Mr S Sharp

Moormead Care Home

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

We undertook an unannounced inspection of Moormead Care Home on 23 March 2018

Moormead Care Home is a nursing care home registered to provide accommodation for up to 21 people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection'. On the day of our inspection, 19 people were being supported and one person was in hospital. The care home is located in Wroughton near Swindon. The service had been registered in March 2000 and is privately owned.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the previous inspection in 2016 the service was rated Good overall. At this inspection we found the service had remained Good overall.

People and their relatives complimented the compassionate nature of staff and told us staff were caring. On the day of our inspection we saw examples of kind and compassionate interactions that demonstrated staff knew people well. People's dignity, privacy and confidentiality were respected.

People told us they were safe. Staff knew what to do if they had safeguarding concerns and were aware of the provider's whistle blowing policy. People were supported by sufficient staff to keep them safe and the provider ensured safe recruitment practices were followed. Staff training was ongoing and the records confirmed staff received supervisions.

People's care plans contained risk assessments that covered areas such as falls, mobility or nutrition. Where people were at risk, their records outlined management plans on how to keep them safe.

People's medicines were stored securely and administered safely by trained staff.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to maintain good health and access health professionals when required.

People were complimentary about the food, and they were provided with choices at every meal.

People were assessed prior to coming to live at Moormead Care Home and people told us staff knew them well.

People's care files gave details of the level of support required and people's wishes and choices. These also contained information about people's personal histories, medical information, their likes and dislikes.

Information on how to complain was available to people and the provider had a complaints policy in place.

The registered manager ensured various audits were being carried out, where improvements were identified we found evidence that these had been carried out.

We saw that the service had an established and stable team that worked cohesively, supported each other and were well-supported by the registered manager. All staff we spoke to were committed to putting the needs of people first and providing a homely environment for people.

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 remained Good.	**Good**
Is the service effective? The service remained Good	**Good**
Is the service caring? The service remained Good	**Good**
Is the service responsive? The service remained Good	**Good**
Is the service well-led? The service remained Good	**Good**

Moormead Care 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 23 March 2018 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience in the care of older people. 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 the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

On the day of the inspection we spoke with 11 people and six relatives. We looked at six people's care records including their medicine administration records (MAR). During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a means of understanding the experiences of people who could not speak with us verbally. We spoke with the registered manager, the deputy manager, the senior nurse, five care staff, one housekeeping staff and one catering staff.

We reviewed a range of records relating to the management of the service. These included three staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. We reviewed feedback from people who had used the service and their relatives.

Good

Is the service safe?

Our findings

People continued to feel safe at the service. Everyone we spoke with told us that they felt people were always safe when living at Moormead. People's relatives also felt people were safe. They told us, "Yes I know [person] is safe here and there are enough carers too", and "I know [person] is looked after here and I don't have to worry at all when I'm not here".

Staff had the knowledge and confidence to identify safeguarding concerns and had attended training in safeguarding vulnerable people. Staff were aware of types and signs of possible abuse. One member of staff explained what signs might concern them if a person could not communicate that something had happened, "You might see it in their behaviour, they might be down in mood, changed from their usual self, withdrawn, flinching". Staff were also aware of their responsibility to report and record any concerns promptly. One member of staff explained what they would do if they had concerns, "I would tell someone straight away and record it. I would also tell [Local Authority] or CQC (Care Quality Commission) if I had to".

The registered manager had a clear understanding of their responsibilities in relation to safeguarding. Concerns were responded to in a timely manner and the registered manager had taken appropriate action to prevent further occurrences and submitted the correct notifications.

Risks to people were identified and risk management plans were in place to minimise and manage these risks and keep people safe. These protected people and supported them to maintain their freedom and independence. Risk assessments included areas such as falls, fire safety, and moving and handling. Relatives shared how these were effective. One family told us that their relative used to fall when living at home and when living in another care home, but that they had never fallen since living at Moormead Care Home. This meant the service was effectively assessing and managing risks to keep people safe.
We also found that staff took positive risks to promote independence and improve people's wellbeing, these included supporting people to make themselves cups of tea and food preparation.

