Mr S Sharp

Moormead Care Home

Inspection report

67 Moormead Road
Wroughton
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an unannounced inspection of Moormead Care Home on 3 March 2016.

Moormead Care Home is a nursing home providing nursing care for up to 21 people. On the day of our inspection, 19 people were being supported and one person was in hospital. The care home is located in Wroughton near Swindon. The service has been operating at this location since January 2011 and is privately owned.

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

The atmosphere when we arrived was friendly with staff cheerfully greeting us. Staff training was taking place in the lounge so people were being cared for in their rooms that day. However, we were able to observe and meet with people and their relatives during the day so we could see how staff interacted with people using the service. A number of visitors were present during the day and the atmosphere was warm, friendly and welcoming.

People and their relatives spoke highly of the staff and described how they felt cared for. There were sufficient staff to meet people's needs and people received prompt responses to any calls for assistance. The service had safe and appropriate recruitment processes to ensure staff were suitable to care for people.

People were safe. Staff were knowledgable about safeguarding and could describe their responsibilities and roles in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

People had been assessed for risks, such as losing weight and assessments were in place to monitor and reduce these risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicine as prescribed.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. However, their knowledge was not always evident in records. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected. Where restrictions were in place for people these had been legally authorised and people were supported in the least restrictive way.

People told us they were confident they would be listened to and action would be taken if they raised a

concern. The service had systems to assess the quality of the service provided. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke very highly about the support they received from the registered manager. Staff supervision and meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People told us the service was friendly, responsive and well managed. People knew the registered manager and staff and spoke positively about them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments in place to reduce the risk and keep people safe. People received their medicine as prescribed.

Is the service effective?

Good

The service was effective. People were supported by staff who had the skills, training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles.

Health and social care professionals were involved in supporting people to ensure their needs were met.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff understood people's individual needs and people were cared for in a kind, caring and respectful way.

People were supported to maintain their independence and were given the information, support and equipment they needed.

Is the service responsive?

Good

The service was responsive. Care plans gave clear guidance for

staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

Is the service well-led?

Good

The service was well led.

The registered manager had developed positive relationships with the staff team, relatives and people who lived at the service. The service had systems in place to monitor the quality of service.

People knew the management structure of the service and spoke about the managers with confidence.

The quality of the service was regularly reviewed. The registered manager continually strived to improve the quality of service offered.

Moormead Care Home

Detailed findings

Background to this inspection

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

This inspection took place on the 3 March 2016 and was unannounced. This inspection was carried out by two inspectors and a Specialist Advisor in dementia.

Before the inspection we reviewed information we held about the home, this included previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the report issued following a recent local authority monitoring visit.

During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with eight people and three of their relatives/visitors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with nine members of staff including nursing and care staff, activity staff, and the chef. We also spoke with the registered manager.

We looked at records, which included six people's care records and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care.

In addition we contacted commissioners of services to obtain their views on the service.

Good

Is the service safe?

Our findings

People we spoke with felt safe. Comments included, "I feel safe thank you, it's a safe home" and "Yes, I feel safe – why wouldn't' I?" People's relatives we spoke with also felt the service was safe. Comments included, "It's a very safe service, no worries at all there" and "We have never had reason to feel [relative] is unsafe".

People had medicines administered from trained staff. Records confirmed staff who assisted people with their medicine had been appropriately trained and their competency had been regularly checked. The service used a dosette system delivered by a local pharmacist. The pharmacist dispenses the correct doses of medicine into each compartment and when administered a medicine administration record (MAR) is signed that these have been administered to the person. However, these had not always been signed as required. We discussed this with the registered manager who looked into the reason why and explained there had been a medical emergency at the time and staff were called away to attend to this. The registered manager confirmed he had addressed this with the relevant staff in clinical supervision. Medicines were stored safely and stock levels were managed using the dosette system which were delivered weekly. Stock sheets were in place for all boxed medication which were amended daily as stock was used. No residents were self-medicating or receiving covert medication. On observing the medication round, good practice was evidenced. The nurse in charge dispensed all medicines correctly and remained with the service users until all tablets had been taken.

People had risk assessments in place to ensure risks in relation to their needs could be supported safely. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, people that required bed rails had the relevant assessments in place to ensure their safety. Daily notes evidenced staff were following guidance in respect of risk assessments.

