

Moorings Care Home Ltd

Moorings Nursing Home

Inspection report

167 Thorney Bay Road
Canvey Island
Essex
SS8 0HN

Tel: 01268514474

Date of inspection visit:
11 April 2016
12 April 2016

Date of publication:
31 May 2016

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

The Inspection took place on 11 and 12 April 2016 and was unannounced.

Moorings Nursing Home is registered to provide accommodation and personal care with nursing for up to 39 persons who may be living with dementia or/and mental health issues. There were 36 people living in the service at the time of our inspection.

At our last inspection on 5 October 2015 we checked to see if the service had complied with the breaches found at the February 2015 inspection. We found that the provider had taken steps to mitigate the risks to people and address the shortfalls. This included implementing systems to monitor the quality and safety of the service. However, these measures needed to be embedded and sustained over time so we did not change the overall rating of the service at the 5 October 2015 inspection.

At this inspection we found that the improvements made in the October 2015 inspection had been sustained. People received their care and support in a way that ensured their safety and welfare. There were sufficient numbers of staff on duty who had been safely recruited, were well trained and supported to meet people's assessed needs. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

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 and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications when needed. Staff demonstrated a good understanding of how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them with the process. Risks to people's health and safety had been assessed and the service had care plans and risk assessments in place to ensure people were cared for safely.

People had sufficient amounts to eat and drink to meet their individual needs. Their healthcare needs were monitored and staff sought advice and guidance from healthcare professionals when needed. People's care needs had been assessed and their care plans provided staff with the information needed to meet their needs and preferences and to care for them safely.

Staff were kind and caring and knew the people they cared for well. They ensured that people's privacy and dignity was maintained at all times. People expressed their views and opinions and they participated in activities of their choosing. People were able to receive their visitors at any time and their families and friends were made to feel welcome. There were advocacy services available when needed. People were

confident that their concerns or complaints would be listened to and acted upon. There was an effective system in place to assess and monitor the quality of the service and to drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm. Staff had been safely recruited and there were sufficient suitable, skilled and qualified staff to meet people's assessed needs.

Medication management was good and ensured that people received their medication as prescribed.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were well trained and supported.

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and had applied it appropriately.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were treated respectfully by staff who knew them well and who were kind, caring and compassionate in their approach.

People were involved in their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Good ●

The service was responsive.

The assessment and care plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

There was a clear complaints procedure in place and people were confident that their complaints would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

Staff had confidence in the registered manager and shared their vision.

There was an effective quality assurance system in place to monitor the service and drive improvements.

Moorings Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 11 and 12 April 2016. It was unannounced and carried out by two inspectors 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 14 people, nine relatives, the registered manager and 11 staff. We reviewed four people's care files and four staff recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

Is the service safe?

Our findings

People were protected from the risk of abuse. They repeatedly told us that they felt safe living at the Moorings Nursing Home. A visiting relative said, "I do feel that my relative is safe living here." During our visits people were seen to be comfortable, relaxed and happy when interacting with staff and with each other.

There was good information about safeguarding people displayed within the service. The registered manager and staff demonstrated a good knowledge of safeguarding procedures and when to apply them and there was a policy and procedure available for staff to refer if needed. Staff had received training in safeguarding people and they knew the actions to take if they witnessed or suspected abuse. One staff member said, "My priority would be to make sure the person was safe and then to report my concerns to the manager. If I felt the manager had not dealt with it correctly I would contact the local authority or Care Quality Commission (CQC)."

Risks to people's health and safety were well managed. Staff had been trained in first aid and fire safety and they knew to call the emergency services if needed. There were detailed fire evacuation plans in place and they were readily available to staff for use in an emergency. Staff told us, and the records confirmed that regular fire drills had been carried out. People had risk assessments together with management plans for all areas of risk including nutrition, skincare, mobility and falls. One visiting relative told us, "I think they have the balance of risk right here as they have got my relative walking again. They are now able to go to the toilet on their own and this gives them more confidence."

Staff demonstrated a good knowledge of people's individual risks and they had a good understanding of how to deal with them. For example there were two people who at times became anxious and distressed. One of them walked into the other's room and attempted to take their food. A staff member had quickly noticed this and immediately took control of the situation using distraction techniques. The staff member's prompt action prevented both people from a distressing, and possibly violent altercation.

