HC-One Limited

Moss View

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

The inspection was carried out on 10 October 2016 and was unannounced. Moss View is registered to provide accommodation and support for up to 78 people. The home supports people living with dementia, and people who have both nursing care needs and personal care needs. At the time of our inspection 72 people were living there.

A separate unit known as Dodd unit provided care without nursing for people living with dementia. This unit provided two lounges and a dining room for people to share. The rest of the home was for people who had nursing and non-nursing needs. The ground floor had three big lounges and a dining room, with a sitting area in the entrance. The first floor had a small lounge.

The home did not have a registered manager. 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. A manager had been appointed to manage the home and had applied to become the registered manager.

The manager was familiar with the home and how it operated and was enthusiastic about further developing the service provided.

During the inspection we spoke individually with eight of the people living at the home and with four of their relatives. We also spoke individually with eight members of staff who held different roles within the home. We examined a variety of records relating to people living at the home and the staff team. We also looked at systems for checking the quality and safety of the service.

People told us that they though Moss View was a safe place to live. Safeguarding policies and procedures were in place to provide guidance for staff and these had been followed when needed. People felt confident to raise concerns or complaints and systems were in place for dealing with them.

People's legal rights were protected and they were supported make as many decisions for themselves as possible.

Medication was safely managed with systems in place for minimising the risks of errors occurring. People received their medication on time and as prescribed. Staff were aware of people's health care needs and monitored their health, providing the support people needed.

People's support needs were assessed and evaluated regularly. Care plans contained information about the person, how they communicated and decisions they could make. This meant staff had up to date guidance available on how to support people safely and in line with their wishes.

People were able to personalise their bedrooms if they chose to do so. The home provided equipment to support people with their mobility and health. A lift was available and corridors were wide enough for people using a wheelchair or mobility aid to get around easily. Externally a number of enclosed areas were available, not all were currently in use. .A full refurbishment of the home was planned by the provider to take place in 2017.

Staff knew people well and spent time talking with them and meeting or anticipating their support needs. Staff were busy but able to meet people's care needs. Procedures were in place and followed for recruiting new staff. These were not always robustly recorded. Staff had a good understanding of their role in supporting people, received training and used this to suggest improvements to the service they provided.

People had plenty to eat and drink and could request an alternative at mealtimes. Staff monitored people's food and drink intake and the quality of meals provided.

Systems were in place for auditing the quality of the service and were effective at identifying areas where improvements could be made.

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.

Safeguarding policies and procedures were in place and followed by staff.
People's medication was safely managed.

The environment was safe, clean and hygienic.

Staff were busy but able to meet people's care needs.
Procedures were in place and followed for recruiting new staff.
These were not always recorded as robustly as they could be.

Is the service effective?

Good

The service was effective.

People received the support they needed with their health care.

People's legal rights were protected and they were supported make decisions for themselves.

People had sufficient to eat and drink and could request an alternative. Staff monitored people's food and drink intake and the quality of meals provided.

Staff had a good understanding of their role in supporting people, received training and used this to suggest improvements to the service provided.

Is the service caring?

Good

The service was caring.

Staff had built positive relationships with people living at Moss View and people responded positively to staff approaching them.

Staff knew people well and spent time socialising with people as well as meeting their care needs.

Relatives were confident people were looked after by a caring

staff team.

Is the service responsive?

Good

The service was responsive.

Staff responded quickly to requests for support and anticipated people's needs where they could not make a request.

People's support needs were assessed and up to date guidance was available to inform staff on how to support people safely and well.

People felt confident to raise concerns or complaints with staff and systems were in place for dealing with them.

Is the service well-led?

Good

The service was well led.

The home had a manager who had applied to register with CQC.

Systems for auditing the quality of the service were in place and effectively used.

Plans were in place to improve the quality of the service provided.

Moss View

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.

The inspection was carried out on 10 October 2016. Two Adult Social Care (ASC) inspectors carried out the inspection which was unannounced.

Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives and any information sent to us by the home.

During the inspection we looked around the premises and met with many of the people living at the home, eight of whom we spoke individually with. We spoke with four relatives of people living at the home and with eight members of staff who held different roles within the home. We also spoke with a visiting health professional.