People were supported by staff who could explain how they would recognise and report abuse. There was a good understanding of safeguarding within the service, what constitutes abuse and what to do in the event of suspecting abuse. There had been no safeguarding alerts from the service, but there was clear procedures in place should they be required. Staff told us they would report concerns immediately to their manager, senior person on duty or the Care Quality Commission (CQC). Comments included; "I would immediately tell the registered manager or if needed go outside the service if I had concerns". Details of how to raise concerns and identify suspected abuse were displayed on notice boards for people, relatives and staff. The service had systems in place to investigated concerns and report them to the appropriate authorities.

People told us there was always staff available to support them. Comments included; ""If I use my call bell they are here in a couple of seconds". "I never worry about calling for staff and that is a sign of how good they are".

Staff told us there were sufficient staff to support people. Comments included; "Yes definitely, we all help each other out". The registered manager told us staffing levels were set by the "The support needs of individuals". There was always a nurse on shift and we were told if people were unwell then they would adjust the staffing as needed. Staffing levels remained consistent throughout the day and staff stated that

this works well as late in the afternoons, 'sun downing' can become apparent amongst some people with dementia. 'Sun downing' is a phrase used to describe a period during late afternoon or early evening when a person with dementia can exhibit an increase in certain behaviours. This can be a time when staff support may need to be increased to ensure people remain assured and calm. During the inspection staff were undertaking their roles in a relaxed and friendly manner and people confirmed staff had time to sit and chat with them. For example, one person said "(Staff) comes in each morning for a chat to see if I want to do anything that day". Staff rotas confirmed planned staffing levels were consistently maintained.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role.

The service had a contingency plan for people to be supported locally in the event of an emergency in the home.

Good

Is the service effective?

Our findings

People and their relatives felt the service was effective. Comments included, "They understand me, I have been here for a long time", "I feel very well cared for and my every need is understood, I trust them [staff]" and "My [relative] is very well understood, it's a family home, they are all treated like family".

Staff had access to relevant training such as fire safety, first aid and dementia awareness. Staff were also encouraged to develop professionally by completing nationally recognised qualificatins in Health and Social Care. The home had begun to use the care certificate and was aware of the nurse re-validation process. Training records were viewed and fire training was taking place on the date of inspection. There was a mixture of face-to-face training and distance learning, and staff were supported to attend training provided by the local authority. Staff comments included; "We can ask for any training we like and it is arranged". Staff retention was excellent and there were no vacant hours on the day of inspection. Each shift (during the day) contains one nurse and three care assistants.

Staff within the service had a good understanding of the Mental Capacity Act (MCA) 2005. The MCA is the legal framework for ensuring that people are not unlawfully having specific decisions made on their behalf. We did note that there were areas where decisions being assessed were not always adhering to the principles of the MCA in being decision specific. We raised this with the manager who took immediate steps to clarify this issue. We also noted that MCA training was booked for the following week. People told us staff sought their consent. Comments included "If you want help you get it, if you don't then they leave you alone", "Yes staff are very good at asking if you need help and if you say no there is never a problem. Nobody forces you to do anything" and "Anything I want done they will do. If I want more I am sure they will do it".

People had been appropriately referred or assessed for a Deprivation of Liberty Safeguards (DoLS) authorisation. DoLS are in place to ensure that people's freedom is not unlawfully restricted or when assessed to be in their best interest, is the least restrictive means. The registered manager told us they continually assess people in relation to people's rights and DoLS.

Staff stated that they received regular supervision and annual appraisals and they felt supported. We heard a number of examples where staff had been supported by management to assist them with a person situation which was above and beyond their expectations. Staff told us that support was available and constructive. Staff we spoke with felt that all the concerns they raised were dealt with and that supervision and appraisal was a supportive process.

People benefitted from a varied and balanced diet of their choosing. All food was home cooked with fresh ingredients. We were told by the person responsible for the cooking. "We only get the best ingredients, full of nutrients and goodness". People we spoke with told us the food was excellent. Comments included, "The food is beautiful and we can have what we fancy" and "We eat very well, food is delicious". We also saw fresh fruit available around the house and snacks were provided as and when requested.

Food and fluid charts were in place and being completed by staff as required. We saw a number of examples

of excellent effective care for people who had arrived at the service with a number of health concerns relating to their diet and nutrition. We saw these people had been supported to reach a safe weight.

People had access to appropriate professionals as and when required. People were supported to attend GP appointments and visits to the dentists. The service also accessed support from professionals such chiropodists. Visits to professionals were recorded in people's files as a record of previous and current treatments. This information could then be used to support professionals for future appointments. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans.

We did note that some peoples support plans identified they were 'unable to communicate' despite staff telling us how they were aware of people's needs through their gestures, facial expressions and sounds. We raised this with the manager who agreed to take action to ensure the excellent understanding staff had of people's own ways of communicating was reflected in their support plans.

