

Moors Park (Bishopsteignton) Limited

Moors Park House

Inspection report

Moors Park
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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

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

Moors Park House provides personal care and accommodation for up to 37 older people who may also be living with dementia. Nursing care is not provided by the service. This service is provided by community nurses working for the National Health Service. At the time of this inspection, 33 people were living at the home. The provider company Crocus Care group has three services, with the provider living locally.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

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 registered manager was on holiday but came to the inspection to support staff. They were very knowledgeable about people and their needs and were clearly passionate about the work they do.

People received person-centred care which was responsive to their specific needs and wishes. Each person had an up to date, personalised electronic care plan, which set out how their care and support needs should be met by staff. Assessments were regularly undertaken to review people's needs and any changes in the support they required.

People had access to a wide range of group and individual activities, and events they could choose to participate in, which were tailored to meet their specific social needs and interests. This enabled people to live an active and fulfilling life.

People who preferred or needed to stay in their bedroom were protected from social isolation. People regularly participated in outings and activities in the local community. The service also had strong links with local community groups and institutions.

When people were nearing the end of their life, they received compassionate and supportive care. People's end of life wishes were sensitively discussed and recorded.

Staff were aware of people's communication methods. They provided them with any support they required to communicate to ensure their wishes were identified, enabling them to make informed decisions and choices about the care and support they received.

The service had appropriate arrangements in place for dealing with people's complaints if they were unhappy with any aspect of the support provided at the home. People and their relatives said they were confident any concerns they might have about the home would be appropriately dealt with by the managers.

People were kept safe at the home, cared for by staff that were appropriately recruited and knew how to highlight any potential safeguarding concerns. The registered manager took time to ensure they employed staff who were able to promote the Crocus Care ethos of 'Caring for life with dignity'. Risks to people were clearly identified, and ongoing action taken to ensure that risks were managed well.

People's medicines were managed safely and the provider ensured that incidents and accidents were fully investigated. The home was well kept and hygienic. There was ongoing investment in the older style building. The home was dementia friendly and met the needs of the people living there. Staff demonstrated they knew people well, and people and their relatives were all positive about the care provided.

Staff were well supported through training, supervision and appraisal. They worked effectively together to ensure people's needs were communicated and supported them to access healthcare professionals when they needed them.

People enjoyed the meals available to them and were appropriately supported with eating and drinking. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with privacy and dignity and supported to be as independent as possible, whilst any differences or cultural needs were respected.

The service had a robust management structure in place, and quality assurance systems were effective in driving improvements across the home. Regular feedback was sought from people and their relatives to ensure they were involved in the development of the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Moors Park House

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 11 February 2019 and was unannounced. The inspection was conducted by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case experience of caring for older people.

Before the inspection we reviewed the information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. At our last inspection of the service in 2016 we did not identify any concerns with the care provided to people.

During the inspection we spoke and spent time with sixteen people who lived at the care home and five visiting relatives. We also talked with various people who worked at the care home including the registered manager, activity co-ordinator, eight care workers, a domestic, the chef and a health professional. As some people were living with dementia, we also observed the way staff interacted with people living in the home and performed their duties. We looked at three care records, three staff files and a range of other documents that related to the overall management of the service which included training records, quality assurance audits, medicine administration sheets, complaints records, and accident and incident reports.

Is the service safe?

Our findings

People felt safe and relatives felt that their family members were kept safe at the home. Comments included, "The managers did an assessment and they were very thorough and very professional, they certainly put my mind at ease" and "My initial impression was very good and this hasn't changed. I'm a retired physiotherapist and I've visited lots of homes so I appreciate how good this one is."

Staff were clear on how to manage any potential safeguarding concerns about abuse and how to report them. We checked the provider's safeguarding records and found that any alleged incidents had been appropriately investigated and alerted to the safeguarding team in a prompt manner.

Risk assessments were comprehensive, and fully detailed the potential risk to people and others; as well as the appropriate action to take in order to mitigate these risks. The provider information return (PIR) stated, "We carry out a full body and skin check over the first 24 hours and record everything. We know people well so can see when things change" People were supported to take positive risks and make choices about how they lived their lives. For example, people were encouraged to be as independent as possible. One person indicated they wanted their walking frame and staff were prompt to enable them to move independently. Individual risk assessments were reviewed monthly. Risk assessments covered areas such as bedrails, falls and eating and drinking. People's re-positioning charts, and food/fluid charts were also completed and up-to-date. One relative said how the chef had discussed their loved ones' diet with them and they praised how well they were eating compared to previously at home.