People were cared for in a safe environment. The registered manager had carried out regular checks on the safety of the premises and equipment. There were up-to-date safety certificates in place where required. The service's maintenance person carried out minor repairs and re-decoration of the home. The maintenance records showed that repairs had been carried out in a timely way. There was a list of emergency telephone numbers available for staff to contact contractors in the event of a major electrical or plumbing fault.

There were enough staff to meet people's assessed needs. Although people's views on staffing levels varied most people felt there was enough staff to meet their needs. People told us that staff were around when they needed them and that they didn't feel rushed. One person said, "The staff don't rush me when they are helping me with my personal care." Another person told us, "I get the help that I need from staff." However, one person said, "Sometimes staff don't turn up for work and they struggle then. Another pair of hands would not go amiss." Relatives told us that there were not so many staff around, particularly at weekends. One relative said, "There does not seem to be so many staff on at weekends, and people need just as much care then." Another relative said, "They sometimes have agency staff on duty who do not really understand

my relative's needs fully."

We discussed people's views on staffing levels with the registered manager. They told us, and the dependency level staffing calculation showed that the service required a minimum of six care staff and one nurse on duty throughout the day and two care staff and one nurse on duty at night. The staff duty rotas showed that these levels had been consistently maintained over the nine-week period checked. On many occasions there had been more than the required numbers of care staff working. There were sufficient staff on duty to meet people's needs on both of our inspection visits. Staff told us that the only time shifts were not covered were when staff called in sick at short notice and the service was unable to get cover from bank or agency staff. One staff member said, "There are not as many domestic staff around at weekends, especially when they are on leave or sick so I expect people could think we are short staffed."

The service had robust recruitment processes in place to ensure that people were supported by suitable staff. The registered manager had obtained all of the appropriate checks in line with regulatory requirements, for example Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that the recruitment process was thorough and they had not been able to start work until checks had been carried out.

People's medication was managed safely. People told us that they received their medication appropriately. One person said, "The staff are really good and make sure that I get my medication on time." Another person said, "When they do my medication they take their time and check that I have taken it properly." One relative said, "Sometimes my relative will refuse to take their medication from staff they do not know." This was discussed with the registered manager who told us, "We try various methods to support people with their medication. If the qualified nurse on duty is not known to a person because they are agency staff, we make sure that a member of staff who is known to them supports them to take their medication."

We observed a medication round and carried out a random check of the medication system and found that medication was given and recorded to a satisfactory standard. Opened packets and bottles had been signed and dated with the date of opening and a list of staff signatures was available to identify who had administered the medication. There were PRN protocols in place for prescribed as and when required medication to instruct staff on when, why and how to administer it. Staff demonstrated a good knowledge of people's medication needs and their individual medical history and they gave people their medication appropriately. There was a good system in place for ordering, receiving, storing and the disposal of medication. Staff's competency to administer medication was regularly checked through the supervision process. This showed that people received their medication safely and as prescribed.

Is the service effective?

Our findings

People were cared for by staff who felt well supported and valued. Staff told us, and the records confirmed that there was a good induction process that was in line with the Skills for Care Common Induction Standards. New staff completed workbooks that covered all areas of their induction. Staff told us that they had received regular supervision and felt supported by the registered manager. One staff member said, "The manager listens to what I have to say and takes issues seriously." Another staff member said, "I do feel supported and [name of manager] is in the home during the week and on call if I need advice. I feel we have a good team here that work well together."

Staff had the knowledge and skills to care for people effectively. People told us that they felt staff were well trained. One person said, "I get worried and am anxious about everything. ... they [staff] do understand me and look after me well." One relative told us, "I think the staff are very good and trained well. They are all very on-the-ball. My relative is diabetic and has to have regular injections every day. The staff are very careful about what they give my relative to eat to ensure that they keep healthy." Staff told us, and the records confirmed that they had received a wide range of training appropriate for their role and that it had been regularly updated to refresh their knowledge.

Staff told us they had completed a national qualification in care and the records confirmed that 22 of the service's 29 staff had either obtained or were working towards one. The registered manager told us that they were actively encouraging the other seven staff to sign up for a qualification in care. However, all seven had started work on the care certificate to ensure that all staff had the skills to care for people safely. This showed that people received their care from well trained staff.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. There was information about DoLS available for staff to refer to if needed. Staff had been trained in MCA and DoLS and they had a good understanding of how to support people in making decisions. Where necessary appropriate DoLS applications had been made to the local authority and there were authorisations in place where needed. People told us, and we heard, that staff asked them for their consent before carrying out any tasks. Mental capacity assessments had been completed where required. This showed that where people were not able to make every day decisions the service made decisions in their best interest in line with legislation.

