St. John's Winchester

Moorside

Inspection report

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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Moorside is a care home providing personal and nursing care to up to 31 people. There were 27 people using the service when we inspected. The accommodation is arranged across four suites each accommodating up to eight people. The registered provider, St John's Winchester, is a registered charity run by a board of Trustees.

People's experience of using this service and what we found
People received outstanding person-centred care that met their individual needs. Activities were meaningful to people and provided positive outcomes, enjoyment and occupation. The end of life care was described as outstanding both by professionals and relatives. People's communication needs were identified and planned for. Relatives were confident that they could raise any issues or concerns with any member of staff or the management team and that these would be addressed.

Planned staffing levels had not always been met and feedback about staffing levels was mixed. The provider was currently reviewing this, and we have made a recommendation that this be approached in a more systematic way that is clearly based upon people's needs. Care staff were well informed about risks to people's health or wellbeing and knew how to deliver their care safely. Medicines were managed safely. The service was visibly clean throughout and no malodours were noted. Staff received training in safeguarding adults from harm and had a positive attitude to reporting concerns. There were some systems in place to learn from safety events and lessons learnt were shared effectively with staff.

People told us that staff were kind and caring. Staff provided comfort and support if people became anxious or upset. Staff demonstrated an inclusive culture and respected people's individuality and that of their colleagues.

People needs were assessed and planned for. Staff were well trained and well supported and had the necessary skills and knowledge to perform their roles and meet their responsibilities. People's nutritional needs were met. The design and layout of the building met people's needs. 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. Action was being taken to ensure that best practice frameworks regarding consent were fully embedded.

There was a clear leadership and management structure in place which helped to ensure that staff at all levels were clear about their role and responsibilities. The service was well organised and had a range of systems in place to ensure its smooth operation and to support good practice and communication.

Rating at last inspection
In May 2018, the provider of Moorside made a change to their registration which meant that they were required to register as a new provider. This means that this is the first inspection of Moorside under the

current registered provider.

Why we inspected
The inspection was a scheduled inspection based upon our methodology for newly registered services.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was very responsive Details are in our Responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Moorside

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection team included a lead inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who has used this type of care service.

Service and service type
Moorside is a care home. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. 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.

Notice of inspection
The inspection was unannounced.

What we did before the inspection
Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification tells us about important issues and events which have happened at the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with 19 people, but most were only able to provide minimal feedback about

the service. We also spoke with eight relatives and received feedback from one of the volunteers. We spoke with the registered manager, clinical lead, a Trustee, two registered nurses, seven care workers, two activities staff and the chef. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed the care records of four people and looked at the records for four staff that had been recruited since our last inspection and other records relating to the management of the service such as medicines administration records, audits and staff rotas.

Both during and following the inspection, we obtained feedback from four health and social care professionals who worked closely with the home.

Good

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 'Good'. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Throughout the inspection, we observed that there were sufficient staff available to meet people's needs in a patient and non-hurried manner.
- On occasion, the number of staff on duty had been adjusted according to the needs of people using the service. For example, it had recently been identified that an additional night care worker was needed due to an increase in the number of people who were awake throughout the night.
- People appeared satisfied with the staffing levels and told us they felt safe. One person said, "Oh yes I feel safe here and I am well cared for…..if I need help, I press the bell and some usually comes quickly".
- The feedback from relatives and staff was more mixed. A staff member told us, "The staffing levels are not great, I hope they are going to up them again, we used to have quite a bit of time, we still do the care, but the nice bits suffer". Another staff member said, "We do have the help of volunteers, there are tough days, more help is always better. I do feel it is safe". A third staff member said, "Some days are busier than others, as an average, yes there are enough staff, but on busier days, having the time to sit and talk may go by the way". Three relatives expressed concerns to us that recent reductions in the numbers of care workers and registered nurses on duty had the potential to impact on safety and the provision of person-centred care.
- We also noted, from a review of records, that planned staffing levels were not always being met.
- We discussed this and the feedback we received with the registered manager who told us that meetings continued between the provider, staff and with relatives to review and monitor the number and skill mix of staff deployed on a daily basis. Since the inspection, we understand that the numbers of care staff have been increased again in order to support the delivery of safe care.
- Staff were recruited safely, and appropriate checks were completed.

