

Somerset Care Limited







Moorhaven

Inspection report

Normandy Drive
Taunton
Somerset
TA1 2JT
Tel: 01823 331524
Website: www.somersetcare.co.uk

Date of inspection visit: 11 August 2015
Date of publication: 27/08/2015

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?	Requires improvement	
Is the service well-led?	Good	

Overall summary

This inspection was unannounced and took place on 11 August 2015.

Moorhaven provides personal care and accommodation for up to 54 people. The home is divided into six small units. Moorhaven specialises in the care of older people. At the time of the inspection there were 47 people at the home.

The last inspection of the home was carried out in December 2013. No concerns were identified with the care being provided to people at that inspection.

There is 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.

People received care that was responsive to their needs and personalised to their wishes and preferences.

Summary of findings

However care plans were not always fully reflective of people's up to date needs and wishes. This could potentially place people at risk of receiving care that did not meet their needs and preferences.

The registered manager was open and approachable and people felt able to share their concerns and suggestions. People told us they would be comfortable to make a complaint if they were unhappy about any aspect of their care.

People felt safe at the home and were complimentary about the staff who supported them. People told us staff were kind and understanding. People felt supported to maintain their independence and to make choices about their day to day lives.

There were sufficient numbers of well trained staff to meet people's needs in a relaxed and safe way. Staff assisted people in manner that respected their privacy and dignity.

Staff monitored people's health and well-being and ensured they had access to appropriate healthcare

professionals when needed. People's care was adjusted to meet their changing needs or wishes. There were systems in place to make sure people received their medicines safely from competent staff.

The quality of the service was constantly monitored and staff received appropriate training to make sure they were kept up to date with current good practice. People had confidence in the skills of the staff who supported them.

People were able to take part in a range of activities according to their interests. The home had a minibus which enabled people to access the local community for shopping and leisure activities. There was an activities worker who organised activities in the main part of the home. Care staff made sure alternative activities and social stimulation were always available for smaller groups in one of the units.

All areas of the building were clean and well maintained creating a comfortable environment for people. Each person had a single room which they were able to personalise to their tastes and needs.

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.

People were supported by staff who had been well recruited and knew how to report any concerns.

There were enough staff to safely support people.

People received their medicines safely from staff who had received specific training.

Good



Is the service effective?

The service was effective.

Staff had the skills and knowledge to provide effective care to people.

People had their dietary needs assessed and received appropriate assistance to eat their meals.

People had access to a range of healthcare professionals according to their specific needs.

Good



Is the service caring?

The service was caring.

People were supported by kind and caring staff.

People were involved in all decisions about their care and their wishes were respected.

All personal care was carried out in private to make sure people's dignity was protected.

Good



Is the service responsive?

The service was responsive but required improvement to make sure people's care plans were fully reflective of their needs.

People had access to a range of activities and were able to pick and choose what they took part in.

People told us they would be comfortable to make a complaint and were confident action would be taken to address any concerns.

Requires improvement



Is the service well-led?

The service was well led.

There was an open and friendly culture in the home which enabled people to share ideas and make suggestions.

Good



Summary of findings

The building was well maintained to ensure the comfort and safety of people who lived there.

There were systems in place to monitor quality and seek people's views.

Moorhaven

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 11 August 2015 and was unannounced. It was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the 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 information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in December 2013 we did not identify any concerns with the care provided to people.

At the time of our visit there were 47 people at the home. We spent time observing care practices and interactions between staff and people who lived at the home. We also attended the handover meeting between staff working in the morning and those working in the afternoon.

We spoke with 18 people, four visiting relatives, nine members of staff, the registered manager and the area manager. We looked at records which related to people's individual care and to the running of the home. These included four care and support plans, three staff personnel files, records of complaints and quality assurance records.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us “I feel safe and well looked after.” Another person said “I always feel safe here. I have no worries.” One visiting relative told us “I never go away and worry. I know they are safe and happy.”

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Throughout our visit people received support when they requested it. People told us call bells were answered quickly and we did not hear bells ringing for long periods of time. This showed people received prompt attention when they called for help. One person said “They don’t take long to answer the bells.”