Good

Is the service caring?

Our findings

People and their relatives described the service as caring. Comments included, "The care is excellent, it's like a big family", "I think the quality of care is why the service supports people to live such long lives" and "It's the kind of care that gets lost in big homes, its personal with a loving family feel".

Staff clearly appreciated the relationships they had with the people they supported. Comments included, "We do all we can to support the people that live here, they are extended family, they are people who need love, care and understanding" and "People can often get forgotten in bigger homes, here each person is valued as part of the family".

People had positive and caring relationships with staff. We noted a number of caring interactions throughout the day between staff and the people they supported. People were regularly made more comfortable in their seats and asked if they would like drinks. Staff checked on people regularly to ensure their drinks did not get cold and to ask if they needed anything. One carer was witnessed singing with a person who had communication difficulties. This was a really positive interaction and demonstrated how this staff member was familiar with the person's individual needs. One member of staff said "I treat people as I want to be treated and as if they were my own Mum and Dad…caring for the residents is my priority, I don't class it as work as I enjoy it so much".

People were involved in decisions relating to their own care. We observed people being consulted throughout the day and were informed that people are involved daily in what they want and need. Staff told us, "We are talking with people about their needs every day, its ongoing, not just a monthly process; we offer advice, but respect what people choose". We also saw that people's independence was promoted. People were encouraged to get regular exercise and move around the home. This was seen as important within the service to keep people as active as possible. Staff told us, "If people stay active, they maintain their confidence and that supports each area of their lives and independence.

People had choices. People had been involved in the décor of their rooms to make them personal, and had chosen fabric for the chairs in their rooms. Bedrooms had personalised touches with items that were important to them, such as photographs and paintings. One person said they had been offered a choice of wallpaper and to have shelving put up in their room. They commented that they had been told "It's your room so its up to you how you have it". They added "I get what I want and do what I like. I get offered choices, for example, do I want a bath or a shower? It's fine if I don't want either. I am so happy here – I used to visit other people in care homes and dreaded the time I may have to go into one, but this is great, I couldn't be happier".

Care plans had notes about offering choices. For example, one record had "[Person] has choice of what to wear and when to be washed or shaved". We spoke with staff who were able to tell us about the people they supported and evidenced they had a good knowledge of the person's care needs.

People's care was recorded in daily notes maintained by staff. Daily notes recorded what support was

provided. This provided staff with a record of how the person was on that day and was a way of staff having information to ensure communication and care was documented.

People's dignity and privacy were respected. We saw staff knocked on doors before entering people's rooms. Where personal care was taking place, people's doors were closed and curtains drawn. This promoted their dignity. We asked staff how they promoted, dignity and respect. Comments included; "I would always ask permission before I do any personal care". We saw notes on a persons file stating 'Knock on door; close door, do not over expose during washing/dressing'.

People needing end of life care had good support from a local hospice who worked closely with the home to support people that needed this care. There was a system in place to respect people's wishes regarding end of life care. We saw records about a person's wish to stay at the care home and not be admitted to hospital at end of life. There was also burial wishes and funeral plans. This meant the person had been involved in ensuring their wishes were known of and respected. Peoples dignity after death was also respected. We saw that staff had raised in a meeting the need for all people's clothes to be neatly folded and left respectfully for relatives to pick them up.

Good

Is the service responsive?

Our findings

People and their relatives described the service as responsive. Comments included, "I go to the doctor's if I don't feel well, they do keep a good eye on me" and "We are kept informed, they know people so well they pick up on the smallest of changes so care can be sought immediately". On meeting with a relative, they stated "The home is very good, the staff are very kind. My relative moved here in October 2014 and I have no concerns. The team always provide a good service and staffing levels are good".

The home was managed by the owners. The deputy manager told us how responsive they could be to people's needs because of the close and experienced team. Comments included, "With the two of us being here all of the time information doesn't get lost across a big team, we identify changes quickly" and "We have the same approach and speak about people every day. If we see something we can't support, we ring for specialist support immediately".

People's care records contained detailed information about their health needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. One member of the care team stated "I can honestly say I have never found a care plan not up to date". People's support plans were also supported by a 'This is me' document so information that was important to people could be communicated such as past histories and preferences to inform the day to day care they receive. Whilst we found the staff understanding of people's preferences and life histories to be very good, the 'This is me' document was not always completed and it was not always evident that people were involved in creating them. We raised this with the manager who agreed to ensure the issue was improved. However, on discussion with the staff team, their awareness of each service user enabled them to provide care and support in line with their documented plans of care.