Assessing risk, safety monitoring and management

- Staff assessed and planned for risks to people's health and wellbeing.
- People had risk assessments in place to keep them safe. These included how to prevent the risk of falls, maintaining oral health, moving and handling and pain management. Where appropriate, people had assessments to help manage the risk of choking. Some people had been identified to be at risk of leaving the home without staff being aware. Where this was the case, risk assessments were in place.
- Where a risk had been identified guidance had been followed for example post falls protocols and observations were completed to monitor whether the person was experiencing any symptoms that might require a review by a healthcare professional.
- Equipment, such as movement sensors, was installed to help alert staff and initiatives such as 'Pimp my

Zimmer' were being implemented. This involved brightly decorating people's frames in personalised themes. The aim being that this would help people to recognise these and use them more consistently, reducing the risk of falls. We were told how one person's frame was decorated with flashing lights, following which they wouldn't go anywhere without it. Another lady had been unable to see their frame at night until it was decorated. Once this had been done, they did not experience any further falls during their respite at the home.

● Staff understood the need to balance risk management with quality of life. For example, staff had noted that their one to one observation of a person to manage one risk was triggering challenging behaviours and so a less intrusive approach was adopted.

● Whilst the care and nursing staff were well informed about people's risks and knew how to deliver their care safely, we did note some examples where records relating to risk management were inaccurate or unclear. For example, the handover sheet stated that one person required a normal diet and fluids when in fact they required a modified diet to help prevent the risk of choking. This person's room records referred to a different dietary requirement again. We have asked that staff undertake an audit of dietary records to ensure these reflect people's assessed needs.

● Regular checks took place of the fire, water, gas and electrical systems. Some of the checks showed that the temperature of the hot water being discharged from taps was slightly in excess of recommended limits which help prevent the risk of scalding. We discussed this with the provider, who took prompt action to address this. They also implemented more robust systems to prevent this from happening again.

● Whilst there were records of fire drills, these only recorded which staff had been present. There was no record of the time of the drill or an assessment of the effectiveness of the response to aid learning and development. We discussed this with the registered manager who has since the inspection reviewed how fire drills are documented.

● Each person had a personal emergency evacuation plan (PEEP) which detailed the assistance they would require for safe evacuation of the home.

● The service had a detailed business continuity plan which set out the arrangements for dealing with foreseeable emergencies such as fire or damage to the home.

Using medicines safely

● Medicines were stored securely and only administered by staff that had been appropriately trained and assessed as competent to do this.

● We checked a sample of medicine administration records (MARs) and found that these were fully completed with no gaps or omissions.

● We observed a medicine round. This was managed in a very person-centred manner.

● The use of homely remedies was well managed. Homely remedies are medicines the public can buy to treat minor illnesses like headaches and colds.

● There were some areas where staff could further embed best practice frameworks in relation to the management of medicines which we discussed with the registered manager. We are confident that action will be taken to address these.

Preventing and controlling infection

● The service was visibly clean throughout and no malodours were noted.

● Staff were observed to follow infection control procedures to ensure that people were protected against the risk of infection.

● The kitchen was noted to be clean and relevant food safety records were completed in full.

Systems and processes to safeguard people from the risk of abuse

● Each person told us they felt safe living at Moorside.

● The provider had appropriate policies and procedures which ensured staff had clear guidance about what they must do if they suspected abuse was taking place.
● Staff received training in safeguarding adults from harm and had a positive attitude to reporting concerns and spoke passionately about not tolerating poor care.
● Staff were confident that any concerns raised would be acted upon by the registered manager to ensure people's safety.
● Records showed that the registered manager had referred safeguarding concerns to the local authority. These had been fully investigated and action taken to ensure staff were aware of any learning as a result

Learning lessons when things go wrong
● There were systems in place to learn from safety events.
● The number and cause of falls was monitored by the registered manager on a monthly basis and post falls huddles were being introduced. These are a debriefing following a fall to see if any preventative actions might have been possible.
● Following incidents or accidents, investigations were undertaken to ensure that remedial actions were taken to reduce the likelihood of reoccurrence. For example, following a medicines error, the subsequent investigation identified the need for a checklist to serve as a prompt for the nurse.
● Lessons learnt were shared with staff through supervisions, staff meetings and handovers.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same.