We spent time observing the day to day care and support provided to people, looked at a range of records including medication records, care records for six of the people living there, recruitment records for four members of staff and training records for all staff. We also looked at records relating to health and safety and quality assurance.

Good

Is the service safe?

Our findings

People's relatives' told us that they thought Moss View was a safe place to live. One relative commented, "I have peace of mind, she's safe here."

Information about safeguarding adult's and how to report a concern was readily available within the home. A safeguarding noticeboard in the main corridor gave information about safeguarding including numbers that people could call to report any concerns. Further information was also available on Dodd unit. Staff had a good understanding of safeguarding adults and told us that they would not hesitate to report any concerns that they had. One member of staff gave us an example of a concern that had arisen and described how they had reported it appropriately.

Information about whistle blowing along with who to contact was also available within the home. Whistle blowing protects staff who report something wrong in the work place that they believe is in the public interest. In discussions with staff we found that they had a good knowledge of whistleblowing and how to use the policy if they needed to.

Records showed that potential safeguarding had been reported to the applicable authorities and the home had co-operated with any investigations.

Systems were in place and followed for recording any accidents or incidents that occurred at the home. These had been audited to check for any emerging patterns that could be addressed to reduce future occurrences. In discussions with staff they displayed a good understanding of the actions they should take in the event of an accident or incident occurring.

The home had been awarded a four star food hygiene rating from Environmental Health in February 2016. This is the second highest rating that can be awarded. All parts of the home appeared clean and there were no unpleasant smells. An NHS infection control audit had been carried out on 30 September 2016 and recorded a score of 91.85%. The laundry had a separate room where clean clothing was folded and put into individual baskets to ensure it was separated from dirty laundry. This helped to reduce the risk of cross contamination occurring.

Maintenance files showed a series of checks had been carried out including safety checks of profiling beds and wheelchairs and checks of hot water and emergency lights. Up to dates checks and certificates were in place for gas and electrical safety, legionella testing and small electrical appliances. Records confirmed that moving and handling equipment, the call bell system and passenger lift had been tested regularly to ensure their safety. These tests and checks help to ensure that the building is safe for people living, working and visiting it.

Systems were in place for checking the fire system worked safely. This included an up to date fire risk assessment, regular testing of the fire alarm system and emergency lights. Two practice fire drills had taken place in 2016 and we saw that evacuation aids were available at the top of each staircase.

There was an emergency file in the main corridor outside the nurses' office. This contained a copy of the fire risk assessment, the fire procedure and contingency plan. There were also personal emergency evacuation plans for each of the people who lived at the home. It was a very full and heavy file and contained some old documents that could be removed in order to make it more easily manageable if an emergency occurred. There was a spacious medication store room on the ground floor which was clean and reasonably tidy. Medicines in current use were kept in three trolleys, one for the ground floor and two for the first floor. In the trolleys there was a name labelled plastic box for each person making it easy to locate their medications. There was appropriate storage for controlled drugs and medication that required refrigeration. Medicines were stored at safe temperatures.

Medicines were dispensed in their original packaging and daily running totals were recorded on the medication administration record (MAR) sheets. All controlled drugs were checked twice a day on shift handovers and this was recorded in the controlled drugs register. Where medication was prescribed to be given 'as required', written protocols were in place to ensure consistency of administration. These were reviewed every three months. Also included in the MAR sheet folder were records of blood glucose testing for people who required insulin injections, and body maps to show where patches had been applied. The checks carried out helped to reduce the risks of medication errors occurring.

We looked at current MAR sheets and archived MAR sheets which were filed with people's care notes and saw that these had been completed well. These showed that people had received their medication as prescribed by their doctor.

The systems in place helped to ensure people received their medication as prescribed and on time. On Dodd unit we observed medication being given out. We saw that people were not rushed when offered their medication and given the time to take it with a drink. However we also observed that the person giving out medication was interrupted on a number of occasions by the phone, people living at the home and staff. These interruptions could lead to people receiving their medication later than they should and to potential errors occurring.

People had differing views as to whether there were sufficient staff working at the home to meet people's needs in a timely manner. One person told us they sometimes waited for a long time to use the commode because they needed two members of staff to help them transfer. Two visitors we spoke with considered that there were not always enough staff.

