We found bedroom doors were heavy to open and there was no privacy locks fitted as standard. This meant vulnerable people were not protected and people did not necessarily have the level of privacy they wished.

We found there were areas in need of urgent repair and maintenance. We looked in the ground floor bathroom and found a wood panel covering pipe work was very loose and dangerous. We found the wood skirting behind the toilet was rotten. There was no radiator guard in place and the radiator was hanging loose. Wall tiles were broken and missing. The sink was partially blocked with a waste disposal bin. The hoist base was dirty and rusted. There was no privacy lock fitted. The toilet next door had no privacy lock fitted. We looked in another bathroom and found there was no radiator guard fitted. The panel around the bath was loose and a potential hazard for injury. There was no privacy lock.

The nurse in charge told us there was no maintenance person employed. We spoke to the

manager after our visit. We were told a person had been employed but had not stayed.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There was sufficient staffing levels with an appropriate skill mix of qualified and experienced staff to provide care that is safe and meets the needs of people using the service.

Reasons for our judgement

We talked to people living in the home about the staff who supported them. They said, "They are all very good". "They are patient with me. I can ask them for anything". People told us there was always enough staff about to help where needed.

We discussed staffing arrangements with the staff. They told us there was usually enough staff working to complete their duties and attend to the people as and when required. Staff we spoke to were friendly and pleasant. They said that they received supervision on a daily basis, taking guidance from the senior staff in charge and always discussed the care of the people living in the home.

We spoke to relatives visiting. They told us staff were approachable. They always kept them informed of any changes in their relations care. They told us, "They seem to keep the same staff. That's a good thing". And "They all work together, they are friendly and will always make time to talk to us."

We did not have access to staff records. The manager was not available due to work commitments. We discussed recruitment processes with the nurse in charge who was relatively new. We were told, good recruitment processes had been followed and induction training was provided.

We looked at the duty rosters. These were prepared in advance and showed the number of staff on duty at any given time. The nurse in charge told us there were always a registered nurse on duty and night. They had a cook employed in addition to domestic support.

Assessing and monitoring the quality of service provision

✘ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

There were systems in place to gather record and monitor the quality of the service provided but these were not always followed in practice, monitored or reviewed.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

When we visited Moss View we were assisted by the nurse in charge and care staff who facilitated our visit. The staff that we had contact with all conducted themselves in a very professional manner. It was evident from talking to them that they enjoyed their work.

Staff told us they had meetings and could raise any issue relating to people's care and welfare and any work place issue that affected them. The provider held meetings and various topics were discussed. We looked at the minutes of one of the meetings and found the provider had reinstated the 'importance and principles of attending meetings as a platform to raise issues, concerns and questions about work'. We found that staff roles were clear and there was some accountability for practice. Staff told us they received supervision. They said they were confident they would be listened to if there were any issue they wanted to discuss. They were kept up to date with any changes in people's care.

We found there were good records maintained of identified risks and issues relating to people's care that were kept under review. We did not see audits completed of the service to make sure people received a quality service in a safe environment. This meant the provider had not adequately identified, assessed or managed risks relating to the welfare and safety of people living in the home by maintaining an environment that was safe and well maintained.

We were informed questionnaires are given out to people living at the home and relatives. We spoke to relatives. They told us they can raise issues with the manager and were confident their views would be considered. They told us they are involved in social activities that are arranged and can accompany their relation on outings.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Safety and suitability of premises</p> <p>How the regulation was not being met:</p> <p>Some areas of the physical environment was not entirely safe due to poor maintenance. Furniture and fittings required repairing or replacing, There were no adequate safe locks on bathrooms and toilets and people's bedroom doors to ensure their privacy and safety. Regulation 15(1)(b)(c)</p>
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Assessing and monitoring the quality of service provision</p> <p>How the regulation was not being met:</p> <p>There were insufficient checks made of the quality relating to essential standards of quality and safety. This has resulted in areas of non compliance in relation to the safety and suitability of the environment that impacts on the welfare and safety of people using the service. Regulation 10(1)(a)(b)</p>
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 07 November 2012.

This section is primarily information for the provider

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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