Good:People's outcomes were consistently good, and people's feedback confirmed this.

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training in, and understood, the relevant requirements of the MCA. Staff were observed to ask for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before providing support.
- There was evidence that mental capacity assessments had been undertaken to ascertain whether people could consent to aspects of their care and support and to living at Moorside.
- Whilst staff were working within the principles of the MCA, there were some areas where best practice frameworks could be further embedded. Where people lacked capacity to make decisions about their care, there was evidence that staff worked alongside their families to reach a shared decision about what was in the person's best interests, however, this had not always been formally documented. Some consent forms had not been signed by the person, but by a third party without it being evident that the person lacked capacity to give consent or that the third party had legal authority to sign on their behalf.
- Applications for DoLS had been submitted where appropriate and there was a clear tracking system in place to monitor the dates these were authorised or needed to be reapplied for.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Assessments were undertaken to identify people's individual support needs and care plans were developed, outlining how these needs were to be met. The care plans viewed covered a range of needs, including, communication, mobility, nutrition, personal care, continence and sleeping care plans.

● Nationally recognised tools were being used to assess people's risk of skin deterioration or poor nutrition.
● Pain assessment tools were used to help staff interpret changes that could indicate undertreated pain in people living with cognitive impairment.
● Staff used national initiatives designed to support homes to recognise, using clinical observations, that a resident may be deteriorating and to support staff escalating any concerns quickly to health care professionals.

Staff support: induction, training, skills and experience
● The provider was committed to equipping staff with the knowledge and skills they needed and tailoring this to the individual needs of people using the service.
● Staff completed a suitable induction and range of training in the providers on site 'Knowledge Hub'. Some of this was deemed mandatory by the provider. This included health and safety, infection control, fire safety, safeguarding, moving and handling, MCA, basic life support, dignity in care and personal care and equality and diversity. This training was refreshed on an annual basis and the completion rates were generally good.
● Other training was available and included subjects such as end of life care, catheter care and falls prevention.
● The provider worked with a training consultancy company to provide a range of specialist dementia training. A member of their staff told us, "I have become increasingly aware of how the knowledge and practice adopted by the staff team has stepped up a notch. Staff ask probing and challenging questions as to how they can support and apply best practice approaches. I have observed many exchanges that support my belief that the staff clearly put this into practice".
● Staff also had training on de-escalating challenging behaviour and had been provided with an opportunity to take part in a virtual simulation of the challenges that people living with dementia may experience in their everyday lives.
● Staff had reached the finals of the Great British Care Awards in the dementia category in recognition of their skills and knowledge.
● The registered manager encouraged staff to extend their roles and responsibilities to ensure that care was provided by staff who were knowledgeable and aware of current best practice. For example, staff members had become champions (experts) in a variety of areas such as activities, falls, nutrition and end of life care.
● The provider was committed to supporting registered nurses to gain their revalidation and provided opportunities for additional training in a range of clinical skills. Revalidation is the way in which nurses demonstrate to their professional body they continue to practice safely and effectively and can therefore remain on the nursing register.
● Staff were positive about the training provided. Comments included, "There is a lot of good training" and the "Dementia training is excellent… the knowledge hub is really used as a learning resource, if we have a quiet moment, we can go through things with carers".
● Records showed that most staff had received regular supervision and an appraisal.
● All staff felt well supported and able to seek additional advice from the leadership team at any time.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink sufficient amounts to maintain a balanced diet.
● Information was readily available about good hydration, how to safely thicken drinks for those with swallowing problems and how to fortify foods for those with weight loss. Drinks and fresh fruit were readily available throughout the day and we observed people being offered supplements where weight loss was a concern.
● The meals were provided by an external contractor who provided an onsite chef. We observed the lunch time meal during our inspection. The menu included two main course options, one of which was vegetarian. One person was vegan and the chef was able to show us how their food items were prepared on an