There were sufficient staff to meet people's needs. One person said when asked if there was enough staff, "I think so". Other comments included: "I probably press my call button too often, but I know they will always come" and "When I press the buzzer because I want to go to the toilet they come quickly, unless there is another emergency". These comments were corroborated by our observations on the day of the inspection; call bells were answered promptly, and people were given support when they needed it. The registered manager told us, and rotas confirmed, that agency staff were not used to ensure continuity of care. Shifts were covered consistently from within the staff team.

The provider followed safe recruitment practices. Records showed that appropriate pre-employment checks had been made to make sure staff were suitable to work with vulnerable people. Staff holding professional qualifications had their registration checked regularly to ensure they remained appropriately registered and legally entitled to practice. For example, registered nurses were checked against the register held by the Nursing and Midwifery Council (NMC).

People received their medicine safely and as prescribed. The provider had a medicine policy in place, which guided staff on how to administer and manage medicines safely. During our observations staff followed it accurately. Medicine administration records (MAR) were completed to show when medicine had been given or, if not taken, the reason why. We observed a nurse administering medicines, they gave people time to understand what was happening, asked for their consent and enabled people to take their medicine safely. One person told us, "The nurse gives me my medication, [they are] very good". Audits were carried out to ensure safe medicine management, including when conducted by the pharmacy that provided the medicines.
We found that that there were robust systems in place to effectively monitor aspects of care to ensure people's safety. For example, each person had monitoring forms in their rooms to record repositioning. This enabled the service to ensure that people's comfort and skin integrity had been maintained.

The environment was clean and equipment used to support people's care, for example, weight scales, wheelchairs were clean and had been serviced in line with national recommendations. We observed staff using mobility equipment correctly to keep people safe. People's bedrooms and communal areas were clean. A relative told us, "The bedding is always immaculate". Staff were aware of the provider's infection control polices and adhered to them. We observed staff using appropriate Personal Protective Equipment (PPE), such as disposable gloves and aprons and saw evidence in records and audits that tasks involved in the prevention of infections had been completed. Infection control was thoroughly monitored and recorded, and two members of staff home, worked as infection control champions within the home, which included attending local authority infection control meetings

The provider had a business continuity plan and an emergency plan. These plans outlined the actions to be taken to ensure the safety of people using the service in an emergency situation. People had personal evacuation emergency plans in place (PEEPs). These contained detailed information on people's mobility needs and the support required in the event of a fire.
Accidents and incidents were also recorded, investigated and audited each month. This meant that action was taken in a timely way, such as making referrals to the appropriate services and following these up to ensure an effective outcome.

Good

Is the service effective?

Our findings

People received effective care from staff that were knowledgeable, skilled, confident and well trained in their practice. Records showed, and staff told us, they had the right competencies, qualifications and experience to enable them to provide support and meet people's needs effectively. One member of staff told us, "[Registered manager] is very into training, we get the training we need, I've done the 5-day 'Lead to succeed' course for my role".

Newly appointed staff went through an induction period which gave them the skills and confidence to carry out their roles and responsibilities. One member of staff explained how this worked, "You're allocated to a senior carer, [they] showed me the equipment, [people], what their needs are" and "[It's a] two week induction for all new staff, but it can be longer if needed for a person". The induction training was linked to The Care Certificate standards. The Care Certificate is a set of nationally recognised standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff told us they received formal training before they started working at Moormead Care Home. This training included, manual handling, safeguarding, personal care, fire safety and information governance. Staff were also supported to attend refresher sessions regularly. Nursing staff were supported to attend clinical training specific to their roles and supported to complete their revalidation.

Staff told us they felt supported and had received supervisions (one to one meeting) with their line manager. Supervisions enabled them to discuss any training needs or concerns they had. Staff were also supported to develop and reflect on their practice through yearly appraisals. We saw evidence that supervisions and appraisals were scheduled throughout the year, and each had individualised performance criteria, with agreed targets.

People's care records showed relevant health and social care professionals were involved with their care, and that these were accessed in a timely manner. People were supported to stay healthy and their care records described the support they needed. People told us they saw a doctor when they needed to and were supported to attend hospital appointments. They told us, "If you need to go to hospital they arrange to take you". Staff also told us that they had developed an effective working relationship with the local GP practice, which visited the home once a week and would complete home visits as required. We also found that the service had close and effective links with the Prospect Hospice who provided support with End of Life care and training, the Mental Health, Tissue Viability, Continuing Healthcare and Reablement teams, and the local Deprivation of Liberty (DoLS) team who provided training and advice.

