

## Moulsham Residential Home (Chelmsford) Limited

# Moulsham Home

### Inspection report

116-117 Moulsham Street  
Chelmsford  
Essex  
CM2 0JN

Tel: 01245350750

Date of inspection visit:  
20 November 2023

Date of publication:  
30 November 2023

### 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Moulsham Home is a residential care home providing the regulated activity of accommodation and personal care to up to 23 people. The service provides support to people with learning disabilities and dementia. At the time of our inspection 22 people were using the service.

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

The service was not always meeting the underpinning principles of Right support, Right care, Right culture. Improvements were needed to the systems and governance of the service to ensure people received safe care. We found concerns with the providers lack of oversight and poor recruitment practice.

### Right Support:

Care and support were provided in a safe, homely, well equipped, well-furnished environment which met people's physical and sensory needs. People living at the service had adapted their bedrooms to their likings. People's independence was promoted.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right Care:

There was limited information in the support plans we reviewed relating to people's end of life wishes. We have made a recommendation about end of life wishes.

Care was planned and delivered in a way which was intended to ensure people's safety and welfare. There were enough staff to meet people's needs. There were systems in place to minimise the risk of infection. Medication was dispensed by staff who had received training to do so and assessed as competent.

### Right Culture:

Support focused on quality of life and followed best practice. Staff involved people, their family and other professionals as appropriate to evaluate the quality of support given and obtain feedback to improve people's day to day quality of life.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The rating at the last inspection was good (published 22 August 2017).

### Why we inspected

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Moulsham Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

### Enforcement and Recommendations

We have made a recommendation in relation to recruitment practices, management of when required (PRN) medicines, risk assessments, end of life wishes and quality assurances.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 our 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** ●

# Moulsham Home

## 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 Health and Social Care Act 2008.

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 was carried out by 1 inspector and an Expert by Experience who made telephone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Moulsham Home is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Moulsham Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 17 November 2023 and ended on 24 November 2023. We visited the location's service on 20 November 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 13 relatives and 1 person about their experience of the care provided. We used observations to help us understand the experience of care people received for people who could not talk to us. We spoke with 3 members of staff and the registered manager.

We reviewed a range of records. This included 3 care records and plans. We looked at 3 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement. 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.

### Staffing and recruitment

- Staff were safely recruited, and the provider had completed the relevant employment checks prior to them starting work. Minor improvements were needed to staff recruitment files. For example, some staff files did not include proof of address. The registered manager took immediate action to make the necessary improvements.
- Staff were subject to Disclosure and Barings checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, following a DBS check, there was no risk assessment put in place for a member of staff who required one. Following this inspection, the registered manager put a risk assessment in place.

We recommend the provider ensures recruitment checks are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.

- There were enough staff at the service to support people. However, 1 relative told us, "I don't think there are enough staff here. My [relative] never goes out." The registered manager told us they have an activity coordinator who is able to take people out during the day and there was also an option of in house activities on a daily basis.
- The registered manager had processes in place to ensure all staff received an induction and staff we spoke with told us they had an induction which included training in Autism and Learning Disabilities.

### Using medicines safely

- We found where a person was prescribed medicines when required (PRN), they did not always have a PRN protocol in place. This gives guidance to staff to on the appropriate administration of PRN medicines. Following the inspection, the registered manager confirmed the person was no longer taking this medication as PRN. It was a prescribed medication and the medicines administration record (MAR) had been amended.
- We found a person had been administered PRN medication but staff had not recorded the rationale for the administration.
- Medicines were stored securely and within the appropriate temperature range.
- Medicines checks were carried out regularly and a monthly audit of medicines was in place. However, the monthly audit did not identify the shortfalls we found during the inspection.

We recommend the provider review people's current prescribed when required PRN medicines and take action to update their practice accordingly.

- Staff had received training in safe medicines management and were assessed as competent before administering medicines and knew how to report errors.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Systems and processes in place supported this.
- Staff had undertaken safeguarding training and knew how to identify and report any concerns. One staff member told us, "If I have any concern of abuse, I will escalate this to the manager and if nothing is done about it, I will escalate to CQC." However, one member of staff, who had recently been appointed, had not received safeguarding training. Following the inspection, the registered manager confirmed all new staff will complete safeguarding training as part of their induction.
- People using the service and their relatives told us they felt safe. A relative told us, "Yes [relative] is safe and we have never seen [relative] in distress."