individual basis.
● The food looked and smelled appetising and there was a quiet and relaxed atmosphere with a number of people choosing to eat in the garden.
● Assistance with eating and drinking was provided in a discreet and empathic manner and people were not rushed.
● Staff were observed to support people eating in their rooms in a person centred and safe manner, following the guidance in their nutrition plans.
● Feedback about the food was generally positive. One person said, "The food is ok, there is plenty of it" and another said, "My lunch was very nice as usual". A relative told us, "the food is good here, hot and a good variety". Some of the relatives felt there was room for further improvement with regards to the food but most felt this was satisfactory.
Adapting service, design, decoration to meet people's needs
● The service was generally in good condition throughout and there was an ongoing programme of maintenance and decoration. For example, carpets had been replaced in all but one room and approval had been given to replace the curtains.
● The layout of the service met people's needs. Bedrooms were spacious, and all but two of the rooms had its own ensuite toilet and hand basin. The corridors were light and provided plenty of room for people to walk freely or to be assisted by staff. The lounges contained domestic style fire places which were homely and there was a pleasant hair salon.
● Appropriate signage was displayed to support people living with dementia to recognise and access toilets and other key areas. Contrasting colours were used for toilet seats to help clearly define these from the surrounding areas. Overlays were being planned to make the doors to people's rooms look more like real front doors, to help identify communal and private spaces.
used by people throughout the inspection for leisure and for eating meals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People had access to a range of health care professionals such as GP's tissue viability nurses, speech and language therapists, opticians and community mental health teams. This helped to ensure that they received timely and appropriate healthcare support.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback consistently described staff as kind, caring and compassionate. One person told us, "I get on with all the carers, we have a laugh and joke which cheers me up." Another person said, "The staff have been lovely to me; I couldn't ask for more". A relative told us, "The carers are always smiling, they are never stressed, it's a lovely home".
- The service had received numerous compliments praising staff for their caring and person-centred approach. Comments included, 'The care is considered, personal and dignified, the staff are devoted to the place and the residents and show the utmost respect…Moorside provides trust, friendship, welcome and support that has give me and [family member] huge comfort' and another read, 'The staff are compassionate and friendly…. I feel they are part of my wider family'. A third compliment read, 'It was a traumatic time knowing [family member] could no longer cope at home, the staff at Moorside made this decision easier with their kindness and understanding… [Family member] has now been living at Moorside for some time and has improved in herself so much. The staff are kind and caring, I'm so relieved that my [Family member] is in such a wonderful place.
- We observed that all staff demonstrated empathy for people and spoke fondly about them. We observed a staff member supporting one person who was distressed, they said to the person, "I know you are worried, I am here for you, do you want a cuddle?" Another staff member told us, "They are part of our family, we visit them in hospital, it's very sad when they pass away".
- One person had suffered a recent fall and been in hospital. They were at times, anxious and confused. Staff recognised this and were quick to comfort and distract her using patient and sympathetic words. A staff member told us, "She is a lovely lady; we all love her, and we don't like to see her in distress". In the afternoon we observed the person having their nails cleaned and varnished which she appeared to enjoy, she told us, "I'm being treated!"
- The kindness of the staff team was commented on by a social care professional who told us, "I have observed on many, many occasions staff showing a depth of kindness that should be celebrated. The extent of compassion and empathy shown towards the residents and their family members is exemplary".
- Equality and diversity were embedded in the principles of the service and the provider had an equality and diversity policy in place to protect people and staff against discrimination.
- Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred manner and the registered manager had used material produced by a national organisation to stimulate discussion and reflection around this area.

● Staff demonstrated an inclusive culture and respected people's individuality and that of their colleagues. Signs around the home were in Polish as well as English to try and help people to feel comfortable in familiar surroundings and to orientate themselves within the home.

Supporting people to express their views and be involved in making decisions about their care
● Where people could make decisions about their care or the environment, they were encouraged and supported to do so. This was evidenced by one of the volunteers who told us, "I am also a member of the garden project where we are making the garden more sensory and colourful. Some of our residents love to take part in the planning meetings we have, and they have lots of knowledge that they like to share, as well as being involved in planting our vegetable and herb garden".
● People and their relatives were invited to offer their views about prospective staff members through sharing a lunch with them as part of their recruitment process.
● Relatives and friends could visit without restrictions, share a meal with their family members and were encouraged to be fully involved in their family members care and take part in the six-monthly care reviews. One relative told us, "The staff don't mind me and welcome me with a cuppa. The staff are all lovely people and I like it here. I've never heard a bad word about the place".

