

Moors Park (Bishopsteignton) Limited

Moors Park House

Inspection report

Moors Park
Bishopsteignton
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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 offers accommodation with care and support to up to 37 older people. Nursing care is not provided by the service. Any nursing care that is required is provided by community nurses working for the National Health Service. The service was inspected on 19 and 21 July when there were 30 people living there.

The service was last inspected on 2 and 3 December 2014 when it was rated as 'Requires Improvement' overall. We found; there were not sufficient staff to meet the needs of people living at the service; staff said they did not receive sufficient training to support people; some people did not receive the support they needed at mealtimes; records did not provide staff with information about people's changing healthcare needs; people's needs and preferences about the support they received were not sufficiently understood by staff; people's needs were not sufficiently understood by staff and quality assurance systems were not always effective. At this inspection in July 2016 we checked to see that improvements had been made and found that they had.

Prior to this inspection we had received some concerns about the quality of care provided to people. We had asked the provider to look into these matters and they provided us with a full response following a thorough investigation. At this inspection in July 2016 we also looked into the issues that had been raised. We found no evidence to support the concerns.

A registered manager was employed by the service. 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.

People's needs were met by ensuring there were sufficient staff on duty. During the inspection we saw people's needs being met in a timely way and call bells were answered quickly.

People received individualised personal care and support delivered in the way they wished and as identified in their care plans. People's care plans contained all the information staff needed to be able to care for the person in the manner they wished. Care plans were reviewed regularly and updated as people's needs and wishes changed.

Staff confirmed they received sufficient training to ensure they provided people with effective care and support. There was a comprehensive staff training programme in place and a system that indicated when updates were needed. Training included caring for people living with dementia, first aid and moving and transferring.

Not everyone living at Moors Park House was able to tell us about their experiences. Therefore we spent some time in the main lounge and used the Short Observational Framework for Inspection (SOFI). SOFI is a

specific way of observing care to help us understand the experience of people who could not talk to us. We saw good interactions between staff and people living at the service. Each time staff entered the lounge they spoke to people and tried to engage them in conversation.

People's needs were met by kind and caring staff. One visitor told us that in the two years their relative had been at the service things had been "Absolutely brilliant, the care is excellent". People's privacy and dignity was respected and all personal care was provided in private.

Risks to people's health and welfare were well managed. Risks in relation to nutrition, falls, pressure area care and moving and transferring were assessed and plans put in place to minimise the risks. For example, pressure relieving equipment was used when needed. People's medicines were stored and managed safely. People were supported to maintain a healthy balanced diet and people told us there was a good choice of food. People were supported to maintain good health and had received regular visits from healthcare professionals.

People and their relatives were supported to be involved in planning and reviewing their care. At each review of the care plan people were spoken with and asked for their views. Relatives told us that they could visit at any time and were always made welcome. They also said that staff always kept them informed of any changes in their relative's welfare.

Staff knew how to protect people from the risks of abuse. They had received training and knew who to contact if they had any suspicions people were at risk of abuse. Robust recruitment procedures were in place. These helped minimise the risks of employing anyone who was unsuitable to work with vulnerable people.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

The environment had been improved to make it more suitable for people living with dementia. Each person's bedroom door was personalised with their name and a picture of an object that meant something to them. All corridors had been named using street signs. The registered manager said this helped people find their way around the service more easily.

There were regular activities available for people to participate in. These included singing, word games, crafts and gentle exercises as well as outside entertainers. A monthly newsletter was produced to tell people the activities on offer for the month and who would be celebrating a birthday. We saw people enjoying a 'knitting and natter' session and others taking part in a quiz.

The registered manager was very open and approachable. People were confident that if they raised concerns they would be dealt with. Staff spoke positively about the registered manager. One told us "You can go to [registered manager] and she will put it right straight away". Another said "[registered manager] is approachable, down to earth and you can discuss anything with her". One social care professional told us that over the past year there had been an improvement in the way the service was managed.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. Monthly audits were undertaken including medicines, care plans and accidents and incidents. We saw that where issues had been identified action was taken to rectify the matters. Records were well maintained.

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's medicines were managed safely.

People were protected from the risks of abuse. Robust recruitment procedures were in place.

Risks to people's health and welfare were well managed.

People's needs were met by ensuring there were sufficient staff on duty

Is the service effective?

Good ●

The service was effective.

People received care from staff that were trained and knowledgeable in how to support them.