We saw that people enjoyed listening to music, doing puzzles and going for walks around the home. We also spoke to the activities coordinator who clearly enjoyed their role and spoke highly of the wider teams commitment to ensuring people remained occupied with activities that interested them. We were told, "People come first, the manager is very clear, if a task takes longer because people want to chat, then we take our time". This was also reflected by relatives. Comments included, "The staff have all the time in the world for people, nothing is too much trouble" and "The manager lets the girls prioritise people, I think that's important". In addition to day to day activities other events were organised such as visits from animals and visits to the local theatre. We also found particular attention was given to people who were cared for in their rooms or chose to be in their rooms. People cared for in bed were given hand massage, had their nails done and had staff who would spend time talking with them.

The service was person centred. Each person was understood by a staff team that took time to get to know them. The activities coordinator identified that one person used to enjoy painting in a past profession and they were supported to paint the walls outside their room.

Handovers were held at the commencement of each shift where all relevant information was discussed and any concerns reported. As well as reviewing people's needs daily as an ongoing process, people's needs

were also assessed when they entered the service and these assessments were used to create support plans. We saw that support plans were reviewed monthly. The first month was also a process of seeing if the placement if working for all concerned. Both monthly and annual reviews involved people and their families.

There was a clear complaints procedure in place and everyone we spoke with knew how to access it. No complaints were recorded over the last 12 months. People knew how to raise concerns and were confident action would be taken.

Good

Is the service well-led?

Our findings

The service was described by people and their relatives as well led. Comments included, "It's a well led family home, perfect" and "Really well led". These statements also matched our observations. The home was clear on its culture and each member of the team were clear on their roles. We spoke with the registered manager who told us, "If people's needs are beyond what we can support then we support people to move to somewhere that can". This approach enabled the service to maintain its vision of being a family run homely service.

This vision had come from the history of the service having a desire to give people individual and personalised care when their health was suffering in larger homes. There was clear commitment to this vision still evident within the service. The manager told us, "We want people to treat this as their home, families are just part of the wider team". We spoke with a staff member who told us "I have worked at lots of places, such as large care homes and hospitals, but this is by far the best – we are like a big family. All the staff get on with each other".

The home has been accredited by Investors in People and staff felt a real sense of belonging to the service. Every staff member we spoke with had a clear vision that people in the service were paramount and should receive nothing short of the best care available. The management team had an open door policy and staff felt valued and supported. The management team within the home created an environment where staff felt cared for. A senior staff member told us, "If we don't take care of staff how can they take care of the residents?" The management team went out of their way to acknowledge people's practise and the impact the work may be having on them. For example, one staff member was sent on a course because of their own experiences, with a view to making them feel more confident with the work. Another staff member was identified as having a particular skill base and was given a lead role in supporting other people's practise around dementia.

Staff stated management were "Very approachable". One member of staff said "We have good teamwork here, I love my job, it's challenging and rewarding". Another member of staff stated "The managers encourage me in all aspects of my job and working here has made me more confident due to the support of the managers and the deputy". A further staff member stated "It's like having an extended family and the management team know their staff very well. Team work is good, we all slot in like a jigsaw, we know each other well and work well together".

There were clear roles of accountability within the home. These responsibilities were clearly identified and carried out day to day. For example, one manager was responsible for the cooking and homeliness of the service and the other held more administrative and system responsibilities. There was a clear desire to remain in touch with best practise to keep the service under review. The management within the home was described as open and approachable. Comments included, "I can go to them with anything" and "I can call any time of day and ask questions, it doesn't feel like a care home, it's just like calling my [relative] in her own home".

Staff told us learning was shared at staff meetings. Comments included; "We have lots of team discussion". Team meetings were regularly held where staff could raise concerns and discuss issues.

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Compliance checks were also carried out by the local authority contract team and no concerns were raised from these. The service had an infection control lead who was responsible for ensuring regular checks were undertaken. We spoke with the person who showed us records of checks for water temperatures, legionella, mattress and equipment checks. This person also assessed and updated the staff on a regular basis. Other checks such as fire safety had been conducted regularly. Accident and incident audits are carried out following each incident and each incident was investigated with immediate effect. Actions were taken and outcomes were recorded effectively.

Survey's were undertaken by the service to seek people's opinions on their care and also from relatives and professionals. However, these were not dated so it was unclear how recently people's views had been sought. On discussing this with the manager, they assured us that they constantly listened to people's views and took action where needed. They agreed that to evidence this that dated survey's to show when feedback had been sought and actions taken would be carried out in the future.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager was aware of their responsibilities and had reported appropriately to CQC.