Assessing risk, safety monitoring and management

- People had risk assessments in place which met their care requirements. We saw positive behaviour support plans in place for people as guidance for staff on how to de-escalate certain situations. These included identifying any triggers or early warning signs enabling staff members to support people safely. However, some of the risk assessments had not been updated. For example, a person who had recently had a fall did not have an updated risk assessment.

We recommend the provider refers to current guidance to ensure risk assessments are regularly reviewed to ensure they remain up to date.

- The registered manager assessed the risks within the environment, including building, equipment, and fire safety. There were plans to be followed in the event of an emergency evacuation. There were regular checks and services of all equipment and the building.
- Each person had a personal emergency evacuation plan in place. This is used to document how people can be evacuated safely when they may have difficulty responding to a fire alarm or exiting a building unaided in the event of an emergency.

Preventing and controlling infection

- Staff had received training in infection prevention and control and supported people to minimise the risk of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises and ensuring infection outbreaks could be effectively prevented or managed.
- The environment was clean, and people confirmed regular cleaning took place. The registered manager carried out regular checks of infection control and cleanliness. The registered manager met with the senior staff regularly to discuss infections and how these were being managed, whether they could have been prevented and whether any changes were needed to the service.
- Risk assessments were in place for people to mitigate risks from infections.

Visiting in care homes

- People were able to receive visitors at the service and told us they often went out with their relatives as well. A relative told us, "There are no restrictions on visiting, I come and visit my [relative] as often as I like to."



### Learning lessons when things go wrong

- The registered manager reviewed all accidents, incidents, safeguarding's, and any lessons learned were shared with staff during their handovers and team meetings, so improvements to the service and outcomes for people could be made. However, there was no formal record for how the registered manager learnt from lessons following incidents to improve the quality of care to people. The registered manager told us they will implement a record evidencing their lessons learnt.

### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS application had been made and legal authorisations were in place when needed.
- Staff understood the need to gain consent from people for care and to encourage people to make decisions for themselves. Where people were unable to do this, best interest decisions were in place.

# 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 our last inspection this key question was rated good. At this inspection the rating for this key question has changed 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

- The registered manager had systems and processes in place to monitor the quality and safety of the service however, these needed further improvements. For example, the management audits did not identify the shortfalls we found during the inspection. We did not find any impact of this process but improvements were needed to minimise risks.
- Improvements were needed to some staff recruitment files. For example, references received were not verified and some staff files did not include a proof of address.
- Incidents were recorded however, there was no formal record for how the registered manager learnt from lessons following incidents to improve the quality of care to people.
- Improvements were needed to end of life plans and the registered manager had failed to identify they were incomplete.

We recommend the provider review their systems and processes for quality assurance to ensure more robust oversight of the service.

- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. The registered manager had regular contact with health professionals and updated support plans accordingly.
- The day to day running of the service was managed by the registered manager. There was a clear staffing structure in place which included senior carer's.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- The registered manager had introduced end of life care plans. However, we found these were not completed for all of the people using the service.

We recommend the provider seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their end of life care.

- There was a positive culture at the service. The service felt relaxed and had a calm atmosphere. We saw

people and staff had good relationships whilst interacting with one another.

- People had completed surveys for feedback on the service they received. The service used information to make improvements within the service. The service had a suggestions, complaints, compliments and recommendations box in the home for people to share feedback. The registered manager had recently introduced relatives' surveys to gather feedback.
- People's equality and diversity characteristics had been considered and integrated into their care plans.
- Staff received regular supervision to discuss their support needs and any practice issues. There were also daily staff handovers and regular staff meetings. Staff told us, "We use our supervisions to discuss people and their wellbeing, the running of the service and how staff are progressing. I find the supervisions really valuable."
- Staff meetings were held regularly. We reviewed minutes and saw they included updates about people who used the service as well as reminders about training and examples of lessons learnt.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager and directors understood their responsibilities under the duty of candour. We saw evidence that where incidents had occurred, and investigations had taken place the service had acknowledged this.
- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The registered manager worked closely with the local authority to investigate any safeguarding concerns and implement any learning from these.
- The registered manager recognised improvements were needed to ensure governance and leadership was more robust and effective in managing the day to day quality assurance of the service.

Working in partnership with others

- The service worked with other professionals to help provide people with joined up care. This included the local authority, speech and language therapists, occupational therapists, district nurses and GPs.