Inspection Report

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

Signature Moorlands Lodge Care Home

Moorlands Lodge, Portsmouth Road, Hindhead, GU26 6TJ

Tel: 01428605396

Date of Inspection: 16 April 2013

Date of Publication: April 2013

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

Respecting and involving people who use services	✓ Met this standard
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
Management of medicines	✓ Met this standard

Details about this location

Registered Provider	Signature of Hindhead (Operations) Limited
Registered Manager	Mrs. Creenagh Carmel Williamson
Overview of the service	Signature Moorlands Lodge Care Home is a nursing home which provides accommodation for up to 106 people.
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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 16 April 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information we asked the provider to send to us.

What people told us and what we found

During our inspection we spoke with six people who used the service. All the people we spoke with were very positive about the service. One person we spoke with said; "I can't fault this place. As a care home it's excellent". Another person said; "You couldn't fault them". A third person said; "A lot of thought has gone into it. It's very comfortable". A fourth person we spoke with said; "I'm terribly impressed. It's very good here".

We found people were involved in the planning and the delivery of their care and their opinions were regularly sought. We saw people had signed their care plans in order to provide their consent to their care and staff asked people's permission prior to delivering care. We saw the service had ensured risk assessments had been carried out for each person in order to ensure their care and welfare and that all staff had been trained in safeguarding. We found the service had appropriate systems in place to manage the storage, administration and disposal of medicines.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

During this inspection we spoke with the registered manager who told us people were asked to complete forms about their hobbies and interests when they arrived at the home. We were shown three completed forms which asked people about any clubs they belonged to or courses they did, what type of music they enjoyed, if they liked watching television or films and what type of books they enjoyed reading. The registered manager told us this information was used to create people's care plans and the home's activities schedules. We also saw evidence that people's views had been sought following their taking part in activities in order to establish whether they had enjoyed them or not.
We sampled five people's care plans and saw each of these contained detailed information about people's preferences, routines, likes and dislikes. We saw information such as: "I like reading fiction and listening to classical music", "I prefer a daily strip wash as I don't like showers or baths" and "I like to go to bed around 10.00pm and wake up around 07.30am".This meant people's views had been sought by the home and had been used in the planning and delivery of their care.

We were shown documents that belonged to the kitchen staff which listed people's preferences as well as their likes and dislikes in relation to food. These sheets included information such as: "Likes thinly sliced meat" and "Likes vegetables to be well done". We also saw a more detailed dietary folder which contained more in depth information about people's dietary needs and preferences. This included people's special requests and daily notes about how people liked their meals. We saw information such as: "The gratin potatoes were out of this world", "I really liked the scallops, they were cooked very well" and "I like soup in my own mug". Also within this folder were minutes from regular food forum meetings which had taken place. It was evidenced that people had been asked for their views during these meetings. We saw evidence further residents' meetings had taken

place during which people had been asked about their views on housekeeping, maintenance, activities and the quality of the care. People we spoke with confirmed they had taken part in residents' meetings and had been asked for their views. This meant people expressed their views and these were used during the delivery of their care.

We spoke with six people who used the service. One person said; "I enjoy gardening so they organised for me to able to do this". A second person we spoke with said; "We can do what we like. We get up when we like and go to bed when we like". A third person said; "All the staff are very respectful and they make time for you". A fourth person said; "You get to do what you want and they try to guide you to be independent". A fifth person said; "I always get offered things, they never force me to do anything. The staff always knock on my door and always close the curtains when they're caring for me". This meant people's privacy, dignity and independence were respected.

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

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

We spoke with the registered manager who told us that when people had made enquiries about the home they had been provided with lots of information about the home. They told us people had been issued with a "resident's guide" which contained detailed information about the services the home could offer and the ones it couldn't. They told us people who required nursing care needs had been provided with highly detailed information about the nursing facilities available. This meant people had been provided with appropriate information to make an informed decision about whether to live in the home or not.

The registered manager told us care plans were drawn up and people and their relatives had then been asked to review the plans and sign them if they were satisfied with them. We sampled five people's care plans and saw each of these had been signed, either by the person they related to or by that person's relative.

We saw that regular reviews of care plans had taken place and where changes or updates had been made people and their relatives had been consulted. We saw people and their relatives had signed in order to consent for changes to care plans to be implemented. This meant people's consent had been sought in relation to the planning and delivery of their care.

We saw each person had signed a consent to photography and an authorisation to release confidential medical information. Copies of these documents had been placed in people's care plans.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

We spoke with the registered manager who told us people's care plans were changing documents which were regularly reviewed. We looked at five people's care plans and saw each of these had been regularly reviewed and where there had been changes in people's care needs these had been recorded. We saw each person's care plan contained an initial care needs assessment and a care needs summary. We saw care needs had been separated into areas, such as, communication, daily life, mobility, mental capacity and personal care. These areas contained detailed information about a person's care needs and instructions on how staff were to meet their needs. We saw each person's care plan contained information which was individual to that person and instructions for staff which reflected that. For instance there were specific instructions for staff to monitor certain people for signs of infection, to perform regular blood tests to screen certain people for a specific condition or how to ensure some people did not develop pressure sores. This meant people's needs were assessed and care and treatment was planned and delivered in line with their individual care plans.