Regular checks were undertaken to ensure that the premises were maintained and well-kept. It was an older style building so there was constant investment and updating. Water temperatures were checked to ensure they were within safe ranges, people's rooms and equipment were checked for maintenance issues and fire safety checks were conducted. The premises were clean and hygienic throughout which was confirmed by people and relatives. The kitchen had been awarded a top level five rating by the Food Standards Agency and the chef took pride in their work. They said, food is important to people, you hear stories of poor care homes but we celebrate what we do and show our meals on Facebook. Appropriate equipment was utilised to help control infection. Staff wore personal protective equipment (PPE) appropriately.

Staffing levels were sufficient to meet the needs of people living at the home. Staff worked across the home on a rota basis so there was consistency and familiarity with people's needs. Staffing rotas were based on occupancy and people's level of need. Rotas were kept under constant review and amended as necessary. Staff skill mix was considered when planning the rotas to ensure a suitable mix of more experienced and newer staff on each shift. This also took into account people's differences and preferences, for example if people preferred a female care worker for personal care support. Agency staff were rarely used, and these were regular staff who knew people well. The registered manager had recently reviewed staffing levels at night and early morning and was trialling early morning shifts and later shifts to aid the night staff. They were aware that as people's needs at night increased it was likely three rather than two staff would be required at night due to two staff needing to assist some people and the large and sprawling lay out of the home. They were discussing this with the provider as people's needs in care homes were higher in general

than historically.

Appropriate recruitment checks took place prior to staff commencing employment which ensured potential staff were suitable to work with vulnerable people. Records showed that staff had been subject to Disclosure and Barring Service (DBS) checks. A DBS is a criminal record check employers undertake to make safe recruitment decisions. Two references were kept on people's files along with their employment history and photographic identification. The registered manager said they took time to ensure they employed staff with appropriate characteristics to promote the home's ethos of 'Caring for life with dignity'. Therefore, there was a robust induction process and staff said, "New staff come on board we do competency assessments with them and shadow shifts, so we know they will do a good job for people." One care worker said, "I've come back into care after taking maternity leave. Even though I could have done the job from day one, I still went through an induction and it was two weeks before I was allowed to work unsupervised."

The administration of people's medicines was managed safely to ensure that people received their medicines at the right time. Medicines were safely and securely stored. People's medicines administration records (MAR) included a front sheet with a recent photograph of the person, any allergies and detailed whether people required support to make decisions in relation to medicines. Records showed that appropriate 'as required' protocols were in place where people needed them, and it was clear what conditions the medicine could be administered for. We looked at the MAR for three people and saw that there were no gaps or omissions and that stock balance checks were up to date.

Is the service effective?

Our findings

The service remained effective. People and relatives said they found the care and support to be effective in enabling them to achieve a good quality of life. The PIR stated, "All residents have a full pre-assessment before moving here to make sure we can meet people's needs. We contact their GP for an up to date medical summary and speak to agencies who have dealings with the person to get a good picture. Detailed handovers three times a day ensure we are all up to date with how we meet people's needs." We saw this was the case.

We saw pro-active care and support where staff knew people well and so were able to recognise any changes when people were not feeling themselves, referring promptly to external health professionals. One health professional told us, "We visit Moors Park on a daily basis to see [people with complex health needs]. We work together to develop care plans that best meet people's needs. Staff are very good at bringing any concerns with patients forward to either the GP or the community nurses. We work well as a team. For example, this allows effective monitoring of blood sugars for a person with diabetes so the day staff can respond quickly if needed." The electronic care plans contained very detailed information and it was easy to follow a health concern through to completion showing who was involved, what actions had been taken and how the person was feeling. One relative's comment on the national care homes website said, "My mother had a stroke last January and the medics were called immediately. Their quick action saved her life. After she came back from hospital she was well cared for, from the manager to the cleaners, all came into her room and spoke, as they passed. When she became particular about what she ate, the cook managed to satisfy her."

