

HC-One Limited

Moss View

Inspection report

77 Page Moss Lane
Huyton
Liverpool
Merseyside
L14 0JJ

Tel: 01514821212

Website: www.hc-one.co.uk/homes/moss-view

Date of inspection visit:

29 July 2021

04 August 2021

Date of publication:

16 September 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Moss View is a care home providing personal and nursing care to 50 people aged 65 and over at the time of the inspection. The service can support up to 75 people.

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

Records in relation to people's care and treatment were not always completed or well organised which put people at risk of unsafe care. People requiring specific diets, such as diabetic or high protein did not always have food and fluid charts in place. There were mixed responses with regards to staffing. All of the staff we spoke with told us they felt there was not enough of them to support people safely. Our assessment of rotas and dependency tools showed staffing levels appeared to be consistent across the units, however following our inspection and feedback with the provider, this was being re-assessed. Medication was mostly managed safely. We did feedback some issues which were rectified at the time of our inspection. People had risk assessments in place which covered most aspects of their care and support. The service had enough PPE to keep people safe. Incidents and accidents were well recorded and analysed. Relatives we spoke with said they mostly felt their family member were safe and well cared for. One person said, "They take great care of [person]."

There was no registered manager in post at the time of our inspection. Audits and checks on the provision of care were in place, however they required improving as they did not always highlight areas for improvement within care plans. Staff told us they felt unappreciated by the senior managers of the home. They also said they felt unsupported. One staff member said, "We are never listened to". The provider has since taken action to improve this. People were routinely asked for feedback about the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement. (Published July 2019) The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about staffing and medications. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well led

sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider has since taken action to mitigate these risks and has contacted us separately to confirm this. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for moss view on our website at www.cqc.org.uk.

Enforcement - For enforcement decisions taken during the period that the 'COVID-19 – Enforcement principles and decision-making framework' applies, add the following paragraph: We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to governance. This was because records were not clear or organised and could put people at risk of harm.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always Safe.

Details are in Safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well-Led.

Details are in our Well-Led findings below.

Requires Improvement ●

Moss View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector and one medicines inspector.

Service and service type

Moss View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We contacted the local authority safeguarding team for feedback. We used all of this information to formulate our 'planning tool' and plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the manager, deputy manager senior care workers, domestic staff and registered nurses.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at risk assessments and quality assurance records. We left our contact details for staff to call us after the inspection if they wished to provide more feedback.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement.

At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Records in relation to people's care and treatment were not always completed or well organised which put people at risk of unsafe care.
- For example, one person who required a diabetic controlled diet, did not have a complete record of what meals they had eaten. Therefore, we could not be sure their diabetes was appropriately managed. Another person who was at risk of weight loss required a high protein diet. However, this was not recorded in their diet chart nor how much they had eaten. Therefore, we could not be sure they were getting the food they required to help manage their weight loss.
- Some people required thickener in their drinks to help minimise the risk of choking. Although people were getting their thickener as prescribed, this was not being recorded on their Medication Administration Records.
- One person required suctioning as part of their care plan. However, there was minimal information recorded about this procedure, or how to manage or mitigate the risk of harm to this person when using the suctioning machine.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate records were sufficiently complete; risk assessments failed to explore all aspects of risk to a person. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received feedback from relatives they felt their family member was safe and well looked after. One person said, "They take great care of [person]." One person however, said they felt the communication from the management needed improving, and due to this, they did not always feel their relative was safe. We raised this during feedback and action was taken.

Staffing and recruitment

- We received mixed responses with regards to staffing levels at the home.
- Some relatives we spoke with said they felt the home 'had okay levels', however two relatives we spoke with said they often felt the staff looked 'exhausted'.
- All of the staff we spoke with, with the exception of the home manager and deputy manager, told us they felt the home was understaffed, and they were struggling. One staff member said, "We could definitely do with more staff, especially of a morning." Another member of staff said, "We are just exhausted." Also "We are not listened to when we speak up about staffing issues." Another staff member said "We feel

unappreciated at times. Which is a shame, I love working here."