Respecting and promoting people's privacy, dignity and independence
● People and their relatives told us staff always provided care in a manner that was respectful and mindful of their dignity.
● Staff were observed to knock on people's doors and identify themselves before entering. Staff told us how they ensured doors were closed and people covered when delivering personal care.
● Staff understood the importance of supporting people to maintain their independence wherever this was possible.
● People's confidential information was held securely on an electronic system and only accessed via a handset which was password protected and only accessible to staff who needed the information to carry out their role.

Outstanding ☆

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now improved to 'Outstanding'.

Outstanding: This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Relatives spoke positively of the person-centred approach of staff. For example, one relative told us, "They go beyond, make an effort to know what makes people happy".

● The positive and person-centred approach of staff was commented on by a number of the professionals we spoke with. For example, one social care professional told us, "I visit Moorside Nursing Home regularly, and without a doubt, would say that on every visit, the care practice that I observe shows that people living with dementia in this home are treated with a high degree of dignity & respect by the whole staff team. There seems to be a collective understanding that this is everyone's responsibility. The remarkable team work tirelessly to ensure that everyone adopts a very high standard of work practice and all appear to share the same philosophy". A health care professional said, "Any discussions that I have had with the team have reflected the ethos of patient centred care and their knowledge of individual residents".

● Staff had a good understanding of people's needs and staff in all roles were motivated to ensure people had the best day possible and all understood how their role and interactions contributed to people's wellbeing. For example, we observed one member of staff tenderly giving one person a hand massage whilst readily chatting with them, even though the person appeared to be unaware of this and was not able to communicate. This member of staff went on to tell us how they had taken one person to the local Remembrance Day parade. They told us, "It was a special moment".

● We observed that one person had only recently been admitted to the home and was often requesting to go home. We watched the staff guiding him gently, successfully distracting him to enjoy a drink in the garden area. A care worker learned he had a history in Hampshire and found him a picture book of "Villages in Hampshire". This book occupied the person for the afternoon. They told us, "This is a wonderful book, it brings back my mind". The pleasure of the moment was clear in his face.

● Whilst walking round the home, we had noted that one person's bed was positioned in such a way that they were unable to see their television. Staff explained that they had discovered that the person did not acknowledge the TV and so had reorganised the room to see if they would gain some comfort from looking out the window instead.

● A relative told us how staff had discovered that their family member became relaxed and settled when given a newspaper to read. They said, "It's his comfort blanket… although I know he doesn't read it… I trust them to do the best for him".

● A senior member told us, "The team are incredibly focussed on who needs what at what time…there is strong desire to care".

● Staff had a comprehensive knowledge of people's life histories and preferences and were seen to use this information to interact with people in a positive manner. For example, we saw a nurse chatting with one person about how they were the same age as the Queen. The discussion distracted the person from being anxious about taking their medicines. Staff were aware that one person used to be a French teacher and that another liked Columbian music.
● Care plans were now electronic which meant staff had instant access to key information and any changes inputted were updated immediately. This allowed the registered manager to have oversight of care delivery and to ensure this was being provided as planned.
● We attended a very detailed handover which included a thorough discussion about people's emotional wellbeing as well as their clinical care. For example, people with a raised MUST (Risk of malnutrition) score were highlighted for extra monitoring and those that were more distressed or agitated were discussed. It was noted that listening to music had appeared to help one person's emotional wellbeing. This demonstrated that staff knew people well and were responsive to their changing needs.
● A primary nurse / carer system was in place which meant that particular staff took responsibility for the care of a number of people to support continuity of care and good communication. They also oversaw the six-monthly reviews of people's care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● The service employed three dedicated staff to provide 24 hours of activities on weekdays tailored to people's individual preferences. For example, the planned activities for July 2019 included, garden time and games, exercise classes, music therapy, sensory time and a mocktail party.
● Previous events over the last few months were linked to key calendar dates. For example, Chinese New Year was celebrated with a banquet and Burns night with Scottish music and haggis, neaps and tatties for lunch. There had been a St. Patricks day party in March which included a visit from a professional flute/piccolo player.
● The home had a 'reminiscence' shop which 'opened' weekly and each of the suites had a variety of items such as authentic prams, that people living with dementia, might be drawn to and could engage with.
● There was a strong emphasis on tailoring the activities to meet the needs of people living with dementia and the benefits of sensory therapies.
● A system had been installed which projected a range of images and games onto a table top. The system, referred to as a 'Magic table' was being used very effectively to enable people living with dementia to be gently stimulated. The registered manager told us that it was also supporting staff to "Think outside the box", they said, "They [Staff] can sit down and look at a particular programme thus diffusing and distracting behaviour without going to a PRN [An as required medicine]".
● A social care professional also commented on the positive way in staff used the table to interact with people saying, "I recently observed a small group of residents engage with the [magic table]. It was fascinating to see how captivated the residents were, but it was equally impressive to observe how a range of staff members seemed to take huge delight in drawing people's interest and celebrating their achievements. There was a true sense of fun and inclusion. This was reflected in the faces of the residents I observed, as they clearly felt empowered and 'in control' of their immediate environment".
● For those unable to visit the communal areas, there were plans to purchase a multi-sensory trolley that could be taken into rooms to provide a range of one to one sensory experience.
● The Namaste programme was being introduced. This programme supports staff to engage with people in the later stages dementia through sensory input, especially touch or smells. Staff told us they found this approach beneficial and we observed staff using it to offer comforting and meaningful touch to one person who was unable to communicate. The staff member told us, "It's all connected to Namaste and having respect".