On the first day of the inspection we saw that lunch had been delayed and people were waiting at the table

for some time. The cook told us that this was because they had to serve meals for people in their bedrooms before serving people in the dining room. They said that they kept the food warm by keeping it in the oven while they served people in their bedrooms. There was no facility to keep the food warm except for the oven. One relative told us that the food was often delivered to them when it was lukewarm. On day two of the inspection we discussed this with the registered manager. They have since purchased a plate warmer and heated food buffet bar which they have told us keeps the food warm until serving. They told us that this was working well and that there had been no further concerns about the temperature of the food.

People told us that they were happy with the food they received. They said that they had a choice and could have an alternative if they did not want the food on offer. One person chose mince for their meal but when it was served they changed their mind and staff quickly offered an alternative. Where food needed to be pureed to assist people with swallowing difficulties, it was well presented and had been individually pureed to make it more attractive. This enabled people to appreciate the different tastes within the meal. The lunchtime experience was pleasant; people were happy and chatting with each other. One visiting relative told us, "I stay for lunch with my relative every day, it is nice to eat a meal with them and the staff say it is no trouble so I feel welcome." During the meal staff spoke to people with great patience and understanding and addressed them by name to ensure that there was no confusion of who was being spoken to. Where it was necessary people's dietary intake had been recorded and their weight had been monitored to ensure that their nutritional intake was appropriate and kept them healthy. People were supported to have sufficient to eat and drink and to maintain a balanced diet.

People's healthcare needs were met. They said, and the records confirmed that they got the support they needed to help them keep healthy. They told us that they saw healthcare professionals when needed such as the chiropodist, physiotherapist, specialist nurse and the doctor. One person told us, "Staff understand me...they'll call the GP or the district nurse if I need to see someone." The outcomes of healthcare visits and any follow up actions had been clearly recorded and showed how and when people had received the support they needed. We saw that staff supported people with their mental health issues in an effective way. For example, during our visit we saw that some people could be anxious or distressed. At all times staff were quickly in control, used diversionary tactics and were clearly aware of the need to protect both the person concerned and also other people in the vicinity. This showed that staff had the knowledge and skills to care for all aspects of people's health care needs within the service.

Is the service caring?

Our findings

People repeatedly described staff as 'caring' and 'kind'. One person said, "Staff have been brilliant to me....I couldn't wish for a better crowd." Another person said, "They [staff] are all very pleasant and caring." Relatives were complimentary about the staff saying they were 'absolutely lovely' and 'very, very kind and caring'. One relative said, "They [staff] are all kind, patient and very helpful....they [staff] are always jolly and spend time talking to people." Another relative said, "On our wedding anniversary they [staff] prepared a three-course meal in a small room for us, and they bought flowers for my relative to give to me. That's how caring they are." Staff knew the people they cared for well and had built up positive caring relationships with them. We saw good staff interaction throughout the inspection visits and people were seen to be comfortable and relaxed with staff. People were cared for by kind, caring and compassionate staff.

People were treated with dignity and respect. They told us that staff did not rush them and that they always treated them with respect. We saw people being supported and we heard staff speaking with them in a calm, respectful way and they allowed them the time they needed without rushing them. People told us that staff respected their privacy, and they told us, and we saw that staff knocked on their doors and waited for a response before entering their rooms.

People told us that they were able to practice their faith. The registered manager told us that a Catholic Church service came into the home every month. People with different faiths were encouraged and supported to follow them. There were staff members who practiced the same faith as some of the people using the service and they regularly shared discussions with them. One visiting relative told us, "My relative only speaks a little English but there are staff in the home who can talk with them in their language. This has greatly improved their understanding of my relative's needs." This showed that people's religious faith was respected and their cultural needs were supported and met.

Staff supported people to maintain their independence. We heard staff talking to people in a way that retained as much choice and independence as possible. For example when staff were supporting a person to change their clothing we heard them say, "Can you help me pick out which clothes you'd like to wear [person's name]?" People freely walked around the service and were encouraged by staff to retain their independence as much as was possible.

