

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

Moorlands Grange

Spruce Drive, Netherton, Huddersfield, HD4 7WA

Tel: 01484222351

Date of Inspection: 21 March 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Kirklees Metropolitan Council
Registered Manager	Ms Angela Teal
Overview of the service	The location is registered to provide accommodation for people who require nursing or personal care.
Type of services	Care home service without nursing Rehabilitation services
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Moorlands Grange had taken action to meet the following essential standards:

- Consent to care and treatment
- Requirements relating to workers
- Staffing
- Records

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 21 March 2014 and talked with staff.

What people told us and what we found

When we visited the home in September 2013 we found suitable arrangements were not in place for the purpose of obtaining consent from people. We found information kept in staff personnel files was not up to date, nor did it show that effective recruitment and selection processes had been followed. We saw there were not enough qualified, skilled and experienced staff working at the home to meet people's needs. We also found people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. We asked the provider to make improvements.

We went back on this inspection to check whether improvements had been made.

On the day of our inspection 39 people were living at the home. We looked at the care records of five people and found they all contained documentation to show each person had given their consent to the care and treatment they received at the home.

We looked at four staff personnel records and saw they all contained evidence to show effective recruitment processes had been followed.

We looked at the rotas in place which showed the staffing levels for a two week period prior to our inspection. We saw staffing at night had been increased. This meant there were four members of staff to care for people at night.

We looked at nutritional charts for people living at the home and saw these were accurate and up to date.

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

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.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

When we visited the home in September 2013 we found that before people received any care or treatment they were not asked for their consent. We also found that where people did not have the capacity to consent, the provider did not act in accordance with legal requirements. We asked the provider to make improvements.

We went back on this inspection to check whether improvements had been made.

We looked at the care records for five people who lived at the home and found they all contained documentation to show each person had given their consent to the care and treatment they received at the home.

We looked at the care plan documentation in place at the home and saw it contained a section for the person to sign. In all five records we looked at we saw the person had signed this section which meant they had given their consent.

We spoke with one member of staff who told us there were also arrangements in place for people who may not have the mental capacity to give their consent. They told us a mental capacity assessment would be carried out and the staff would involve people's families or other health professionals if required. This would enable decisions to be made about the person's care which were in their best interests. In all five records we looked at we saw each person's mental capacity had been assessed in relation to receiving care at the home. This showed the provider complied with current requirements for people who were both able and unable to give consent for their care, treatment and support.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

When we visited the home in September 2013 we looked at four staff personnel records and saw they did not contain evidence which showed effective recruitment processes had been followed. We asked the provider to make improvements.

We went back on this inspection to check whether improvements had been made.

We looked at the personnel records of four staff and found they all contained documents regarding their recruitment. We saw that application forms, reference requests and references were held within each of the files. This showed appropriate recruitment and selection processes had been followed.

We saw that each record held an up to date criminal record bureau (CRB) disclosure number for the individual concerned. This meant staff were being properly checked to make sure they were suitable and safe to work with adults at risk.

We also saw documentation which showed staff had completed an induction on commencement of employment. This demonstrated that the provider ensured new employees had the appropriate knowledge and skills to perform their job roles.

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 were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

When we visited the home in September 2013 we found there were not enough qualified, skilled and experienced staff to meet people's needs. We asked the provider to make improvements.

We returned on this inspection to check whether improvements had been made.

We looked at the staff duty rotas in place for the four week period which preceded our visit. We saw staffing levels had been increased at night from three staff to four. We spoke with the service manager who told us the increases had been made following our inspection in September 2013. This meant there were there were enough staff on duty at night to meet people's needs.

The service manager told us that, since our last visit, the home had not recruited additional staff to provide activities for people on a daily basis. They also told us activities continued to be provided by a team of volunteers who worked at the home. We looked at the activity board in the reception area of the home which showed there were activities planned for the week. These were to be delivered by a team of volunteers and included entertainment, befriending and art and craft sessions.

We were told by one staff member they regularly approached people and asked if they would like to join in the activities provided. However, the provider may find it useful to note if people declined, staff were unable to offer anything else.

When we looked in the care records of five people who lived at the home we were unable to find any evidence to show that people had engaged in any alternative activities. This meant there were no records to confirm whether people's social needs were being met.

We spoke with the service manager who told us they were aware of the issues with regard to the lack of activities for people on a daily basis. They also told us they would ensure at least one member of staff would be supported to put a timetable together and deliver activities to people at the home. We told the service manager this would be monitored/checked at the next inspection visit.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

When we visited the home in September 2013 we found people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. We asked the provider to make improvements.

We went back on this inspection to check whether improvements had been made.

We looked at the care records for five people who lived at the home and found they all contained evidence which showed each person's needs had been assessed. Each person had their own care and treatment plan. All five records included the details of any contact people had with other healthcare professionals. These included visits by GP's, social services and community nursing staff.

We saw a range of risk assessments had been developed which related to people's safety and welfare; these included nutrition, falls and moving and handling. This meant care plans provided the staff with clear guidance on how to meet people's safety and welfare needs.

We also looked at the daily records staff had completed for each of the five people. Within each record we looked at we saw, staff had recorded what the person had eaten and drunk at each mealtime, the level of personal care they had received and how they were cared for at night. This showed accurate and up to date records were being maintained.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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