People were supported to maintain a healthy balanced diet.

People were supported to maintain good health.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

The environment had been improved to make it suitable for people living with dementia.

Is the service caring?

Good ●

The service was caring.

People's needs were met by kind and caring staff.

People's privacy and dignity was respected and all personal care was provided in private.

People and their relatives were supported to be involved in

making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

Staff ensured people received care and support that was responsive to their needs.

People's care plans contained details of how people's needs were to be met and were reviewed regularly.

People were confident that if they raised concerns they would be dealt with.

There were regular activities available for people to participate in.

Is the service well-led?

Good ●

The service was well led.

The registered manager was very open and approachable.

There were effective quality assurance systems in place to monitor care and plan on-going improvements.

Records were well maintained.

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 19 and 21 July 2016 and was unannounced.

One Adult Social care (ASC) inspector conducted the inspection.

Before the inspection we gathered and reviewed information we held about the registered provider. This included information from previous inspections and notifications (about events and incidents in the service) sent to us by the registered provider. Prior to the inspection, the registered manager had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make.

Not everyone living at Moors Park House was able to tell us about their experiences. Therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We met with all the people using the service at that time and spoke with six people in private. We spoke with six staff, the registered manager, two directors of the company that owns the service and three visitors. We also spoke with a visiting healthcare professional. Following the inspection we spoke with a social care professional and received information from the local authority's quality improvement team.

Is the service safe?

Our findings

The service was last inspected on 2 and 3 December 2014 when this key question was rated as 'Requires Improvement'. This was because we found there were not sufficient staff to meet the needs of people living at the service. At this inspection in July 2016 we found that improvements had been made.

During the inspection we saw people's needs being met in a timely way and call bells were answered quickly. Those people who were able told us they never had to wait long for their needs to be met. One relative told us that whenever they visited call bells were always answered quickly. On the first day of inspection there were six care staff, a lead senior and the registered manager on duty during the morning. During the afternoon there were five care staff on duty plus a lead senior and registered manager. Rotas showed that these were normal staffing levels. A number of ancillary staff such as kitchen staff, domestics and maintenance staff were also on duty. An activity co-ordinator was also employed on weekdays.

We received mixed comments from staff about staffing levels. Some told us there were enough staff on duty, while others told us they thought more were needed. All staff told us that people's needs were met in a timely way, but some felt this was due to staff working extra hard. They said the problem was that there were just not enough staff. This meant existing staff having to cover extra shifts, including nights. We discussed this with the registered manager and provider. They told us some staff had left following a strategic decision to become a service caring for people living with dementia. Since this time there had been difficulty in recruiting staff and agency staff had been used to fill any gaps in the rota. However, they told us they had recently employed a member of staff from overseas and had also received several applications from people living locally.

People told us they felt safe. One person said they felt safe "Knowing there is always someone around". People were protected from avoidable harm and abuse as staff knew about different types of abuse. They knew how to recognise abuse, and told us what they would do if they thought someone was being abused within the service. Staff knew who to contact outside of the service but were confident the registered manager would address any concerns they raised. Staff had received formal training on keeping people safe. People were protected from the risks of financial abuse as there were robust procedures in place for dealing with any monies managed on behalf of people.

People were protected from the risks associated with the employment of staff who may be unsuitable to work with vulnerable people. This was because there was a robust recruitment system in operation. Staff were thoroughly checked to ensure they were suitable to work at the home. These checks included obtaining a full employment history, seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from harm. Risks to people's safety and wellbeing were assessed. For example, risks in relation to nutrition, falls, pressure area care and moving and transferring were assessed and plans put in place to minimise the risks.

For example, pressure relieving equipment was used when needed. The computer system that was in use to identify and record people's needs did not contain an assessment for choking. However, we saw that where people were at risk of choking measures were in place to minimise the risks. People had been referred to the Speech and Language Therapy (SALT) team for advice which we saw was being followed. Staff agreed to contact the designers of the computer system to get a choking risk assessment added.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home. Personal emergency evacuation plans were in place for people. These gave staff clear directions on how to safely evacuate people from the building should the need arise, such as in a fire.

Any accidents or incidents that occurred were recorded and reviewed to see how they happened and whether any actions were necessary to reduce the risk of reoccurrences. Care plans were updated as required.