People had been actively involved in making decisions about their care and support. People told us that they decided what they wanted to do and when they wanted to do it. They chose when to get up and when to go to bed. One person said, "Staff always ask me what I want and they listen to what I say." The care files contained good information about people's likes, dislikes and preferences to enable staff to care for people in a way that they preferred.

There was detailed information about people's life history on their care files. Staff knew people well and had a good understanding about their past lives, their employment and their family history. There was a good rapport between staff and relatives, and staff knew a great deal about people's extended families. One staff member said, "It helps me to engage with people and their families because I know about their past life." We

saw examples of staff engaging with people, in a way that suited them during their activities. One person looked very sleepy and disinterested, but when a member of staff crouched down next to them and started to sing, 'I'm forever blowing bubbles'. They responded very positively and started singing along. Their face lit up when people applauded and they sang every word at the top of their voice. For some time after this the person was visibly engaged and interested in their surroundings.

Another person was displaying signs of distress as they were calling out "Help me! Help me!" staff quickly responded to the calls for help and asked if they wanted to play soft ball. The person interacted with the staff member and the soft ball with happiness. They clearly enjoyed the one-to-one time with the member of staff. One staff member said, "It is important to know what people like and don't like and to know a bit about their past helps to keep them occupied with things that interest them."

People told us that their visitors were made welcome at any time. One relative told us, "I am always made to feel very welcome, they [staff] offer me a cup of tea, and they understand how hard it is for me seeing my relative like this." Where people did not have family members to support them to have a voice, they had access to advocacy services. There was advocacy contact details displayed on the noticeboard in the entrance hall. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Is the service responsive?

Our findings

People had received a full assessment of their needs prior to moving into the service. They and their families had been fully involved in the assessment and care planning process. One person said, "I was asked about my life and what help I needed before I came to live here." Another person said, "I remember being asked about how I wanted to be cared for." The care plans identified people's individual preferences such as their preferred name and if they liked their light on or off at night. There was good information about their parents, their children, their married and work life. There were detailed end of life plans describing individual's wishes for their end of life care. All of the care plans had been regularly reviewed and updated to reflect people's changing needs. People told us, and we saw that the service provided them with suitable equipment such as hoists, walking aids and wheelchairs to support their mobility. People received personalised care that was responsive to their individual needs

People received a service that was responsive to their needs. They were given the support they needed when they mobilised around the home. For example, staff helped people to move around the service using their individual wheelchairs and walking aids. Staff were quick to respond to people's needs. For example one person was having difficulty with their wheelchair when they were at the dining table; staff quickly supported them by removing the footplates so they were more comfortable. Another person called for help to mobilise to the toilet and staff responded rapidly providing the support they needed. People told us that they didn't feel rushed when staff were supporting them. Most people told us that when they rang their call bell staff responded quickly. However, one visiting relative was concerned as staff were slow to respond to their call for help on the first day of our inspection visit. The person's relative had pressed the call-bell as they were concerned about their relative's health. It was lunchtime and many of the staff were supporting people with their meals which had led to the delay. The nurse had been busy with medication and when they had safely locked it away came and checked the person's vital signs and reassured the visiting relatives.

People told us that there was plenty to do and that they were able to pursue their interests and hobbies. One person said, "I enjoy colouring and making things." Another person said, "I enjoy going out." One visiting relative told us, "My relative can be quite disruptive and displays some challenging behaviour at times. They're [staff] very good with my relative....I feel satisfied with the staff. I think they are particularly good here at social stimulation. I never come in and see nothing going on – maybe they're singing, or playing a ball game, they [staff] don't just leave people sitting in their chairs." Another relative said, "Staff take the time to sit and chat with my relative when they are agitated. I can't fault them [staff]." The registered manager told us, and the records confirmed that people had visited Southend seafront for fish and chips and regularly went into local cafés for a drink or a meal. There was a range of suitable leisure time amenities available such as a pool table, jigsaw puzzles, games, books and films. People were supported to follow their own interests and hobbies as far as they were able to.

People told us that the staff and registered manager asked for their views on a daily basis and we heard and saw this in practice. For example staff asked people, 'What do you think of that', and, 'How do you feel about this?' and they asked for their opinions and thoughts throughout our inspection visits.