Care plans contained risk assessments which outlined measures in place to enable people to receive care safely and maintain their independence. The registered manager told us in their PIR that these risk assessments were reviewed on a monthly basis to ensure they were reflective of people’s current risks and control measures. Some people were at high risk of falls and the assessments stated how these risks would be minimised. This included ensuring the person had suitable footwear and walking aids. During the inspection we heard staff reminding people to use their walking aids to minimise the risks of falls.

One person’s care plan stated they had chosen not to be checked by staff during the night. There was no risk assessment in place for this person and records showed staff continued to check on them through the night. We discussed this with the registered manager who immediately took action to address this shortfall.

People’s medicines were administered by senior staff who had received specific training to make sure their practice

was safe. Each bedroom had a locked cupboard where people’s personal medicines were safely stored. The home used a computerised administration system which relied on each medication being scanned to the individual code of the person. Staff spoken with thought the system minimised the risk of errors. They said this was because times of day were clearly identified and the system would not allow them to give out medicines for any other time or person until each administration had been confirmed. One person said “They do my tablets for me. I know I get the right tablets.”

Some people were prescribed medicines, such as pain relief, on an ‘as required’ basis. At lunch time we heard people being offered their prescribed pain relief. One person said “They always offer me tablets for pain. I don’t often want them but if I do then they give me them.”

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to ensure they were suitable to work in the home. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people’s criminal history and their suitability to work with vulnerable people. Staff said they had not been able to start work until all checks and references had been received by the registered manager. Records seen confirmed this.

People were further protected because all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. Staff were confident that any concerns raised would be fully investigated to make sure people were safe. Where allegations or concerns had been brought to the registered manager’s attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People told us staff were competent in their roles and knew how to assist them. One person said “They are fantastic. Thanks to their help I’m much more independent than I was when I moved in.” A visiting relative told us “They have improved so much since being here. It’s lovely to see.”

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. As well as formal training new staff had opportunities to shadow more experienced staff which enabled them to get to know how to support each individual. One member of staff said “I was new to care when I started. I did lots of shadow shifts so really got to know the job and people.”

People benefitted from a staff group who had opportunities to keep their skills and knowledge up to date. Staff were able to take part in training in health and safety issues and subjects relevant to the people they looked after. One member of staff said “The training is so good. I have gained qualifications and you are encouraged to keep learning.” One person who lived at the home said “The staff here really know what they’re doing. They are excellent.”

Staff monitored people’s physical and mental well-being and took action to make sure people received effective support and treatment. There were regular handover meetings between staff to make sure any information or observations were passed from one staff group to the next. The handover meeting we attended demonstrated staff passed on their observations of people’s health to make sure they continued to be monitored.

The staff arranged for people to see healthcare professionals according to their individual needs. One person complained of feeling unwell and the staff arranged for a doctor to visit them. People told us they had access to a range of healthcare professionals to make sure they received effective treatment. One person said “The staff sort out hospital appointments and make sure you see the doctor if you need to.” Another person said “When I moved in they sorted stuff out with the district nurse so they visited me here. Seamless service.”

People’s nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Specialist diets and preferences were catered for. People received the support they required to eat their meal. Some people required gentle prompting and one person needed physical assistance to eat. Staff supported people in a way that was discreet and respected their independence whilst enabling them to eat a good meal.

People were regularly weighed to monitor their well-being and where concerns were identified appropriate support was requested from professionals. One person had lost weight and they had been seen by a GP. Food supplements had been prescribed and we saw these were available to the person. Their weight records showed a gradual increase in weight showing the care provided was effective in meeting their needs.

Each small unit in the home had a dining area where people were able to eat meals. There was also a large dining room which was able to accommodate everyone if they wished to use it. At lunch time we saw people were able to choose where they ate their meal. The majority of people told us they ate breakfast and tea in the small dining areas but went to the main dining room for lunch. A small number of people chose to eat in their rooms and meals were delivered to them.

