

Cygnet Care Limited

The Moorings

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Care service description

The Moorings is a residential care home for up to 53 older people, some of whom may be living with dementia. In the older part of the home, there are some bedrooms on the first floor with a new, large lift for people to access both floors. The remainder of the service is purpose built with single storey, level access throughout. At the time of this inspection, there were 43 people living in the home.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

Why the service is rated Good:

Staff continued to help keep people safe from the risk of harm or abuse. The management team assessed risks to people's safety and staff followed guidance for minimising these. There were enough staff to support people safely. Recruitment processes contributed to protecting people from the employment of staff who were unsuitable to work in care. Staff supported people safely with their medicines.

Staff supported people competently and effectively. Staff supported people to have choice and control of their lives and in the least restrictive way possible. People had a choice of enough food and drink to keep them well, and staff support in this area if they needed help. Staff monitored people's health and wellbeing and sought professional medical advice promptly when people needed this.

Staff had developed warm and compassionate relationships with people and supported them in a caring manner. Staff respected people's choices and privacy and encouraged people to maintain their independence.

Staff were aware of people's preferences, what was important to them, their hobbies or interests and supported people to maintain these. People were able to keep in touch with their friends and family. People were confident that, if they needed to, they could make a complaint about their care and have their concerns investigated and addressed.

There was stable and consistent leadership within the home, contributing to good staff morale and teamwork. People's views were taken into account in the way the service was operating and there were regular checks to see what improvements could be made to ensure a good quality service.

Further information is in the detailed findings for this report.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

The Moorings

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 checked 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 was a comprehensive inspection. It took place on 17 and 19 May 2017 and the first day was unannounced. It was completed by one 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.

Before the inspection, we reviewed all the information we held about the service. This included information about events happening within the service and which the provider or registered manager must tell us about by law.

During our inspection, we spoke with the registered manager, deputy manager and two of the company directors. We also spoke with the training manager, cook and three members of the care team. We gathered views from eight residents and four visitors. We observed how people were being supported. We also 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 checked records associated with the care of four people and medicines records for four people. We also reviewed records to do with the quality and safety of the service. This included the director's checks on the quality and safety of the service, staff training and recruitment records and the results from consultations with people using the service or their representatives.

Is the service safe?

Our findings

The service was still helping to protect people from the risk of harm or abuse. One person told us, "Oh yes I feel safe, staff are very good." Another said, "Staff are always available, always very helpful and understanding, that's what makes me feel safe." Visitors to the home were also confident that staff helped to protect their family members from the risk of harm or abuse. One visitor told us, "For a couple of weeks we worried, but whatever she's like, she is safe and we are confident of that." Staff knew how to protect people from harm and abuse and understood the importance of reporting any concerns promptly so they could be followed up.

All of the visitors spoken with were confident that staff tried to minimise the risk of accidents. One visitor told us, "Staff are aware [person] can fall and they watch her." Another commented that their family member had fallen. However, they knew the person wanted to move around and staff "...can't be everywhere." People who needed staff to operate the hoist to assist them with their mobility, said they felt safe while this was happening. For example, one person told us, "It's good here. When I get hoisted I feel safe, they are very good, I couldn't speak better of them." The staff team continued to assess risks to people's safety and welfare. This included risks relating to people's mobility, their skin integrity, choking and from not eating or drinking enough. Staff knew the action they needed to take to promote people's safety.

The directors assessed risks within the environment and ensured equipment was properly serviced to ensure it was safe to use. Staff were trained in fire safety and in first aid so they could respond in an emergency.

There continued to be enough staff to support people safely. We observed that staff responded quickly to call bells. One person who needed two staff to help them commented that they sometimes had to wait a little while for support. However, others were very happy that staff were available to them when they were needed. One person told us, "I am always left with an alarm and they come pretty quickly I can tell you."

Recruitment practices contributed to protecting people from staff who were unsuitable to work in care. References and enhanced checks of applicants' backgrounds were completed before staff were confirmed in post. The provider's application form asked for employment histories for the last ten years rather than a full history, but backgrounds of prospective staff were discussed at interview. One of the directors amended the application form straight away to prompt applicants to provide full information for their records.