● Areas of the garden were being transformed to include sensory plants for people to touch and smell. One member of staff told us how they had taken some of the fresh herbs from the garden along to one person who was cared for in bed who seemed to gain pleasure from smelling these.
● A 'Taste Tinglers' club was held. During one session, the chef had provided a bread dough. A staff member told us, "[Person] couldn't wait to get their hands in the dough, he used to be a baker".
● Music therapy was provided and had a positive impact on people. A member of staff told us, "We don't push people, but put instruments close by, one resident suddenly joined in, then stopped, but joined in again. It turned out he came from a musical background".
● The home were involved in the 'Key Changes' project. The project is led by two music therapists who on a weekly basis used music and instruments to interact with people. The impact of the project was being monitored and it had been noted that it was, for example, elevating people's mood.
● Staff also spoke of dancing with one person who was unable to verbally communicate, they said, "It was spontaneous rather than structured, her feet were swaying, she was following my eye contact, she gave me such a lovey smile".
● Individualised play lists had been created for some people and were used to good effect to play their preferred music often resulting in them becoming more calm and relaxed.
● Some trips were arranged into the local community. On the day of our inspection a small group of people were taken out for a boat trip on the Solent. Other trips included visits to local places of interest such as Winchester Cathedral, the local high street and festivals such as Demfest. Demfest is a dementia friendly family festival providing information, activities and music. A member of staff told us, "We are at the centre of the community, we have trips to [Supermarket] to shop and get toiletries, we access Winnall Moors which is wheelchair friendly, it's part of normal life".
● People were supported to maintain their religious beliefs whether this was by attending local churches or being visited by local clergy or representatives from a variety of faiths and churches including those where English was not the spoken language.
● Some relatives expressed regret that there were no planned activities at the weekend and felt that more use could be made of the main lounge where the magic table was located. We discussed this with the registered manager who explained that there were plans to address this and they were hopeful that there would be seven-day activities in place shortly.

End of life care and support
● The registered manager and staff team were committed to supporting people to live well until their death and to support this, they and some of the registered nursing team had undertaken training in a nationally recognised programme aimed at developing the skills and knowledge of staff with best practice in end of life care.
● Feedback from healthcare professionals about the quality of end of life care provided was very positive. For example, one professional told us, "Moorside were very keen to ensure residents and their families achieved the best quality care they could at End of life and ensuring early discussions and wishes of the resident /families were listened too… during my 7 month work with Moorside I evidenced excellent high quality end of life care being delivered…I was impressed by their commitment to the course and end of life care despite [staffing challenges] they still managed to show excellent person centred care with inspirational commitment and passion".
● The feedback from relatives about end of life care was very positive. For example, one relative had written to say, 'I will never forget the care [person] received during the last six months of his life and you took the burden from me and my family who all agree we were so fortunate to have had this support. I feel Moorside deserve an outstanding rating and hope this will happen'. Other comments spoke of the care being 'Exceptional' and of being 'Overwhelmed by the quality of care that was lavished upon [Person]'.
● A member of staff told us how they had recently sat with a person who was approaching the end of their