People we spoke with were very complimentary about the food. Comments included; “The food is always good and you always get a choice,” “Food here is excellent” and “No shortage of food. If you want a cooked breakfast you can have one every day.”

Hot drinks were available at specified times of the day and on request. Each unit had a small kitchen area where people who were able, or their visitors, could make tea and coffee. One person said “They are always offering you cups of tea.”

Cold drinks were available in all communal areas and the home had taken part in a hydration project. The project involved selecting people to receive a ‘Hydrant Drinking System’ which was a container designed to solve the problems of reaching, lifting and holding drinks which promoted independence for people. The project had raised awareness amongst staff, and people living at the home, of the benefits of good hydration and there had been significant increases in people’s well-being. The analysis of the project showed a reduction in urinary tract infections

Is the service effective?

for people with catheters, a reduction in the use of anti-biotics and a slight reduction in falls. The hydration project was being continued in the home and the 'Hydrant' had been made available to anyone who wanted it.

Most people were able to make decisions about what care or treatment they received. People told us they were always asked for their consent before staff assisted them. One member of staff said "People have choices about everything. If people want to get up early in the morning we help them, if someone says they would like us to help them later on, that's what we do."

Staff had received training and had a clear understanding of the Mental Capacity Act 2005 (the MCA.) Staff knew how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess

people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A small number of people were being cared for under this legislation and the registered manager had requested further assessments of people in line with changes in the law.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. Comments about staff were extremely positive. One person said “The carers are excellent. They never say no to anything and nothing is too much trouble.” Another person said “The staff are all so kind and understanding.”

Each person had a keyworker which enabled them to build a relationship with a member of staff who knew them well. People knew who their keyworker was and said they valued them. One person said “Oh my keyworker is lovely. They are like my special person. We do the care plan together and I feel she really knows me.” Minutes of the last residents’ meeting showed people were asked if they were happy with the keyworker allocated to them. Everyone who attended the meeting was satisfied with their personal keyworker.

Throughout the day we saw kind and caring interactions between people who lived at the home and staff. Staff chatted to people as they assisted them with tasks and complimented them on their dress or appearance. Where a person appeared confused and disorientated staff gave patient reassurance using kind words and gentle touch.

People were supported in a manner that respected their dignity and independence. During lunch we saw staff quietly asking people if they required assistance to cut meat or to serve vegetables and condiments. Any assistance given was carried out discreetly. After people had been served their meal staff sat with them and chatted which all created a pleasant and friendly atmosphere.

People’s privacy was respected and all personal care was provided in private. When people required assistance with personal care staff encouraged them into bathrooms or their private rooms and doors were closed to maintain privacy. One person told us “They are always totally respectful and everything is very dignified. You never feel embarrassed or foolish.”

People were well dressed and clean which showed staff took time to assist people with personal care. One person

told us “It’s the little things, like helping me with my jewellery, that make a difference.” Another person said “The hairdresser comes twice a week. It always makes you feel good when you’ve had your hair done.”

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. Visitors told us they were always made welcome and felt able to visit at any time without an appointment.

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. Staff always knocked before entering to maintain people’s privacy. One person told us “I don’t like joining in, it’s not my thing. But I’m not lonely as staff always make sure I have company when I want it.”

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. One person told us “I’m involved in all decisions. They never talk down to you and they treat you like an adult. My choice is my choice and they respect that whether they agree or not.”

The registered manager or deputy visited each unit each day which allowed people to discuss issues and raise any concerns they had. People told us they were always able to talk with the registered manager about any aspect of their care.

The home frequently held events to raise money for an amenity fund which was able to pay for extras for people such as trips out and birthday and Christmas presents. Some staff took part in sponsored events to raise money to make sure people were still able to have treats.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. Care staff knew people well and were able to provide a personalised service. However care plans were not always fully reflective of people's needs and wishes. For example at lunch time we saw one person had their meal mashed to make it easier for them to eat. At the staff handover meeting staff were aware of this practice but the care plan had not been up dated to reflect the person's needs. Another person had a care plan in place for the support they required to manage a health condition. The care plan did not make it clear that much of the support was provided by district nurses and not the staff at the home. This could potentially place them at risk of receiving care that did not meet their needs.