Some of the staff we spoke with told us that they found there were generally enough staff to support people. Other staff said that as people's needs had increased there were times when they felt under pressure. Their comments included, "Some days it's hard. Very busy," "There's pressure on staff. People's needs have increased," and "Some days its fine. It's unpredictable. Most days we can manage but would like to spend more time with service users."

During the inspection we saw that staff appeared busy but were able to respond to people's requests for support or to provide help where people needed it in a timely manner.

We looked at recruitment records for four members of staff who had recently commenced working at the home. Copies of the person's application form and identification had been obtained. We also saw that two references had been obtained for each member of staff. However the detail and quality of some of these references lacked sufficient information to support making a decision regarding employing the person. One person's files contained a letter from a past employer stating, 'I am not in a position to give you a reference'. The provider did write again asking for a name of someone they could speak to and received a response

stating, the dates the person had worked for the past employer.

A second person's file contained a reference stating they were not always reliable and that the past employer would not re-employ them. The second reference for this person said that as they had not worked directly for the past employer they 'could not give any details.'

A senior manager from the organisation explained that assessments for employing people without robust references would have been carried out but were not on file at the home. Where a past employer cannot or will not give a detailed reference for the member of staff then the provider should carry out a risk assessment, record the actions they have taken to obtain and verify references or explore other referees. They should then make a record of why and by whom the decision was taken to employ the person and any risk management strategies that may be needed. This would help to make the recruitment process more transparent and robust.

Good

Is the service effective?

Our findings

Staff told us that they had received training from the organisation in a variety of subjects related to their role. They explained that recently a lot of the training had been via computer learning and they had not found this particularly valuable or easy to do. Their comments included, "I think you learn more in a group. It is more valuable," "I like it when somebody came or we did courses," and "I would like some face to face". A member of staff explained that the home had recently purchased a laptop that staff could use for training and said that they thought this would make it easier for them to do their on-line training. Other members of staff discussed with us what they had learnt about supporting people living with dementia and how they would like to use this to improve the service they provided.

Records of training were up to date and clearly recorded the training staff had undertaken and where training was due to expire, was booked or needed to be booked. This showed that staff had undertaken courses in a number of applicable subjects including, safeguarding adults, moving and handling and food safety. Training had been provided in treating people with respect and understanding their mental health, this included training in equality and diversity, understanding the Mental Health Act and Deprivation of Liberty Safeguards, understanding dementia and creating therapeutic relationships. In addition some staff had undertaken training in supporting people with their health. These courses included, phlebotomy, promoting healthy skin and catheter care.

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 be 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 and found that they were.

People living at the home had been assessed to establish whether they would benefit from the protection of a DoLS. Where the assessment indicated that the person would then an application had been made to the relevant authorities.

Staff knew about DoLS and how they could affect the support they provided for people and a senior member of staff told us that they had explained this to people's families. Where people had a DoLS agreed this was clearly recorded in their care plan to provide guidance for staff to follow.

Staff had undertaken a number of assessments of people ability to make decisions and where aware that

people may be able to make some decisions easier than others. For example one plan contained an assessment which showed that the person could not understand and agree to their care plan therefore it had been discussed with a relative. However elsewhere it recorded that the person could choose what they liked to eat. This is good practice as it ensures people are supported to make as many decisions for themselves as possible.

Information about the Mental Capacity Act and Deprivation of Liberty Safeguards was displayed in the foyer for staff and or visitors to easily access.

We asked people if they enjoyed their meals and one person told us "Some days are better than others but there is always an alternative. There is more than enough to eat." Another person said "The majority of meals are OK and you can always get something else."

A member of staff told us that they monitored the amount and quality of meals provided and if they did not feel the food met people's needs then they requested alternatives from the kitchen. We saw records of any concerns that staff had raised regarding the meals provided.

Jugs of juice and cups were available in the lounges on Dodd unit throughout the day. We also saw that people were offered a hot drink at regular intervals.

In the main part of the home the dining room had tables to seat up to four people. The tables were set nicely before lunch with coloured table cloths and matching napkins and a small glass vase with a flower in. The day's menu was displayed on the door of the dining room. We observed part of the lunchtime meal on Dodd unit and saw that people were provided with a choice of meals. Staff sat with people and provided support and encouragement to them to eat their meal at their own pace.