The premises and equipment were maintained to ensure people were kept safe. Records showed that equipment used within the service was regularly serviced to ensure it remained safe to use. For example, hoists, pressure relieving equipment, gas and electrical installations were checked in line with the associated regulations.

People were supported to receive their medicines safely and on time. Medicines were stored safely. Only staff who had received training administered medicines. The administration of medicine systems allowed for a full audit trail to be completed recording the receipt, administration or return and disposal of prescribed medicines. We saw that an audit of medicines was undertaken every two months, the last one being June 2016. Medicine Administration Record (MAR) charts indicated people received their medicines on time as prescribed by their GP. Copies of the signatures of staff giving out medicines were available. This helped to ensure it was possible to see who had given out medicine on any particular date. Where people had been prescribed medicine to be taken when required (PRN) for pain relief, they were asked at specified times if this was required. We saw staff that gave out medicines ensured people took the medicine before they left them.

Is the service effective?

Our findings

The service was last inspected on 2 and 3 December 2014 when this key question was rated as 'Requires Improvement'. This was because we found staff were not provided with sufficient training to ensure they were skilled to meet people's needs, people did not receive the assistance they needed when eating and records did not give staff sufficient information to meet people's healthcare needs. At this inspection in July 2016 we found that improvements had been made.

People living at Moors Park House had needs relating to living with dementia, mobility and general health. Staff confirmed they received sufficient training to ensure they provided people with effective care and support. There was a comprehensive staff training programme in place and a system that indicated when updates were needed. Staff had received a variety of training such as medicine administration, first aid and moving and transferring to help meet people's needs. They had also received more specific training relating to people's needs. This included caring for people living with dementia and managing behaviours that may challenge the service.

The registered manager told us new staff undertook a detailed induction programme, following the Skills for Care, Care Certificate framework. The Care Certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support.

There was an effective system in place to ensure staff were putting their learning into action and remained competent to do their job. Staff records showed that they received regular supervision and appraisals. Staff received individual supervision sessions with senior staff when their competency was reviewed. Staff told us senior staff also worked alongside them to observe their practice when delivering care. We saw that one staff member had not been working to the standard expected. They had been put on 'probation' and extra training and support given to help improve their performance.

At our last inspection in December 2014 we found people did not receive the assistance they needed at mealtimes. During this inspection in July 2016 we saw spent time in the dining room over lunch to see how people's needs were being met. We saw that people who needed assistance to eat received individual attention. Staff sat beside people and told people what the meal was, they gave people time to eat, and chatted to them while gently encouraging them.

People were supported to receive a healthy balanced diet with plenty to drink. Jugs of juice were placed around the home for people to help themselves to. Staff frequently offered people tea, coffee or cold drinks. Meals were presented nicely and there was plenty of choice. Staff offered choices and did not assume what people would have. One staff member told us that just because one person had wanted the same thing for breakfast for the past week did not mean they wanted the same thing today. The cook told us they would always provide an alternative if people did not want what was on the menu. People told us they always enjoyed their food.

At our inspection in December 2014 we found that records did not give staff sufficient information to meet

people's healthcare needs. During this inspection in July 2016 we found that records were well maintained. For example, records relating to people's food and fluid intake were completed daily. Information about people's changing health care needs were passed on. For example, night staff said at their handover to day staff that one person had been restless during the night. As this was unusual they asked day staff to follow this up with person's GP, which they did.

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GPs and health and social care professionals as needed. People told us they always saw their GP when needed. We spoke with one visiting healthcare professional who told us that the home was very good at contacting them when required. They said staff took advice and followed it through efficiently.

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.

Staff had a clear understanding of the MCA and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. People living at Moors Park House were able to make day to day decisions for themselves, but may not have the capacity to make more complex decisions about their health and welfare. Staff told us they always assumed people were able to make decisions for themselves and knew an assessment would be needed if they thought the person did not have capacity to do so. They were also aware that if a person had been assessed as not having the capacity to make specific decisions then meetings should be held involving relatives and professionals. This meant staff were aware of the need to ensure people had the capacity to make specific decisions or best interest meetings needed to be held. At the time of the inspection no such meetings had needed to be held.

We saw that people's consent to receive care was recorded in their care plans. The registered manager told us that when reviewing people's care they took a small hand held computer with them to the person. After discussing the review with the person they recorded their views. A new type of pen had recently been purchased that would allow the person to sign the device to indicate their consent.