People told us, and the records confirmed that they had participated in regular meetings where they had discussed a range of issues including menus and activities. They said they had been asked for feedback on the quality of the care staff and the general running of the service. The notes of a recent relative's meeting showed that their views and opinions had been considered. A discussion had taken place about relatives' access to the service and security. Relatives had wanted a key pad entry point to save them having to wait for staff to open the door when they visited their loved one. The registered manager explained the reason for not having a key pad entry. They said that visitors were let into the building by staff to minimise the risk to people who were not able to go out alone. They also said that staff needed to be aware of who was in the building at any time for fire and safety reasons. This showed that the service listened to people and their relatives and kept them fully involved in how the service was run.

People told us they knew how to complain and that they would tell the staff or the registered manager if they had any problems. One person said, "I'd feel able to talk to the manager or a member of staff if I had a problem and I'm sure they'd listen." Another person said, "I have got no complaints but would know what to do if I did have any." A visiting relative told us, "I would go to a member of staff if I had any concerns – I've done it before, and they listen and sort things out. I once reported an incident to the nurse and they dealt with it to my satisfaction. This has given me confidence about raising issues in the future." There was a good complaints process in place which fully described how any complaints or concerns would be dealt with and it included the contact details of CQC, the local authority and the Local Government Ombudsman. The complaint records showed that concerns had been responded to appropriately and that they had been fully considered and resolved.

Is the service well-led?

Our findings

There was a registered manager in post who worked in the service on a daily basis. People told us that the registered manager was friendly and was 'a nice man'. Staff had confidence in the registered manager and shared their vision to provide people with good quality care. They told us that the registered manager was very supportive and always available for advice when they needed it. The registered manager had a good knowledge about the people they were caring for. People mentioned them by name and spoke fondly of them. One person said, "All I have to do is knock on the manager's door if I need to have a chat and they are always happy to talk about things." The registered manager had an open door policy and people, their relatives and staff could speak with them when they wanted to. People had confidence in them and told us that they were approachable and responded positively to their requests.

There were clear whistle blowing, safeguarding and complaints procedures in place. Staff told us they were confident about implementing these procedures. One staff member said, "We are encouraged to raise any concerns. I would be the first to report anything that I was not happy about. I am sure it would be dealt with quickly."

People said that they were actively involved in making decisions about how to improve the service. The registered manager undertook regular surveys to obtain people's views. They also had an open door policy where people could access them at any time. Relative's meetings had been held monthly until recently but relative's felt that there were too many meetings as there was sometimes not much to discuss. They asked, and the registered manager agreed, to reduce them to three monthly meetings which they stated was better. Meeting notes showed that a range of issues had been discussed and changes had been implemented as a result of the meetings.

There was an effective quality monitoring system in place. The registered manager told us, and the records confirmed that they had completed regular audits such as for health and safety, infection control, medication and care plans. People's views had been sought and their responses had been analysed and actions had been taken to address any shortfalls. Comments from the October 2015 survey included, 'Competent and dedicated staff with a friendly approachable attitude', and, 'A safe and pleasant home with good care practices', and, 'Overall a genuine, caring home for relatives who need care that is beyond family resources'. People told us that they were very happy with the quality of the service.

Staff told us, and the records confirmed that regular staff meetings had been held where a range of issues such as training, team work, pressure area care and care practices had been discussed. Staff said that the registered manager allowed sufficient time for them to have open discussions both at staff meetings and at any other time. They also told us that they were fully involved in how the service was run. One staff member said, "We have regular meetings with the manager and we get the chance to have our say on how the service is run. We are a good team here, we work together and we all want to give people the best possible service." Handovers took place at each shift change and a communication book was in use to record important information. This meant that staff could quickly access information when returning to work after a break to ensure that they had good up to date information so they could care for people safely. This showed that

there was good teamwork and that staff were kept up to date about changes to people's care needs.

A quality monitoring report undertaken by the local authority in November 2015 for the service showed that a score of 98.7% had been achieved which evidenced an excellent service was being provided to people. The registered manager had developed an action plan and had carried out the required actions at the time of our inspection.

Personal records were stored electronically and the computer system was password protected to ensure that people's personal information was kept safe. Paper records were securely stored in a locked office when not in use but they were accessible to staff, when needed. The registered manager had access to up to date information and shared this with staff to ensure that they had the knowledge to keep people safe and provide a good quality service.