Staff had a good understanding of people's meal preferences and any special diets they had. Care records confirmed that staff monitored people's food and drink intake and made appropriate referrals where any concerns arose.

A visiting health professional described the support given to people as, "Very good, attentive, caring," and said, "If we ask for things they make sure they order them or let us know."

Care records showed that people's health had been monitored and where they had a health condition a care plan was in place. This included short term care plans to provide guidance for staff. For example one care plan we looked at included a short term plan for supporting the person with shingles. Records also confirmed that referrals were made for people to health professionals when needed and advice given by the health professional was recorded and followed.

Where people required specialist equipment such as pressure relieving mattresses or cushions this was recorded and was in place for the person. Charts were maintained for people who needed their fluid intake recording or support to change their position.

The décor of the home was tired and shabby in places with a lot of dark coloured wood making some areas appear dark. We saw that efforts had been made to brighten up the environment by the use of brightly coloured pictures. The manager told us that a full refurbishment of the home was planned for 2017. This included making two separate units out of the main part of the home.

Adapted showers and bathrooms were available for people to use and equipment to support people

included call bells, specialist beds, a passenger lift and a variety of equipment to support people with their mobility. On Dodd unit photographs had been attached to people's doors and we saw that one person who had poor eyesight had a large print name on their door. This along with pictures on corridors can help people to find their way around more easily.

Externally a care park was available to the front of the home. A small reminiscence garden on Dodd unit was dishevelled and could not be used as the cobbles had been assessed as unsafe. We were told that the home hoped to refurbish this space. Enclosed outdoors spaces where available elsewhere for people to sit or walk around if they chose.

Good

Is the service caring?

Our findings

A family member whose relative had lived at Moss View until recently asked to speak with us. They told us "I want to tell you how amazing the care was. She loved it here. She loved all the staff. She enjoyed every day and joined in all the activities. I can't fault the staff, the support they gave the family was out of this world. Everything was 100%. This is the best nursing home in Merseyside."

Comments we received from relatives of people currently living at the home included, "People are always nicely dressed and have their hair done," and "The staff make the place. It's always clean and there are no smells. My relative's clothes are always clean. Families are always included and can have a meal here." They went on to tell us that staff had a good awareness of their relative's likes and dislikes and made sure they got meals they liked.

Two thank you cards received in 2016 were displayed. These contained positive comments including "The support of you and your staff has consistently helped me personally on occasions too numerous to count. I shall be forever grateful to you all." and "My wife and I were always impressed with the compassionate way you all interacted with [person's name] even with her hearing and sight loss. You also made us most welcome and your tea and cakes were delicious! We are most grateful to all members of staff and really appreciate the way you gave her quality of life."

Many of the bedrooms we visited contained people's personal belongings including family photographs, radios, small refrigerators, flowers and plants. This helped to create a comfortable atmosphere for people.

During our inspection we saw that Moss View was a busy home with visitors coming and going throughout the day. Visitors were made welcome by the staff and able to sit and chat in the lounge or people's bedrooms as the person preferred. We also saw that visitors were able to join in with activities if they wished. The general impression was of a cheerful and friendly place with lots of activity occurring.

We observed the care and support that staff offered to people living at Moss View. We saw that staff were attentive and quick to respond to or anticipate people's care and support needs. We also saw that staff took time to talk with people and socialise with them as well as meeting their needs. In discussions with staff they spoke fondly about the people they supported with one member of staff telling us "I love my job. You get satisfaction that you are making them happy."

We found that staff had a good knowledge of how to support people living with dementia and were enthusiastic to introduce some of the ideas to improve the quality of people lives that they had learnt through training or research.

Information about supporting people as they needed end of life care was readily accessible for people via a notice board in the foyer.

Good

Is the service responsive?

Our findings

Throughout our inspection we saw that when a call bell was used staff responded swiftly. We also saw that a member of staff was always present in the main lounge area to respond to any requests for support. On Dodd unit we saw that staff were visible throughout the unit and readily available to support anyone who needed it.