Throughout the inspection we heard staff offering people choices. People were asked what they wanted to do and what they wanted to eat or drink. Staff told us that if people could not tell them what they wanted to eat, they would show them the food so the person could indicate their preference.

People can only be deprived of their liberty so that they can 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 on authorisations to deprive a person of their liberty were being met. The registered manager had made applications to the local authority to deprive some people of their liberty in order to keep them safe. Due to the large number of applications being processed by the local authority no authorisations had been granted at the time of the inspection.

Improvements had been made to the environment to make it more suitable for people living with dementia. We walked around the building with the registered manager. We looked at all communal areas and in some bedrooms. We found the environment helped people, their visitors and staff interact as chairs were arranged in small clusters and there were dedicated areas for group or individual activities. We also found the

environment promoted well being as there was good natural light around the home and the décor was age appropriate. Toilet doors were painted blue to indicate their use and toilet seats were blue to help people identify the toilet. Cupboard doors and other doors to restricted areas were disguised. These were painted the same colour as the corridor walls and the rail that ran along the corridor walls continued over the doors. All corridors had been named using street signs. Each person's bedroom door was personalised with their name and a picture of an object that meant something to them. The registered manager said this helped people find their way around the service more easily. Some areas on the first floor were still being refurbished to bring them up to the standard of other areas in the home.

We saw that some corridor carpets were rucked and presented a trip hazard. The registered manager had already highlighted this and had arranged for the carpets to be stretched to reduce the rucking.

Is the service caring?

Our findings

People and their visitors told us staff were very good and caring and all the interactions we saw between people and staff were positive. One visitor told us that in the two years their relative had been at the service things had been "Absolutely brilliant, the care is excellent". We saw that staff were kind and considerate in their approach to each person and were sensitive to the needs of everyone. We heard staff listening and communicating well with people, giving them their full attention and talking in a pleasant manner.

Staff at Moors Park House treated people with dignity, respect and kindness. When addressing people staff used people's preferred names and appropriate language. We saw that people responded well to staff, speaking, smiling and laughing with them. Staff carried out their duties in a caring and enthusiastic way. There was much fun, laughter and appropriate banter and hugs between staff and the people they supported.

People's preferences were obtained and recorded during their pre-admission assessment. Staff demonstrated they knew the people they supported. They were able to tell us about people's preferences and personal histories. For example, staff told us about an event in one person's life that the person also told us about later. Staff knew what people liked to eat, what they liked to do and when they liked to get up and go to bed.

Everyone had their own bedroom. People's privacy was respected and all personal care was provided in private. Staff knocked on people's bedroom doors and waited before they entered. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

We asked the registered manager for examples of when staff had gone 'above and beyond' when caring for people. They told us staff offered their own time freely for events such as the up-coming fete and often did personal shopping for people in their own time. The registered manager also told us that when one person had their own TV and radio removed by the family the service had replaced the items.

People and their relatives were supported to be involved in planning and reviewing their care. At each review of the care plan people were spoken with and asked for their views.

Relatives told us that they could visit at any time and were always made welcome. They also said that staff always kept them informed of any changes in their relative's welfare.

Staff helped people to celebrate special occasions. People told us they always had a special cake for their birthday and a party for any 'special' birthdays.

Is the service responsive?

Our findings

The service was last inspected on 2 and 3 December 2014 when this key question was rated as 'Requires Improvement'. This was because we found people's preferences about the support they required were not sufficiently recorded or understood by staff. We also found people's needs were not sufficiently assessed or understood before they moved into the service. At this inspection in July 2016 we found that improvements had been made.

People received individualised personal care and support delivered in the way they wished and as identified in their care plans. People's needs were assessed before and while living at Moors Park House. Care plans were developed following the assessments and contained good descriptions of people's needs. A computer system was used to maintain care plans. Staff told us they found the system easy to use and keep up to date. Staff told us people's care plans contained all the information they needed to be able to care for the person in the manner they wished. Care plans were reviewed regularly and updated as people's needs and wishes changed. For example, one person's care plan was being reviewed during the inspection. This was because there had been a change in the person's needs and there had been visits from health and social care professionals.