Staff continued to manage medicines competently and safely. A person told us, "My medicines are given regularly, if I needed more they would get that organised." Staff checked medicines records regularly so any anomalies would be identified and investigated promptly. We observed staff following safe practices in preparing medicines for administration, checking people's records and their medicines labels. Staff were trained and assessed as competent before they took responsibility for administering people's medicines.

Is the service effective?

Our findings

The service continued to support people effectively with their care. One person said, "They [staff] are very competent." A visitor told us, "Staff are trained and they have meetings every day so they know what's going on." The training manager monitored staff training to ensure this was up to date. The management team used a checklist to make sure new staff understood their induction training and assessed their competence to work with people. Staff received regular opportunities to discuss their work and training needs.

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. 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).

Staff understood the need to seek people's consent for them to deliver care and we saw them asking people if they needed support. Staff described how refusals were respected and that they would return later to offer assistance if care was essential in a person's best interests. Care records contained copies of Lasting Powers of Attorney (LPA) authorised in accordance with the MCA and the decisions the LPA could make. The registered manager was aware of the importance of protecting people's rights and that any restrictions essential for people's safety were properly authorised in accordance with the DoLS.

People had a choice of food, which they selected the previous day. This meant that people living with dementia might have forgotten what they chose but people said staff would make them something else if they changed their minds about what was on offer. The cook explained how they prepared food to meet specific dietary needs. One person said that staff had made a mistake with their meal but put it right straight away. Fortunately, the person recognised this for themselves although there may have been adverse effects if the person had been living with dementia. They told us, "I am a coeliac, I am very limited. If they can they will give me the same as everyone else but gluten free, they have a good idea of what I can have."

People received support to eat and drink when they needed it. We noted that there was variable practice in offering choices of drinks to people. Two areas of the home had three flavours of cold drink available and one area had only one.

People received support to maintain their health. One person told us, "The doctor came today, mention it to any of the staff and they will organise it." Another person said, "If you are not well they will look after you." Records showed that people also received support from other health professionals including the district nursing team, speech and language therapy and the dietician.

Is the service caring?

Our findings

The service people received remained caring. Staff had continued to develop warm and compassionate relationships with people. During our formal observations, there were no poor interactions between staff and people living with dementia. Staff offered people gentle encouragement and chatted quietly with people while they provided support. The atmosphere was calm and relaxed.

One person told us, "Sometimes you can feel a bit low and they will comfort you." Another person said, "The staff are very reassuring, kind, and helpful." We saw one person who had become distressed, receiving a hug from a member of staff. Another person, who was anxious and tearful, was reassured and comforted. A staff member stroked their arm and spoke gently with them. A visitor to the home told us, "I think very highly of the care, it's a lovely building but the staff make it a combination that you can't beat." Another visitor said, "It's brilliant care ... their patience is amazing."

People were not always clear how they were involved in choosing the way they wanted their care delivered. However, one person told us, "Once a week they get together and discuss us." They felt that staff knew about the support they required. Another person told us how staff understood their preferences for where they spent their time and respected their wish to have their room door locked. Visitors told us that staff kept them informed about anything affecting the wellbeing of their family member. One visitor told us that staff did consult them from time to time, about what they felt the person would like. We saw staff asking people what they would like to do, whether they needed any help and where they wanted to spend their time.

Staff engaged with people's visitors warmly, welcoming them into the home and greeting them by name. One person told us, "If I have a visitor they always make them a drink, anyone can visit when they want. My family visit a lot." A visitor also explained to us how welcoming they felt staff were. They said, "Staff have made me feel so at home here, they give me a meal every day. It's their care, help and kindness that has helped me accept the situation."