We saw risk assessments had been completed for each person. These included a falls risk assessment, a nutritional risk assessment and a manual handling risk assessment. Where specific risks had been identified we saw further risk assessments had been completed by the home. We saw each assessment contained an action plan which detailed what staff should do to minimise the risks. This meant care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We saw the home had conducted risk assessments relating to the safety of the environment. We saw details of potential hazards, who would be at risk and the action plans put in place to minimise the risks. We saw these had been created for generic departments but also for specific situations, such as building work and maintenance. We saw a training matrix which confirmed all staff members had been trained in fire safety, manual handling, health and safety, basic life support, first aid and immediate response. We looked at five people's care plans and saw each of these contained a detailed personal emergency evacuation plan as well as an awareness of emergency procedures document. One of the people we spoke with said; "I had a fall and they responded immediately and

extremely well". Another person said; "I pushed my button once and they were there in a minute". This meant the service had arrangements in place to deal with foreseeable emergencies.

We saw a detailed mental capacity assessment had been carried out for each person. This assessment contained information about people's mental capacity in different areas, such as financial and social.
We asked the registered manager about the service's Deprivation of Liberty Safeguards (DOLS) policy. They told us nobody in the home had been subject to a deprivation of liberty authorisation. They did explain to us on what occasions they would have considered an application to the local authority and what process they would have followed. They also told us all staff had received training regarding the Mental Capacity Act 2005, best interest decisions and DOLS. We looked at the training matrix and saw this to be the case. This meant people who used the service were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We spoke with the registered manager who told us all staff were trained in safeguarding during their initial induction. We were shown the induction training matrix and saw this covered safeguarding. The registered manager told us that annual refreshers were then provided to staff in relation to safeguarding and all staff were provided with a disk that contained the home's safeguarding policy and the whistleblowing policy. They told us this was given to staff so that they were able to refer to it freely at their convenience. They told us all staff had also been provided with a safeguarding leaflet which contained useful contact numbers for the local safeguarding teams.

We spoke with a senior member of staff who showed us the safeguarding training presentation and told us staff were trained on how to report a concern about possible abuse internally or independently.

We saw the home had their own safeguarding policy which was displayed within the nurses' station. They also had the most recent Surrey County Council multi-agency safeguarding adults policy, the multi agency procedures, an immediate action flowchart and the useful contact numbers.

We spoke with the registered manager and two members of staff. Each was able to tell us what signs of abuse they would look out for, what types of abuse people could be subjected to and what process they would follow should they have any concerns about possible abuse.

This meant the service had taken appropriate steps to ensure staff were trained and had access to up to date information relating to safeguarding in order to protect people from the risk of abuse.

One person we spoke with who used the service said; "I feel safe here". Another four people we spoke with told us the home had responded well during emergencies and they

felt very comfortable raising any concerns they may have with the management. This meant they felt safe within the home and able to vocalise complaints and concerns should they need to.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were handled appropriately.

People's medicines were kept within locked cupboards within their individual rooms. There were also two locked storage rooms which contained the controlled drugs, the medicine fridges and the nursing equipment. We found both storage rooms to be locked and secure, the controlled drugs cabinets to be locked and secure as well as medicine cupboards in people's rooms. This meant medicines were kept safely.

One storage room contained the medicines that required destroying or returning. We saw forms had been completed for the destroyed or returned medicines which contained details of the medicine, it's strength and the quantity that was to be destroyed or returned. We saw that where medicines had been destroyed staff had recorded the method used for destruction and the record had been signed by the staff member and a witness to the destruction. This meant medicines were disposed of appropriately.

We looked at the controlled drugs cabinets within both storage rooms and looked at the controlled drugs books. We saw evidence that the contents of the controlled drugs cabinets had been checked weekly. We looked at the controlled drugs recording book which kept a running total of the medicines amounts. We checked these amounts against the actual amounts in stock and found these all to be correct.
We looked at six people's individual medicine cabinets and found all the medicines within to be within date. We looked at these people's Medication Administration Recording (MAR) sheets and found four of these to contain gaps in the records. We spoke with the registered manager about this and they told us immediate action would be taken to investigate the individual gaps. They told us the home had a system in place to monitor the MAR sheets monthly and that, when gaps were found, incident sheets were created and the staff responsible were spoken to. They stated the monthly check had not yet taken place and therefore the gaps mentioned had not yet been picked up. They told us that should the same member of staff have made the mistake on several occasions they would be retrained in medicines. The provider may find it useful to note that gaps in the medicines records could cause a danger to people. We found that although there were some gaps in the recording the service had systems in place to monitor these and prevent them from reoccurring.

The registered manager told us that several medicines audits had taken place, these included a pharmacist audit, in order to ensure the home had appropriate systems in place to protect people and manage medicines. We saw evidence these audits had taken place. We saw records relating to the monitoring of the medicine fridge temperatures, the homely remedies, the disposing of medicines and the ordering of medicines. This meant the service had appropriate arrangements in place in relation to the recording of medicines.

One person we spoke with said; "They are very efficient with medication". Another person we spoke with said; "I am very confident about them and medication. They're very good at it". Another person said; "They are very good about medication".

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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk