Moulsham Residential Home (Chelmsford) Limited

Moulsham Home

Inspection report

116-117 Moulsham Street
Chelmsford
Essex
CM2 OJN
Tel: 01245 350750
Website:

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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

Overall summary

This inspection took place on 6 August 2015 and was unannounced.

Moulsham home provides accommodation and care for up to 19 people, some of whom may be living with dementia. There were 19 people living at the service at the time of our inspection.

The service has 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.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were appropriate arrangements in place for medication to be stored and administered safely, and there were sufficient numbers of care staff with the correct skills and knowledge to safely meet people's needs.

Summary of findings

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLs and associated codes of practice.

People had access to healthcare professionals. A choice of food and drink was available that reflected their nutritional needs, and took into account their personal lifestyle preferences or health care needs.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times.

People and their relatives were involved in making decisions about their care and support.

People were treated with kindness and respect by staff who knew them well and who listened to their views and preferences.

People were encouraged to follow their interests and hobbies. They were supported to keep in contact with their family and friends.

There was a strong management team who encouraged an open culture and who led by example. Staff morale was high and they felt that their views were valued.

The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff understood their responsibilities to safeguard people from the risk of abuse.

The provider had systems in place to manage risks. Staff understood how to recognise, respond and report abuse or any concerns they had about safe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Good

Is the service effective?
The service was effective.

Staff received effective support and training to provide them with the information they needed to carry out their roles and responsibilities.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

Staff knew people well and understood how to provide appropriate support to meet their health and nutritional needs.

People had access to healthcare professionals when they required them.

Good

Is the service caring?
The service was caring.

People were treated with respect and their privacy and dignity was maintained.

Staff were kind and considerate in the way that they provided care and support.

Good

Is the service responsive?
The service was responsive.

People and their relatives were consulted about the people's needs and preferences.

Care plans were comprehensive in detail. This supported staff to provide care and support which reflected people's preferences, wishes and choices.

People who lived at the home and their relatives were confident to raise concerns if they arose and that they would be dealt with appropriately.

Good

Is the service well-led?
The service was well-led

There was a positive, open and transparent culture where the needs of the people were at the centre of how the service was run.

The registered manager supported staff at all times and led by example.

Good

Summary of findings

Staff received the support and guidance they needed to provide good care and support and staff morale was high.

The service had an effective quality assurance system. The quality of the service provided was regularly monitored and people were asked for their views.

Moulsham 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 6 August 2015. It was unannounced and was carried out by one inspector.

We reviewed all the information we had available about the service, including notifications sent to us by the provider. A notification is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with three people who used the service, the registered manager and three care staff. We also spoke with three relatives that were visiting at the time of our inspection, and made telephone calls to two healthcare professionals following our visit.

Some people had complex needs and were not able to speak with us, therefore we used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in the communal part of the house and 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 to us.

We reviewed four people's care records, three medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction and training schedules and a training plan. We also looked at the service's arrangements for the management of medicines, and records relating to complaints and compliments, safeguarding alerts and quality monitoring systems.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "I feel safe here, they wouldn't let anything happen to me. If I was worried I would speak with [manager] or the staff."

All of the relatives we spoke with told us they considered the service was a safe place for their relative to live and had no concerns. One relative told us, "We looked around a few homes before we chose this one. When we visited we could see that people were well cared for, the atmosphere in the home felt warm and welcoming, and we thought they would be safe here and well looked after."

There were policies and procedures regarding the safeguarding of people. Staff had received training, and understood their roles and responsibilities to recognise respond to and report any incidents or allegations of abuse, harm or neglect. It was evident from our discussions with them that they had a good awareness of what constituted abuse or poor practice, and knew the processes for making safeguarding referrals to the local authority. Our records showed that the manager was aware of their responsibilities with regards to keeping people safe, and reported concerns appropriately.

People's risks were well managed. Care records showed that each person had been assessed for risks before they moved into the home and again on admission. Any potential risks to people's safety were identified. Assessments included the risk of falls, skin damage, and nutritional risks, including the risk of choking and moving and handling. Where risks were identified there were measures in place to reduce them where possible. For example some people were on a soft diet to reduce the risk of choking. All risk assessments had been reviewed on a regular basis and any changes noted.

We saw that there were processes in place to manage risks related to the operation of the service. These covered all areas of the home management, such as gas safety checks and the servicing of lifts and equipment such as hoists used at the home. There were appropriate plans in place in case of emergencies, for example evacuation procedures in the event of a fire.

People told us there were enough staff available to help them when they needed assistance. One person told us, "I think that there are enough staff here, when I need them they are here to help, I never have to wait very long." A relative told us, "I think there are enough staff, more importantly it's the same staff so they know people well."