People's needs were assessed in line with evidence based guidance. People's skin integrity was assessed against their Waterlow score which monitored any changes such as the risk of skin pressure damage. Skin care was good and actions were successful. Staff ensured they supported and monitored people to ensure they were not experiencing pain. Behaviour charts were in place to support people that could exhibit behaviours that were considered challenging. Staff were very knowledgeable about how people liked to be cared for and knew any triggers to minimise which could link to negative behaviours.

Staff were fully trained to carry out their roles and received sufficient support to evaluate their practice. Staff were positive about the training and induction they received, and told us they received regular updates to ensure their practice was current. We reviewed training records and saw that staff were up to date in topics such as food safety, customer service, dementia awareness, equality and diversity, falls, moving and handling, person-centred care and safeguarding. Staff said, "I'm doing an access course prior to doing nursing as I really like working here", "It does feel like a family here" and "When changes happen we all are involved. When the electronic care planning came in we all got to see it. We then had a months trial and a big meeting to give our feedback. We're doing the same with the medicines. [Registered manager's name] is asking all the seniors for feedback." Staff received regular supervision where their competency was assessed and they were supported to set achievable goals in developing within their roles. This all showed training and competency focussed on ensuring people's needs were met by staff who understood them.

The PIR stated, "We encourage all staff to become part of the Moors Park family and we like to think all staff treat people with the same respect as their own. We do lots of on the spot observations to make sure there is a good standard 'on the floor'. The office is open door, we have a staff treat jar and some staff bring in treats for the team. We all look after each other." Staff were currently being supported to use the new electronic tablets to record care.

We took lunch with people. Most people enjoyed a sociable meal time in the large dining room but could choose where they liked to take their meals. Staff who provided support for people to eat, did so with dignity in mind. Staff sat at the person's level, gave people options of what food they ate and what was being offered, and waited for people to finish a mouthful before starting another one. People and relatives were happy with the food. The atmosphere in the dining areas was very lively, with laughter and chatting and plenty of staff visible and attentive, handing out individualised plates from a hot trolley in the dining room. The chef and staff all knew the specific dietary needs of people at the home, as well as having reference to accessible instructions as to how people's food needed to be prepared and served. Food that had been pureed was presented in an appealing way. The chef was very visible and demonstrated the benefit of having worked in different roles within the home. Throughout the day they helped out care staff and chatted with people showing genuine care that they received a tasty meal they enjoyed. Staff ensured people had regular drinks throughout the day.

The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager was very knowledgeable about people's needs and gave examples of how they had supported people with communication, which was assessed on admission and reviewed.

The home was dementia friendly and met the needs of the people living there. Corridors were given topical names such as after the birch tree in the garden so people could find their way around more independently. Rooms had named door plates and toilet areas were decorated in a homely way and in blue. The registered manager had lots of further ideas to help people living with dementia have a fulfilled life, for example using bookcase wallpaper to encourage movement away from dead ends or doorways and developing corridors as streets for reminiscence.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked the provider's records and saw that where people were subject to DoLS, applications had been made in a timely manner and any conditions set were followed. People had appropriate capacity assessments and best interests records in place to support them to make decisions in areas such as covert medicines or use of bedrails.

Is the service caring?

Our findings

The service remained caring. The PIR stated, "We spend time gaining insight and knowledge into people's lives. Each person has a life book that we fill in with people and families to help us give person centred care. We strive to make our home homely and not clinical. It's important for family and friends to join in with Moors Park life." We saw this was the case throughout our inspection and this was confirmed by people and relatives. They said, "It is wonderful here. Staff organised a big, proper tea party for Mum's 100th birthday, it was lovely." Staff were chatting to one person holding a teddy when we arrived. The person said, "I love him, he keeps me warm" and staff ensured the teddy was with the person around the home.

The registered manager and all staff were very knowledgeable, not only about people's needs but their backgrounds, families and personalities, and they clearly all enjoyed being together. There was a kind and compassionate approach. People said, "I moved here from [up north] as my son lives down here. I'm glad I moved here as it's nice. The food is good and the people are kind", "I used to live just up the road before I moved in. I do like it here. My daughter comes to visit me quite often. We have things to do a lot of the time and the people and food are nice". Relatives said, "[Person's name] often says how nice it is here. She's really deaf but won't wear hearing aids so I worried that she'd become very isolated, but they look after her so well here. This home was recommended and they are all very caring here." Relatives said how they enjoyed visiting as there were things to see and do. They said how they had got to know staff and the provider really well and had become good friends, telling us, "There's no doubt they are all looked after here", "It was by far the best place we'd been to. The care and love here is phenomenal" and "The relatives' tea and coffee kitchen is a nice touch. As the registered manager says, 'when you go to your mums, you put the kettle on' so we do." Families had the key code to access the kitchenette at any time.