People told us they enjoyed the food and were able to make choices about what they had to eat. Comments included, "It is very good food here", "Breakfasts are good, I have marmalade and toast", "I do get a choice; two choices, if I don't like either then I can ask for something else and I usually get that" and "They come round the day before to ask you what food you want". Relatives also complimented the food, one told us, "[Person] enjoys [their] meals, especially breakfast".

People's dietary needs and preferences were documented and known by staff. For example, people requiring soft food or thickened fluids where choking was a risk. We saw that, following an assessment by a Speech and Language Therapist, written guidance was in place to ensure that food was prepared correctly and people were supported to eat safely. Staff assessed and monitored people's risk of malnutrition and dehydration and contacted GP's, dieticians, speech and language therapists (SALT) if they had concerns over people's nutritional needs. Where people were identified as being at risk of malnutrition, a Malnutrition Universal Screening Tool (MUST) was used to assess, monitor and manage this risk. Records showed people's weight was monitored and maintained.

We also saw how the service was flexible to ensure that people received adequate nutrition. For example, one person who required a pureed diet, regularly woke in the night and appeared hungry. Staff prepared 'ready to go' pureed meals, that night staff could heat up enabling the person to be able to eat when it was best for them.

Moormead Care Home comprised accommodation over two floors. People were positive about their rooms, comments included, "My room is comfy and cosy" and "My room is really lovely". We observed that nearly all rooms had clearly been personalized; for example, one person had photos and models related to the career they had had. They engaged happily with us about these items and their job. Many people had personal and family photographs on display and pictures of pets abounded. One person told us, "I asked if I could personalize my room; they said yes and in two days they had put up all my pictures and photos and its lovely".

The provider had installed patio doors in the downstairs bedrooms facing the garden. This allowed people whose health meant they were confined to their bed to benefit from the outdoor environment. This was especially beneficial for people receiving end of life care. A relative told us, "[Person] enjoys the garden views". The garden and patio area had also been refurbished to allow access for people with mobility needs, to ensure everyone could benefit.

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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.

The registered manager and staff followed the MCA code of practice and made sure that the rights of people who may lack mental capacity to take particular decisions were protected. Where people were thought to lack the capacity to consent or make some decisions, capacity assessments had been carried out. When people required support to make decisions, the service had sourced advocates to provide independent support for them.

Staff we spoke to were able to explain how they followed the principles of the MCA in practice, one told us, "You assume everyone has capacity, just because they can be confused, or have dementia, doesn't mean they don't have capacity", and "Just because [a person] doesn't have capacity to make big decisions, doesn't mean they can't choose what clothes to wear".

We also saw evidence of people being supported to make complex decisions where they had capacity to do so, even when this might be considered an 'unwise decision'. For example, one person had chosen not to receive oxygen therapy, and this had been honoured and recorded in their care plan.

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 found the service met the requirements of DoLS.

The provider's equal opportunities policy was displayed and it stated the provider's commitment to equal opportunities and diversity. It included cultural and religious backgrounds as well as people's gender and sexual orientation. We found evidence that staff had received recent training in Equality and Diversity.

Good

Is the service caring?

Our findings

People told us they received care and support from staff that were caring, compassionate and kind. Their comments included, "I am well looked after here, they are all very good. They know that I want to be independent but sometimes I want to be pampered", "I wouldn't change anything here" and "They would do anything for me". People's relatives told us, "It is not just the care, I know that she is happy here", "All staff are very friendly, welcoming and approachable" and "They just look after them and they encourage them".

Throughout our inspection, we observed many positive and caring interactions between staff and the people they were supporting, and we saw warmth and affection being shown to people. The atmosphere was calm and pleasant. There was chatting, laughter and use of light and appropriate humour throughout the day. For instance we observed a person sitting quietly in his chair on his own whose face lit up in smiles when he was spoken to, and in the afternoon he clearly enjoyed one- to -one contact and was encouraged to attend a music activity that involved playing a drum.
The service also used imaginative ways of supporting people's wellbeing, for example, the use of robotic therapy pets. A staff member had suggested a robotic cat after seeing it on a website for aids for people living with dementia. The robotic cat performs like a real cat, purring, breathing and responding to petting. The registered manager said, "They provide comfort, familiarity and amusement and promote the wellbeing in our [people]".