Staff responded to people's needs in a sensitive manner. One person was asked several times if they wished to move from the dining table after lunch. They did not want to move, so staff ensured they were comfortable and continued to ask regularly if they wanted to move. When people needed assistance with transferring from an armchair to a wheelchair staff reassured the person. They told them what was happening while the transfer was taking place. Staff had received training in caring for people who were living with dementia. One staff member told us the training had given them ways to reassure people. They told us about one person who had a scrapbook containing photographs of their family which helped calm them when they couldn't see their family. Staff were careful to speak slowly and calmly and gave people time to process any information, good eye contact was also maintained. This showed us that staff knew how to care for people with dementia.

Not everyone living at Moors Park House was able to tell us about their experiences. Therefore we spent some time in the main lounge and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We saw good interactions between staff and people living at the service. Each time staff entered the lounge they spoke to people and tried to engage them in conversation.

An activities organiser was employed five days a week and there was a regular programme of activities on offer. These included singing, word games, crafts and gentle exercises as well as outside entertainers. A monthly newsletter was produced to tell people the activities on offer for the month and who would be celebrating a birthday. We saw people enjoying a 'knitting and natter' session and others taking part in a quiz. We spoke with one of the providers who told us about the sessions they ran with people including indoor gardening. One person proudly showed us a certificate they had received for taking part in an art group run by the provider. They also had some of their art work framed on their bedroom walls. People told

us how much they enjoyed the activities on offer. They also told us they were looking forward to the fete the next weekend and a forthcoming trip to a local vineyard.

Regular meetings were held for people to discuss any issues they may have. At the last meeting on 7 July 2016 the minutes showed that people had discussed the up-coming fete and trips out. People were also asked about the menus and if they had any other comments. One person had said they 'all live very well at Moors Park and that it was a happy well run home'. The comment was seconded by another person.

The registered manager took note of, and investigated any concerns raised. We saw that four complaints had been recorded in the complaints file and these had been investigated and concluded satisfactorily. People and visitors told us they felt able to raise any concerns and said they would speak to staff if they needed to. However, they told us they had never had to make a complaint.

Is the service well-led?

Our findings

The service was last inspected on 2 and 3 December 2014 when this key question was rated as 'Requires Improvement'. This was because we found the systems to assess and monitor the quality of care provided were not always effective. At this inspection in July 2016 we found that improvements had been made.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There was a staff management structure in place to maintain the running of the home. The registered manager was supported by two lead seniors and other senior staff.

There were systems in place to assess, monitor, and improve the quality and safety of care. A series of audits were undertaken by the registered manager. Monthly audits were undertaken including medicines, care plans and accidents and incidents. We saw that where issues had been identified action was taken to rectify the matters. For example, one care plan had needed updating to reflect the person's change in needs. We saw that this had been addressed. We also saw the registered manager take swift action when matters were reported to them. It was reported to the registered manager that a pressure relieving mattress was not working properly. The registered manager arranged for the maintenance person to look at the mattress but the issue could not be rectified by them. The mattress was changed for another to ensure the person who needed the mattress was protected and the manufacturers were called to repair the mattress.

The providers also spent time in the service on a regular basis in order to support the registered manager and monitor the quality of care being provided.

The registered manager carried out an annual survey to gauge the views of people using the service, staff and other interested parties. Results from the last survey showed a high level of satisfaction. One relative had written 'Staff are friendly and caring while preserving clients' dignity'. Another had written 'When you walk into Moors Park you feel that you are walking into a home and not an institution'. One person living at the home had written 'Staff are polite and considerate'. The registered manager told us that if any issues had been identified they would have been investigated and dealt with.

Prior to the inspection the registered manager had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR told us the registered manager planned to improve 'the building and decor, to aid Dementia residents with their day to day living and provide a hairdressing salon'. We saw that both improvements to the building were on-going and that a hairdressing salon was in place.

There was a positive and welcoming atmosphere at the home. Staff told us they thought there was an open and honest culture in the home. One staff member said "You can speak up about anything and it gets done". Staff told us they enjoyed working at the home. One said "It's not just the residents that have fun – the staff do too". Another staff member said "Moors Park is a vibrant happy home, where a lot of activities go on and the care is very good".

Staff spoke positively about the registered manager. One told us "You can go to [registered manager] and she will put it right straight away". Another said "[registered manager] is approachable, down to earth and you can discuss anything with her". One social care professional told us that over the past year there had been an improvement in the way the service was managed.

The registered manager told us they kept their knowledge of care management and legislation up to date by attending training courses, using the intranet and the Care Quality Commission's website.

Records were well maintained. They were accurate and complete and recorded the care provided. All records we asked for were kept securely but easily accessible.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.