Making people feel special and treating people 'in the way we would like to be treated' were part of Moors Park House mission statements. Care plans used respectful language and detailed information about people. For example, noticing and monitoring when one person was spending more time in their room and checking they were well and happy. Where people did not want to share or socialise, this was also respected. The home had a caring, inclusive culture. For example, during the inspection people were acknowledged as staff went past and staff spent time chatting and laughing with people ensuring they were included in conversations. Staff came to join in with any activities ensuring people were engaging. One person liked to be continually mobile. Staff ensured the person slowed down for regular drinks or knew where snacks would be as they exercised around the circular corridors. Another person became distressed so staff sat with them looking at the countryside views and enabling them to repeatedly describe their anxieties until they had become calmer. The care records also reflected this approach.

People and their relatives felt well cared for by the staff and management. Staff noticed and anticipated people's needs, providing blankets, sitting with people to explain a game or chatting and catching up with visiting relatives who enjoyed open visiting. Relatives were encouraged to join in with activities and visit regularly. They enjoyed showing us the large activity scrapbooks, which were clearly updated often with ideas and photographs of what people had been doing. People and their relatives were fully encouraged to be involved in the planning and review of their care and how it was delivered. Records of people's care plans

showed they and their relatives were invited to be involved in the review of people's care needs.

There were regular resident's/relatives meetings when people were able which discussed topics such as activities, home management, keyworkers and residents' requests. A monthly newsletter was used as a topic of conversation showing what historical events had occurred in the month, what activities and events were on, word games, poems and feedback from the annual family feedback survey. Recent survey comments included, "Nothing is too much trouble, we are always pleased to come down and visit, and staff have time to talk to us on the phone" and "My sister is always made to feel loved, looked after and important." A hair and beauty salon had a sign saying, "Bring out the beauty in you" and the laundry was beautifully tidy with care given to people's belongings.

Moors Park House had received numerous letters and comments of support detailing how staff went above and beyond to care for people. Comments on the national care homes review website stated, "Care given by all staff far exceeded my expectation. Lovely atmosphere" and "I have always known that my aunt gets excellent care. Her dementia greatly affects her moods but as far as I am aware she is always treated with respect. The staff are excellent and always willing to spend time to talk to me about my aunt."

Staff loved working at Moors Park House and some had worked there for many years. They knew how to support people with any religious or cultural needs that they presented with. Holy Communion was available to people at the home regularly.

People were treated with dignity and their privacy maintained. The staff team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. This was in line with the new General Data Protection Regulations (GDPR).

Is the service responsive?

Our findings

People and relatives felt that staff had good understanding of how to respond to their social and leisure needs, and deliver personalised care to maintain people's wellbeing. Comments from people and relatives included, "There are always plenty of staff here and my mum gets far more stimulation than she does at home. I'm always updated as to what sort of day she's had" and "There's lots to do, people potter about, sing and the owner comes a lot to do arts and crafts with people which is nice."

Staff were proactive in ensuring that they were able to respond to people's changing needs in a timely manner. The staff undertook regular reviews where they discussed people's individual care in relation to nutrition or swallowing, weight loss, tissue viability, falls, diabetic support and any other areas of concern. New or re-admissions were discussed to ensure that the care provided was up to date and met their needs, as well as people who came to the home for day care. This resulted in responsive, personalised care that was in place and ready for the person when they moved in, or returned to the home after a period in hospital. For example, people had appropriate equipment such as hospital beds if required.

Care plans were thorough and detailed. For example, "[Person's name] will get into bed with day clothes so will need help to change. (They liked to feel they could manage by themselves so staff were sensitive to this) They like a table lamp on at night and like to know a carer will check on them" and "She likes to look after her teddies and will view activities from afar if encouraged to come to the lounge. She eats better if with others". The new electronic care planning system was going well with staff receiving alerts when care tasks were due and recording care regularly. The electronic care planning system enabled staff to access information at all times and update care plans as they worked. People's care plans included personal care, mobility and risk of falls, end of life care, wound care, eating and drinking, sleeping and night care, communication, continence and catheter care, cognition and mental capacity, behaviour, and psychological and social well-being. All areas were reviewed monthly. Staff were clear about what was required to meet people's changing needs. For example, they recognised when people were not 'feeling themselves' and sought specialist advice in a timely way. People's skin conditions were being monitored and there were appropriate referrals to specialist health care professionals. There were few pressure sores at the home and staff recorded people's skin conditions in their care plans such as skin blanching or red areas.