We found that the service displayed a Butterfly Tree poster the home reminding staff to "Remember Your Butterfly Moments". This encouraged staff to always interact with people as they passed them, rather than walk by. This was implemented following a Dementia training session. Our observations on the day of the inspection corroborated that this approach was embedded in practice, as staff were seen to engage with people as they completed their work.
People received care and support from staff that knew them well. A relative of a person living with dementia told us, "If she gets [upset] the staff know and take her to her room and it usually works".
Staff told us they enjoyed working at the home. Comments included, "It's more like a family", "I love coming to work every day" and "I love spending time with [people], getting to know them".

We observed people being supported in a caring and patient way. Staff offered choices and involved people in the decisions about their care
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Staff told us how they respected and maintained people's dignity, comments included, "Knock on the door, make sure curtains are shut [during personal care], if they don't want a particular [member of staff] in the room, then this is always honoured". These approaches were observed during our inspection. Staff we spoke to told us of other ways that they protected people's dignity and delivered respectful care. Comments included, "Our ethos is that you never rush, [you are] not task orientated. It doesn't matter how long it takes, you work at [the person's] pace". These comments were corroborated by our observations on the day of the inspection. For example, we observed staff supporting people to transfer using a hoist; this was completed both following good practice, as well as in an unrushed manner. Staff not only explained what they were

doing, but also made the process pleasant; putting people at ease.

Staff went to exceptional lengths to meet people's needs. These included staff supporting a person to visit relatives in London that they had not seen for many years, staff supporting people to regularly visit the cemetery where they relatives were buried, and staff enabling someone who was a wheelchair user to complete household tasks related to their previous career.

Staff knew people's individual communication skills, abilities and preferences. Care plans contained information and guidance on how best to communicate with people who had limitations to their communication. One member of staff told us, "[We] ensure we make eye contact, use simple concise sentences", another told us, "We use photos and pictures to help people [understand]". In addition the daily activities and menus were displayed in word and picture format in communal areas.

Staff were aware of the importance of promoting people's independence. They told us, "[person] joined us not able to walk, working with them, their [relative] and the physiotherapist, we encouraged [them] to do as much for [their] self as possible. In stages they went from [using] a hoist to using a zimmer frame" and "it makes someone feel good [to be more independent], it raises their self-esteem".
Staff were provided with guidance in relation to confidentiality and were aware of the provider's policy on confidentiality. People's files were stored securely and only authorised staff could access them.

Good

Is the service responsive?

Our findings

People had their needs assessed before they came to live at Moormead Care Home. The registered manager explained that as well as assessing if the service could meet the person's needs, they also ensured the person's choices were considered and assessed the impact of their admission on the rest of the service before proceeding. We found evidence that these assessments had been carried out in people's care files.

People's care records contained detailed information about their health and social care needs. Care plans reflected each person as an individual and their wishes in regard of their care and support. For example, people's preferences about what time they preferred to get up, how they communicated and how to communicate with them, or what food they liked to eat. People and relatives confirmed they were involved in planning their care. Each care plan was person centred, and contained a life history detailing people's career, interests and significant events.

Handovers between staff ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff shared information about any changes to care needs, activities attended, planned appointments and generally how people had spent their day. This meant staff received up to date information before providing care, maintaining consistency.
The provider employed an activities coordinator who was passionate about their role. People had access to a range of activities which they could be involved with, including group and one to one activities. The activity coordinator told us they planned activities for each person, "I do this by talking to each [person] at length to gather information about their lives, loves, hobbies, jobs, interest and dislikes. If the [person] is unable to communicate these thoughts with me, I then speak to the families". The activity coordinator explained that this person centred approach allowed the service to "keep people engaged and active, in both mind and body".
Activities included: social interaction during coffee and cake times, arts and crafts, basic exercise sessions, bingo, cards, skittles, quizzes, baking, keep fit and sing-a- longs. People were also supported to go on trips to places such as to local parks, museums and pantomimes.
We saw evidence that there were links with the local community. These included visits from children from local schools, who spent time with people, delivered food from the harvest festival collection, sang carols at Christmas and read to people. This was a positive experience that the registered manager told us provided stimulation for people. Clergy from different Christian denominations also visited the home to support people's spiritual needs. Additionally, Moormead Care Home also supported other local community initiatives, for example, Macmillan coffee mornings, the local carnival, and the annual duck race. Records also showed activities provision was discussed in residents' meetings.