We looked at care files for six people. Prior to moving into the home an assessment of the person's care and support needs had been undertaken. This had provide information for a seven day plan to be written so that staff had guidance to follow when the person first moved into the home. Following this a series of assessments, risk assessments and care plans had been completed for people.

These covered areas including moving and handling, nutrition, pressure care, continence and oral health. Plans were also in place for supporting people with their dementia and with socialising. We found that the information recorded in care plans matched the information staff gave us about the support they provided and the support we observed people receiving. Care plans and assessments had been regularly reviewed and updated. This helps to check that any changes to the person's support needs are noted and addressed in a timely manner.

Where people needed support to change their position or with their food and fluid intake then charts were in place to record when this had been provided. We looked at samples of these and saw that the support people needed had been provided on a regular basis.

A visiting professional told us they had observed, "Lots of activities" taking place and added "They keep people occupied."

The home had a mini bus available which was used to support people to get out and about. Advertised activities included, chair based exercises, flower arranging, quizzes, pet therapy, films, hand massage and manicure, and Bingo. A church group was visiting on Sunday and Holy Communion would be available.

During the morning, some people were participating in chair based exercises in one of the lounges. As there was loud music playing at the same time some people did not appear able to hear or follow what was going on easily. In the afternoon we saw staff sitting with people supporting them with a variety of activities. On Dodd unit we noticed that staff spent time taking with people and interacting with them regularly. A member of staff told us that people particularly enjoyed the weekly visit from a therapy dog.

People living at the home told us that they would feel confident to raise any concerns or complaints that they had. Two of the people we spoke with said, "We're not frightened to say anything if there's something we don't like."

A policy was in place for dealing with complaints. This clearly set out how people could raise a concern and

the timescales within which their concern or complaint could be investigated.

An evidence log had been maintained of complaints or concerns received by the home along with records of the investigation. This showed that complaints had been addressed.

Good

Is the service well-led?

Our findings

The home did not have a registered manager. The previous registered manager had left in August 2016 and the current appointed manager had worked at the home in a different capacity. Therefore she was familiar with people living there, staff and how the home operated. The appointed manager had made an application to be the registered manager which was required to satisfy the registration requirements of the home.

We found the appointed manager knowledgeable about how the home was operating and aware of areas where improvements could be made to increase the quality of the service people received. We also found her enthusiastic and motivate to continue to improve the service people received.

Staff told us that in the past they had not always felt that their views were listened to and taken on board. However one member of staff told us the new manager had met with the staff team and "She seemed to take on board" their comments. Two other members of staff said they had made suggestions and asked for things that they felt would improve the service people living at the home received. For example staff said they had asked for different crockery to support people with dementia to see their food more easily and had suggested that the lounge on Dodd unit be moved so people had better access to a safe outdoor area. They told us that with the new manager in post "We are waiting to see if things improve."

A number of systems were in place for obtaining the views of people living at the home. This included monthly meetings for people living there and their families. The most recent had taken place on 22 September 2016 and 14 people attended.

In June 2016 a survey had been carried out to obtain the views of people living at the home and their relatives. People had been asked to rate the different aspects of the service as outstanding, good, requires improvement or inadequate. Overall the majority of responses said the home was good or outstanding in their opinion, with some people saying it required improvement. Nobody said they thought the service was inadequate. The answers had been analysed to establish where improvements could be made.

A series of checks and audits were in place for monitoring the quality of the service and planning improvements. These included auditing a number of care plans, medication and catering on a monthly basis. In addition audits of falls and infection control were scheduled to be carried out quarterly along with health and safety audits.

The home manager received a daily handover each day and also walked around the home. This helped to make sure she was up to date with how the home was operating and provided staff and people living there with the opportunity to get to know her and speak with her.

A senior manager from the organisation visited the home regularly and carried out a comprehensive audit. We looked at the results of an audit undertaken in August 2016. This had included speaking with people living at the home and staff, observing the support provided and examining records. The audit

acknowledged areas of good practice and set clear goals for areas where further improvements should be made. This was clear as to who should implement the improvements and the date by which they should be completed.

Any actions noted from the managers daily walk-around, audits and visits from other organisations were listed in an on-line action plan that the manager and senior staff from the organisation could access and sign off. This is good practice as it helps to ensure improvements are monitored until they are dealt with in a timely manner.