life. They said, "I talked to them about the things we had done together, and he started to sing". They explained that it had been a very special moment.
● Where people did require end of life care, staff put in place a range of additional clinical care and checks including pain assessments and monitoring of skin integrity to help ensure that people had a dignified and pain free death. A discreet dove was placed on their door to remind staff to be quiet and mindful of the person's needs and those of their family. Palliative care boxes were available and contained resources such as soothing music and aromatherapy to help provide a relaxation and a peaceful environment.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Moorside were meeting the requirements of the AIS. People's communication needs were identified and planned for. People had a 'Communication' plan. This described how the person communicated and how information might best be presented to them to help them understand this. For example, care plans included information about how a person might be communicating that they were in pain.
● Two people using the service did not have English as their first language. To try and support effective communication, staff had created a list of key words in the relevant languages. One staff member said, "[Person] uses her native language most of the time, only occasionally using English, but we've all learnt some simple words to help her. Also, we have several [nationality] staff who can converse with her". We saw that this happened in practice.

Improving care quality in response to complaints or concerns
● People were provided with handbooks which included information on how to raise concerns or complaints. The provider had developed a very detailed booklet providing people and their relatives with key information such as the difference between a comment and complaint and why feedback was valued.
● People expressed confidence that they could raise any issues or concerns with any member of staff or the management team and that these would be addressed. For example, one person said, "It's not a problem to raise concerns here". A relative said, "Yes, they [Leadership team] are open to suggestion. If we have any quibbles we go straight to the nurse's station". Another relative commented, 'I have been impressed with the willingness of the management to involve the resident's families in the way the home can be improved'.
● Concerns or complaints raised had been responded to appropriately and learning shared with the staff team.

Good

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 remained the same.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People benefited from a well led service and the registered manager and provider had shaped a culture where staff strived to provide person centred care and improve the lives of people living with dementia.
- The staff team were constantly seen to be smiling, positive and friendly in their approach to people. One staff member told us, "We have quite a lot of fun and giggles".
- The registered manager told us how proud they were of the staff team and the person-centred care they delivered saying, "Compassion and love we do very well and the sincerity of staff from day to day. Without fail they are concerned about every individual in the building, the conversations never stop about how they worry about people, they are my inspiration…. they are constantly thinking about what next…they are not people just coming to do a job, they have total commitment".
- Relatives spoke of the person-centred approach of the leadership team. One relative said, "[Registered manager] will often have a couple of residents sat with her in the office, she is a really kind person".

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

- The feedback about the registered manager was consistently positive and demonstrated that people, their relatives and health care professionals had faith and confidence in their ability to ensure the delivery of high-quality care. A relative told us, "[The registered manager] is lovely and always around to talk to". One staff member told us, "[Registered manager] keeps us well informed, we can always go to her, she never says go away. Issues are always dealt with there and then". Another staff member said, "[Registered manager] is very hands on, she doesn't just stay in the office, she walks around says hello, her door is always open, she is very kind, a very good manager she and [Clinical lead] are a very good team".
- There was a leadership and management structure in place which helped to ensure that staff at all levels were clear about their role and responsibilities.
- The registered manager was a registered nurse and was supported by a clinical lead. The service also employed a lead dementia nurse.
- All of the senior leadership team were very competent, knowledgeable and ably supported the inspection team throughout the inspection. However, we did note two examples, where safeguarding incidents or concerns, whilst fully investigated, had not been shared with the Care Quality Commission (CQC) as required. This is important to help ensure that CQC retain oversight of any emerging risks within the service.

This appeared to be a genuine oversight and all notifications have now been completed.