- Our assessment of rotas highlighted the provider was working within the remit of their dependency tool, and staffing numbers appeared to correspond with what was expected to be a safe level of staffing.
- We shared our feedback from staff with the provider at the end of the inspection with regards to staffing levels. We have since been assured this has been looked at and staff have been liaised with to ensure they felt appreciated and had the opportunity to discuss their concerns about staffing.
- Staff were recruited and selected safely following a robust selection process. Staff we spoke with confirmed they had undergone a DBS check, as well as references to enable their fitness for the role to be assessed.

Using medicines safely

- Medication was mostly managed, stored and administered safely.
- One person's medication count was confusing, however we raised this with the manager at the time of our inspection and this was rectified straight away.
- Another person's anticipatory care plan for end of life medication had not been reviewed when needed, which meant if the plan needed to be used and the person's medication given, this paperwork would be out of date. This was rectified straight away before we left the inspection.
- People had detailed plans in place with regards to medicines they needed as and when required [PRN].
- Controlled Drugs were stored safely, in line with policy.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures in place to ensure people were safeguarded from abuse.
- Safeguarding concerns had been reported to the Local Authorities and staff knew how to report safeguarding concerns to the registered manager or escalate them further if needed.
- The registered manager kept a record of safeguarding concerns and any recommendations which were shared with them as a result of the safeguarding.

Preventing and controlling infection

- The provider was using PPE effectively and safely.
- The provider was accessing testing for people using the service and staff.
- The provider was promoting safety through the layout and hygiene practices of the service.

Learning lessons when things go wrong;

- The manager and registered provider had an open and transparent approach to learning lessons to improve quality of care.
- We saw some recent examples of how feedback from external sources such as a recent safeguarding and recommendations which had been implemented within the service.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager in post at the time of our inspection. However, there was a new manager who had been at the home for four days. Most quality assurance systems were effectively identifying gaps in service provisions. However, there were still some issues with the governance system in the home.
- People's information within their care plans was disorganised. We found it difficult to locate some people's risk assessments and important documentation. One person had conflicting information around guidance from Speech and Language [SALT] SALT. We could not be sure from looking at the persons records which guidance the staff ought to be following.
- The new manager had already identified some of the improvements needed to improve the governance of the home. Due to them only being in post for four days this had not yet been implemented, so we could not assess the effectiveness of this during our inspection. We have since received assurances from the manager that the issues we identified during our inspection have been resolved, and a new auditing process has been introduced to prevent this re-occurring.
- All notifications had been sent to CQC in line with regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Due to the impact of COVID-19, there had been minimal feedback received from people's family members. We spent time speaking with staff, both during and after our inspection, who told us they felt unappreciated by the managers in the organisation and that staff morale amongst the staff team was low.
- We discussed during feedback with the manager the number of staff who felt disengaged and unsupported by the organisation. One staff member told us "I feel like just a number, we are not listened to anymore." Another staff member said "I am sick of raising things, and nothing being done."
- Since this inspection has taken place, the senior managers have also attended the home and held 'surgeries' to help staff have open and honest discussions and to feel more supported.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported to receive safe care from staff who knew them well. However, when we spoke to staff regarding the culture of the home, we received some mixed responses.
- Most of the staff we spoke with said they felt unable to raise concerns with senior managers and did not

always feel supported.

- During our feedback with the registered provider we highlighted some of these concerns and the provider assured us that this has now been addressed.
- One staff member contacted us after our inspection had taken place to further feedback they felt the new manager had already made positive improvements within the home.
- The manager and registered provider understood their role with regards to being open and transparent regarding issues at the service. They had clear plans in place to address any concerns and had already made changes within the home.
- We felt assured following our feedback following the inspection the manager would continue to make positive changes within the home.

Working in partnership with others

- The service worked in collaboration with other organisations to ensure people received appropriate support.
- The manager and clinical lead worked closely with GPs, OTs, and the local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Records in relation to people's care and support were not always organised, completed accurately or in full.