Seven out of eight people we spoke with felt that staff respected their dignity and privacy although one person's reported experience was not the same. That person told us, "They don't really cover me up when they wash me, you get used to that." Other people were happy that their privacy was respected. For example, one person told us, "They cover you up with towels mostly. They draw the curtains when they undress or put you on the toilet." A visitor told us that it was important to their family member to be well dressed. They said, "She is always nicely presented, they took in what she looked like [when she moved here] and have carried that on." They told us that, although their family member could not communicate verbally, "I can tell she is content."

Staff encouraged people to be as independent as they could be. One person told us, "They encourage us to do it ourselves which is good. It can be easier to do it for you." Another person said, "Is easy to lay back and do nothing. They [staff] set you up for a wash in the morning and leave you for a while and come back and see how you are getting on."

Is the service responsive?

Our findings

People continued to receive a service that was responsive to their needs. Care staff and the registered manager were able to tell us in detail about people's individual preferences, likes and dislikes. People and their visitors told us that they felt staff understood their needs. For example, one person said, "They know us pretty well, like what sort of tea and coffee we like." A visitor told us, "Once they [staff] get to know people they are very good."

People's needs were assessed before they moved into the home, so that the management team could be sure they would be able to meet people's needs properly. We noted that the registered manager gathered information about someone's support before their move to the service. They arranged to gather further information from the person and their family members when they arrived to help staff meet the person's needs and preferences.

People told us that there were lots of things for them to do to occupy their time. One person did say that they would like to see more happening to meet their religious needs as there had not been a service since Easter. However, people were generally content that there were activities they could join in with if they wanted to. For example, one person said, "It can be very interesting... They have activities, its poetry this afternoon which is nice." Another person told us, "Yesterday they had the school children in for a sing song." They went on to tell us, "At Christmas we went to two pantomimes, they were very good... they took us to a horse sanctuary. They are quite good at that stuff." A third person commented, "They have bingo, boules, we enjoy the quizzes. I have started painting again since I've been in here. I haven't watched much telly since I've been in here."

We saw that people spent time freely walking around the landscaped gardens. This included one person who wanted to go out while it was raining. Staff encouraged the person to make sure they had on their shoes and coat before they went.

People and their visitors expressed their confidence that the staff and registered manager would deal with any complaints they had. For example, one person said, "They [staff] are helpful, understanding. If you have a problem they would sort it out." A visitor told us, "They say to us if you have any questions, any concerns, we can go to any of them, any of the staff, they always have an ear for us." The registered manager or one of the directors followed up any concerns and recorded the action they had taken to investigate and address them.

Is the service well-led?

Our findings

The service continued to be well managed and well-led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 for The Moorings had been in place for a long time, as had the deputy manager, providing consistent and stable leadership for the service. The registered manager had a thorough knowledge of people using the service. The information she gave us was consistent with the description of people's needs contained within their care records. She also understood their obligations for meeting regulations and the information they must share with the CQC.

People and their visitors felt the registered manager was approachable and accessible and ran the service well. One person told us, "Here the manager is out and about [around the home] all day." Another person said, "We are very happy here. It is delightful, very calm and in order. I couldn't wish for anything better." A third person said they felt, "The standard is first class." Staff were confident in the leadership of the service and that the management team would deal with issues they raised if they needed to report poor care practices.

The directors of the company visited the service regularly. One director completed monthly visits, and more in depth quarterly audits. These included discussions with people using the service, their visitors and staff. Their reports showed whether there should be improvements and who would take action. They also monitored whether the management team were meeting expectations for example, with internal checks they completed. The directors told us how they had arranged visits to learn from best practice in other care services and drive further improvements at The Moorings.

The directors completed formal surveys each year to ask people for their views. They analysed the responses and compared them year on year. This showed how the service was performing and whether they needed to take action to improve or maintain standards. A visitor described action the directors of the service had taken and said, "It's all about their [people's] wellbeing."

There was a core of long-standing staff members who were confident about their roles and what was expected of them. They describe morale and teamwork as good. A newer staff member was confident that they were supported in their role and included as part of the team. All of the staff interviewed spoke enthusiastically about their work and told us they enjoyed working in the service. All of them said that they would be happy for a relative of theirs to be cared for at The Moorings.