● The service was well organised had systems in place to ensure its smooth operation and to support good communication. For example, an effective handover took place daily.
● Staff morale was good, and they worked effectively as a team to meet people's needs. One staff member told us, "We communicate really well. We are a really good team, open and honest, we always stand united".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their relatives were treated as partners and were encouraged to comment on the quality of care and wider issues within the home.
● The registered manager told us that obtaining formal feedback from people in the form of surveys for example, was quite difficult, so instead they gathered snippets or comments. For example, one person had mentioned that they would like to visit a pub and so this had been arranged. The surveys used to gain feedback were currently under review to improve the accessibility of these for people living with dementia.
● Relatives' meetings were held regularly and were an opportunity for family members to share a cup of tea and cake and engage with the registered manager and communicate ideas or suggestions. One relative said, "I have been to recent residents' meetings, so I could have my say, but I'm very happy with how this home does things".
● The registered manager and provider worked in a collaborative and open way with the whole staff team. Staff meetings were held regularly, and the provider had recently held a series of consultation meetings with staff to discuss issues such as the providers values and the future direction of the organisation. One staff member told us, "New things I would like to do have always been supported… you can put ideas forward, ideas on how we can best go forward, I was listened to".
● Staff understood, the vision, values and culture of the provider and were clearly committed to the sustainability and continuous improvement of the service. For example, ten staff had recently undertake a climb of Mount Snowden to raise money for the new sensory trolley. Prior to that a group had abseiled down the Spinnaker Tower.
● The service was supported by a number of volunteers which contributed to the wellbeing of people. Many of the volunteers were the relatives of people who had previously lived at Moorside. The registered manager spoke passionately about the positive role the volunteers played to the quality of the overall support and care provided. One of the volunteers wrote to us to share how important it had been to them to 'Give something back' to the service that had made them as a family feel welcome. They told us, 'We could not have wished for better care than she received. The compassion and commitment of all the staff were outstanding… I become a volunteer… and I am still enjoying my time there. We all work as a team and support each other".
●The service was part of the local community and played a role in raising awareness through social media but also through a range of events and projects of the needs of people living with dementia.
● Moorside hosted the Winchester Rotary Club coffee morning for people living at home with dementia and their carers. We saw that this meeting was well attended and provided the opportunity for relatives to access support and guidance. The service had arranged for the Rotary Club volunteers to attend a jointly funded study day to support their understanding of working alongside people living with dementia and their carers. A member of the Rotary Club told us, "[Registered manager is our inspiration, we couldn't do it without her, we work collaboratively to improve knowledge and understanding of dementia in the community".
● A local children's nursery visited the home on a regular basis to spend time with people engaging in activities such as singing, music and movement, arts and crafts, games and baking. The registered manager told us of one person who greatly valued these visits, saying, "From the minute [Person] saw the children her demeanour would change, the joy it gave her was tremendous, for her it was a moment of memory".

● Summer and Christmas fetes were supported by local businesses and attended by the local community.
● Soldiers from a local military base had helped the home start to build its sensory garden in 2018 and had stayed to enjoy afternoon tea with people.
● The service hosted events, such as 'Peacejam' aimed at breaking down barriers and encouraging interaction between young people and those living with dementia.
● Young people from local schools and colleges were invited into the home to spend time with people or to gain practical experience and training to contribute towards obtaining health and social care qualifications for example. This had a positive impact on people who enjoyed the company of the pupils, but also provided opportunities for young people to connect with, and understand, the needs of older people.

Continuous learning and improving care
● There was a suitable governance framework in place. The home had a clinical lead who was responsible for overseeing clinical care and clinical governance meetings took place quarterly.
● Audits were used to proactively monitor the quality and safety of the care being provided and the provider had a service improvement plan to assist in identifying and prioritising improvements, the resources needed to achieve these and the anticipated timescales for these to be completed
● The provider employed a Head of Quality and Service Development who also undertook visits to the service to assess its safety and quality. They and the registered manager provided regular reports to the Trustees on matters affecting the safety and quality of the service such as medicines errors, recruitment and safeguarding matters. These reports helped to ensure they maintained oversight of any new or emerging risks to people's care.
● A healthcare professional told us, "The manager is passionate about providing high standards of care for residents with dementia whilst being aware of the challenges this brings… I do have engagement with the manager and lead nurse who when able to do so do attend and participate in the care home forums and are always keen to network and to share and gain ideas from the good practice and learning discussed at the forums".
Another health care professional told us, they had been "Very impressed by their commitment to improve as a service".

Working in partnership with others
● The registered manager was committed to working in partnership with other organisations to improve outcomes for people which meant people received good holistic care.
● The service had worked alongside the local Clinical Commissioning Group as part of the pilot that had supported the implementation of the early warning tools for identifying deterioration in people's health (NEWS) and the 'Red Bag Scheme'. The Red Bag scheme supports staff to pack a dedicated red bag that includes information about the person's key needs, their medication, as well as day-of-discharge clothes and other personal items. It is aimed at facilitated a smoother handover of care between the care home and ambulance or hospital staff.