The manager explained how they assessed staffing levels and skill mix to make sure that there were sufficient staff to provide care and support to a high standard. Staffing rotas showed the home had sufficient skilled staff to meet people's needs, as did our general observations. For example, people received prompt support and staff were unhurried. The manager told us that they employed a full time cleaner as well as two cooks, this enabled the care staff to focus solely on the care required to meet the needs of the people that used the service, without having to carry out any other duties.

Staff recruitment files demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS). This scheme enables the provider to check that candidates are suitable for employment. People could be assured that their needs were being met by staff that had been assessed as safe and competent, with the necessary skills for the job role they had been employed for.

People were satisfied with the way their medicines were managed. People were protected by safe systems for the storage, administration and recording of medicines. Medications were securely kept and at the right temperatures so that they did not spoil. Medications entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We saw staff administer medication safely, by checking each person's medication with their individual records before administering them, to confirm the right people got the right medication. Staff had received training to administer peoples' medication safely. Competency assessments had been carried out on staff on a regular basis this included observations carried out by the manager.

Is the service effective?

Our findings

People and their relative told us the staff met their individual needs and that they were happy with the care provided. One person told us, "The staff know me and know what I need and when I need things done for me." One relative told us, "Excellent home, they certainly meet [relative] needs."

Staff told us they felt they were supported with regular supervision and annual appraisals with their manager. This enabled staff to discuss their performance and provided an opportunity to plan their training and development needs.

Staff received training and support which equipped them for the roles they were employed to perform. All of the staff we spoke with told us they had been provided with training relevant to their job this enabled them to carry out their roles and to understand and meet people's needs. This was confirmed from a review of the manager's training matrix where they logged all staffs' training. During our inspection we witnessed one person have a fall, the staff showed competency in assisting the person to their feet using a lifting aid. The staff reassured the person throughout the process in a calm, caring way, explaining each step of the way what was going to happen next. The staff showed compassion and empathy towards the person, and tried to make sure they were comfortable afterwards by helping them into a chair and staying with them until they felt reassured.

The manager and staff had attended training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. Care plans for people who lacked capacity showed that decisions had been made in their best interest. These decisions showed that relevant people such as people's relatives and other health and social care professionals had been involved. Staff knew how to support people to make decisions, and were clear about the procedures they must follow if an individual lacked the capacity to consent to their care and treatment. People's capacity to make decisions had been appropriately assessed and regularly reviewed. Staff asked people's consent before care and support was given. We observed staff asking people throughout the day before assisting them with tasks, such as where they would like to sit or what would they like to eat and when supporting people to transfer.

People told us they enjoyed the food and were given a choice of meals and drinks. One person said, "The food is lovely, I have put weight on since I moved in." Another person said, "The food is ok, sometimes it is a bit sweet for my liking." We saw people supported to have sufficient to eat and drink. Staff encouraged people to try new dishes, and reassured them that they could have something different if they did not like it. People's likes, dislikes and special dietary requirements had been considered when planning the menus. We saw evidence in service user meeting minutes, of discussions having taken place around the menu.

We saw that drinks and snacks were available throughout the day. People's health requirements were known to staff so that people received the food they needed. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. One person was given 'build up drinks' because they only ate very small amounts. This showed us their individual needs were being appropriately addressed and managed.

People told us their health care needs were well supported. One person said, "I go to the dentist, the staff take me." People had been regularly weighed and where necessary, referrals had been made to relevant health care professionals. The service had appropriately assessed people's nutritional needs and the Malnutrition universal screening tool (MUST) had been used to identify anyone who needs support with their diet. The service also had regular contact with the GP and other health care professionals that provided support and assisted the staff in the maintenance of people's healthcare. These included district nurses, the chiropodist, dietician, speech and language therapists (SALT) and social workers.

Is the service caring?

Our findings

All of the people we spoke with including relatives were complimentary about the staff and the manner in which people were cared for. People told us that the staff were gentle, caring and kind. One person said, "I think I am very lucky this is a wonderful place to live. The staff are so gentle when they help me get dressed." Comments from relatives about their positive experiences when visiting the service included, "The staff are all so lovely and caring, and they really do care." Another person told us that the manager was very caring and supportive. "[Manager] always makes you feel at home, we can visit whenever we want to."

Whilst we were unable to speak with some people due to their communication needs, we spent time observing the care they received. All of the interactions with people were considerate and the atmosphere within the home was welcoming, relaxed and calm.

Staff demonstrated affection, warmth and compassion towards the people they were supporting. For example, people made eye contact by kneeling or sitting next to them and listened to what people were saying, and responded accordingly. People were not rushed they were given time to respond to a question. One relative told us, "The staff listen to us we feel we are able to say anything to them." There was a warm and friendly atmosphere in the home with lots of laughter and humour being shared amongst the staff and residents.

People were involved in their care planning and were included in making decisions about how their care needs should be met. Where this was not possible relatives were sometimes involved. One relative told us, "We are fully involved in [relative] care plan, we really felt like we were listened to."