We found that relatives and friends were welcomed into the service and people were supported to maintain contact. For example, staff explained how family and friends can have a meal with their loved ones. All relatives we spoke to were complimentary about visiting the home, "We're always made welcome, at any time".

There was a clear complaints procedure in place and everyone we spoke with knew how to access this. No complaints had been received over the last 12 months. People knew how to raise concerns and were confident action would be taken.

The service produced a newsletter four times a year to keep people and their relatives up to date, they also used a text alert system to inform relatives of upcoming events. The newsletter also included content provided by people who lived in Moormead Care Home, including a short story and a Christmas quiz.

People's preferences relating to end of life were recorded. Each person had a Treatment Escalation Plan (TEP), TEP is a document that records a person's wishes in with regard of to treatment as they approach end of life. We found that these had been completed with the person and their family. The decisions they documented included, admission to an acute hospital, use of IV fluids, use of artificial feeding and whether or not to resuscitate.

Staff described the importance of keeping people as comfortable as possible as they approached the end of their life, and working with their relatives and friends. They told us, "It's vital that [people at the end of life] are free from discomfort and pain, we need to work with the GP so that they can prescribe what the person needs", "[Staff] need to support families too, remember their needs" and "[We] sit with them during the end, never leave them on their own". Staff were also aware of the importance of knowing people's wishes for the end of their life, they told us, "it's not an easy subject, but you have to get it in place before".

All staff we spoke to told us how they made sure they reflected on end of life care as a team and supported each other. One member of staff commented, "We support each other, we need to discuss how we feel and discuss what we did well, and what we could have done better. All staff's input is valued and everyone can learn a lot"

Good

Is the service well-led?

Our findings

The service continued to be well- led. Moormead Care Home was run by a registered manager, supported by a deputy manager and the nursing team. A registered manager is a person who has registered with the Care Quality Commission to manage the service.
People knew who the registered manager was and felt they were approachable, their coments included, "If I needed anything I would ask [registered manager], [they are] quite reasonable", "[The management] are nice people and they have time to talk to you" and "No complaints here and everything is so informal".
We found that the service had been recognised with a number of awards since the last inspection. In 2016 they were awarded Best Quality of Care, in 2017 they won the Best Care Home in Wiltshire, and in 2018 they were recognised as Leaders of Pallative Care in Wilstshire. This demonstrated the quality of care in a number of areas that the provider had achieved.

There was a clear management structure in place, with staff being aware of their roles and responsibilities. Staff felt that they could approach the registered manager or other senior staff with any concerns and told us that the management team were supportive and made themselves available. Comments included, "It is friendly here, we all pull together and help each other and we get on so well, it helps that management mixes in too and are not aloof", "[we are] very much supported, they have been flexible with me to help me with issues I have had".

Moormead Care Home had a stable and established team, which all staff we spoke to felt was due to the positive work environment that had been developed by the management team. Staff told us the registered manager and deputy manager had an open door policy and were always visible around the home. All staff we spoke to on the day of the inspection said they felt listened to by the registered manager, comments included, "[They] listen to me, we may not agree but we're all working to the same end" and "[They] encourage your ideas and suggestions, [our] opinions are always valued". One member of staff shared an example of an idea that they had raised with the registered manager, "[I] suggested that we install a shower room downstairs, they listened and it's now installed".

These statements also matched our observations. The culture of the home was embraced by all staff we spoke to, and in addition to a stable staff team, enabled the service to achieve its stated philosophy of care: "Moormead Care Home aims to provide its service users with a secure, relaxed and homely environment in which their care, well-being and comfort is or prime importance".

We found evidence that the service engaged with people to involve them in changes to the service. For example we saw minutes from 'Residents Meetings', where people made suggestions for activities. We could see that these had been acted on, and the chosen activities had been provided.

We found that service was active within local associations to enable them to keep up to date and influence developments in care. The registered manager sits on the board on the Wiltshire Skills Partnership and is the representative for Swindon in the Registered Nursing Home association.

The service had systems in place to review, monitor and improve the quality of the service delivery. This included a programme of audits covering such areas as, food hygiene, infection control and health and safety. Records showed that audits were completed at the stated frequency, for example monthly, and that actions were carried out where required.

The provider had a whistle blowing policy in place that was available to staff across the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.