People were supported to live an active and fulfilling life at the home and in the wider community. The home offered an extensive programme of flexible, person-centred activities. There was a full time activity coordinator over five days with recruitment ongoing to increase provision to seven days. The activities coordinator had regular meetings with people to see what they would like to do in an individualised way. During the inspection some people had been out for coffee or to the local shops. Staff tailored activities to what people felt like doing as well as working from an activity programme. For example activities included, armchair yoga, quizzes and games, music therapy and topical celebrations such as a 1940s themed garden party and people and staff birthdays. One person had a special named activity drawer so they could come and get items by themselves. The PIR stated, "Outside entertainers come in and staff have time for one to one with people to make sure residents enjoy their days at the home." We saw people singing, doing a quiz and watching an old film.

Where people were in receipt of end of life care, staff ensured that they were still enabled to live their lives in line with their preferences. People were well supported to express their end of life care wishes and we saw that these were comprehensively completed within people's care plans. Where appropriate, people could have end-of-life anticipatory medicines in place, in case they needed them and these were also clearly reflected within people's medicines records. People had 'do not attempt cardio pulmonary resuscitation' (DNAR) orders on file as well as Advance Care Plans. These had all been completed with the involvement of appropriate healthcare professionals and relatives, and were regularly reviewed. The home was proactive in ensuring that they could respond promptly should someone require support with end of life care and worked with health professionals. One relative said on the national care homes website, "After a short illness, she passed away very peacefully. We were there at the end and carers were still very attentive."

People and their relatives were clear on how to complain should they need to. We reviewed the provider's complaints records. A complaints log was kept which clearly recorded the source and nature of each complaint as well as the action taken. Complaints were minimal but would be responded to promptly. People and relatives we spoke to had no complaints at all.

Is the service well-led?

Our findings

People, their relatives and staff felt that the home was well-led and managed to a good standard. People, staff and relatives all felt they could talk to management at any time. People and relatives said, "There is a lovely manager, all the staff are great" and "Nothing is too much trouble. I like it here."

People and staff were welcomed in the office with an open door policy. Some staff had worked at the home for many years, including the managers. Equality and inclusion was well promoted amongst the workforce to ensure that staff were involved in developments across the home. We saw this was happening and staff differences were supported. Regular meetings ensured good communication between staff as well as detailed handover systems. For example, ensuring people continued to be offered a bath and where people had declined this was recorded. Staff loved working at the home and felt very supported and valued.

Quality monitoring systems were effective in identifying and driving areas for improvement across the home. There were regular audits of patterns and trends across incidents, accidents and complaints to ensure that any learning points were promptly identified. The provider completed regular comprehensive audits, visiting regularly, and the registered manager felt supported. Audits included care plans, medication, falls, records and wound management. Other audit topics covered a wide scope including infection control, equipment, activities, health and safety and catering. Actions were taken and recorded to show development and improvement with the focus on people's well being.

People were encouraged to express their views on the care they received through feedback questionnaires. Comments were acted upon and shared with staff, on notice boards and in the newsletter.

We reviewed the recent staff team meeting minutes and saw that these were focused on the development of communications and also discussed findings from audits to ensure that staff were abreast of proposed improvements across the home. Staff skill sets were developed and encouraged, such as more senior care worker roles.

Moors Park House had a clear set of core values that shaped the culture of the home, which was open, friendly and listened to people, their families and staff. The registered manager was visible, often working on the floor and available to people, their families and staff. They ensured consistent supervision and appraisal in order to gather staff views and give feedback. Feedback was seen as an opportunity to think together about what had happened, why, and what could be done better in the future. The PIR showed that there was good provider support, regular managers meetings, and learning across the three homes with the provider's head office on site.

There were links with the local community which the registered manager was looking to develop further such as schools, students, projects and churches. For example, they were linked with a local 'Rainbows' brownie club and local primary school who visited and spent time with people.