We looked at four people's care plans and saw that they contained comprehensive information about people's needs and preferences. The information was clear and there was sufficient detail to enable staff to provide consistent care.

People told us they were treated with dignity and their privacy was respected. One person told us, "I like to stay in my room and the staff respect that, they ask me if I want to go downstairs but I don't." We saw that staff knocked on people's doors and waited for a response before entering, this showed us that people were treated with respect. Some of the bedrooms were double occupancy, and where this was the case, measures had been put in place that enabled people's privacy and dignity to be maintained. When they wanted privacy a curtain to divide the areas was available which provided an adequate screen.

There were systems in place to request support from advocates for people who did not have families. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Is the service responsive?

Our findings

People and their relatives told us that they felt the service met their needs and they were satisfied with the care and support they received. They said they had been given the appropriate information and the opportunity to see if the service was right for them prior to moving in.

The manager carried out a detailed assessment before people moved into the service. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to each person. This assessment identified choices of life-style so this could be integrated into the care plan. This included detail such as the time people liked to get up and any interests and hobbies they had or would like to pursue.

There was evidence that people's wishes and preferences were included in their care plans wherever possible. Relatives said that they were fully involved in decisions about their relative's care. Each person who lived at the home had been involved with recording their life history, in addition support had also been sought from relatives where it was appropriate. This information enabled staff to chat with the people about their family and reminisce about their life and personal experiences. We observed this during our visit, staff sat next to one person and chatted to them about their family.

There was a range of activities available in the home, and people were encouraged to make choices about where they wanted to be during the day and what activities they wanted to participate in. These included arts and crafts, reminiscence or singing sessions, as well as one to one activities. During our inspection we observed staff reading the daily newspaper with people and having discussions about its contents. We also saw one person was having a manicure. People's individual interests and hobbies were encouraged and supported whenever possible, this included painting and supporting people to complete jigsaws. There were outside entertainers arranged, who regularly visited the home. One person described the range of activities with enthusiasm as they had particularly liked it when some owls had been brought to the service and 'animal allsorts' had visited.

We saw that the manager routinely listened to people through care reviews and organised meetings. The staff said that 'residents meetings' were held once a month. From looking at the minutes of the meetings, we saw that feedback was sought about the entertainment and any preferences about what they would like to do were considered when the activity schedule was planned.

The service had a complaints policy and procedure which was available and within easy access to all people that used the service. One person told us, "I have no complaints, I think I am very well looked after." Two relatives informed us they would have no hesitation in complaining if the need arose. One person informed us that the staff were highly responsive to requests and through this proactive and attentive approach; matters did not escalate to a complaint. At the time of inspection there were no outstanding complaints however, records of complaints received previously showed that they were acted upon promptly and were used to improve the service. Feedback had been given to people explaining clearly the outcome and any actions taken to resolve concerns.

Is the service well-led?

Our findings

A relative told us, “I can’t praise the manager highly enough.” Another relative said, “The home appears well managed. There’s a friendly and cheerful atmosphere. I can’t think of anything that could be better.”

The manager provided visible leadership within the home and led by example. This encouraged staff to follow their lead and therefore provide the best quality care. A relative told us that they were very impressed with the manager’s caring attitude when they were first shown around the service. They said the manager’s priority was always the welfare of the people in the home and not just trying to attract new people. Another person told us, “The manager is so approachable, we never have a problem talking to [manager] about anything.”

We observed the manager interacting with people in a positive caring way. They told us they worked on shift when the need arose to support the staff. Staff confirmed this and told us, “[Manager] is always there to support us if we need her to, and she will do anything to help.”

Staff said they enjoyed working at the home, one told us, “I enjoy working here. Morale is good at the home and the manager is approachable, always there for us.” They explained that the team, which consisted of both new and more established members, worked well together and supported each other. Staff felt able to raise concerns or make suggestions for improvement. They told us that communication was always inclusive and they were kept fully informed about any proposed changes. We saw evidence of this in the staff meeting minutes and also daily handover logs.

Actions were taken to learn from accidents and incidents. These were monitored and analysed to check if there were any emerging trends or patterns which could be addressed to reduce the likelihood of reoccurrence. Attention was given to see how things could be done differently and improved, including what the impact would be to people. We saw that one person following the analysis of an incident, had a referral made to a healthcare professional.

The manager carried out a range of audits to monitor quality within the service. These included health and safety checks, monitoring the management of medication, support plans and infection control monitoring. There was evidence that action plans had been implemented and followed up when areas for improvement were identified.

We saw that the manager had carried out food evaluation surveys and responded to comments by altering the menu. The manager told us that they were in the process of sending out this year’s annual satisfaction survey, which was designed to give people the opportunity to share their views. We saw that the information the previous year had been collated, and action had been taken to taken to address any issues that had arisen. For example, more activities had been purchased.

Care files and other confidential information about people were kept in the main office. This ensured that people such as visitors and other people who used the service could not gain access to people’ private information without staff being present.