The home used an electronic care plan system with standard phrases that could be personalised to the individual. In one instance we saw the information had not been personalised regarding the person's night time needs. Other care plans gave very clear information for the support the person required to maintain their health and well-being.

People were involved in decisions about their care and support and were able to make choices about their day to day lives. People said they chose what time they got up, when they went to bed and how they spent their day. One person said "They don't worry what you do. I always get up early because I always have." Another person commented "I do my own thing. I occupy myself and like to go in the garden when the weather is nice."

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. People told us they had met the registered manager before they moved in and they, or their relatives, had been able to view the home. One person moved into the home on the day of the inspection. Their family had personalised their room prior to them moving in to help them feel at home. The family told us the registered manager had communicated well with them and answered any questions they had.

The staff responded to changes in people's needs. People told us the staff were supportive if they felt unwell and

provided additional support. One person said "Nothing is ever too much trouble if you need anything extra doing." Another person told us "I'm able to do more for myself now than when I came. They've adapted to the new me."

People were able to take part in a range of activities according to their interests. The home had a minibus which enabled people to access the local community for shopping and leisure activities. People told us there had been trips to the local museum and to a local park. The staff organised at least one large trip a year. Minutes of the last residents' meeting showed people were asked where they would like to go. The most popular suggestion was a steam train trip to the seaside and this had taken place the week before the inspection. Many people told us how much they had enjoyed the outing including the ice creams and fish and chips on the sea front. One person said "I really enjoyed the train trip, eating fish and chips on the prom was wonderful."

There was an activities worker who organised activities at the main part of the home. Care staff made sure alternative activities and social stimulation were always available for smaller groups in one of the units. Regular activities included gardening, quizzes and sing-alongs. People told us there was no pressure to take part and they were able to choose what they joined in with. One person said they would like more trips out and another said they would like to see more going on, but most people were satisfied with the activities.

The registered manager sought people's feedback and took action to address issues raised. The registered manager visited every unit every day to ensure they were available to listen to people's comments and concerns. The provider also operated a 'You said. We did' system. This enabled people to make suggestions and have them responded to. One suggestion was for more brightly coloured crockery and this had been purchased.

There were meetings for people who lived at the home and their relatives. The minutes of the last meeting showed people had been asked if they had any suggestions for meals that could be added to the menu. Some people had asked for gammon steaks and we saw this was the main meal on the day of the inspection.

Although no one had any complaints at the time of the inspection visit everyone said they would feel comfortable to complain if they needed to. One person told us "If I had

Is the service responsive?

any complaints I wouldn't hesitate to talk with the manager. They would want to know I'm sure." Another person said "I pop in the office if I want anything. If you complain they put it right."

Where complaints had been made these had been investigated and responded to in line with the provider's

policy. Action was taken to ensure any dissatisfaction was rectified and systems put in place to make improvements. One complaint had resulted in the registered manager arranging to meet with a person's representative on a monthly basis to ensure they had an opportunity to share any concerns.

Is the service well-led?

Our findings

People lived in a home that was well run by a registered manager who was supported by the provider's policies and procedures. The registered manager was very visible in the home and people were relaxed and comfortable with them.

The registered manager's office was located in the centre of the building which made them easily accessible to people, staff and visitors. There was an open and friendly atmosphere throughout the home. During the inspection visit people went in and out of the office to chat and ask questions. People were greeted warmly by the registered manager, deputy and area manager.

The registered manager had a clear vision for the home which they told us was to make sure people lived full and fulfilling lives. The registered manager led by example and had an excellent knowledge of people and their histories. Their vision and values were communicated to staff through day to day conversations, staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

There was a staffing structure which provided clear lines of accountability and responsibility. There was always a senior member of staff on duty to ensure people received the care and support they needed and staff were able to seek advice and guidance.

There were quality assurance systems to monitor care and plan ongoing improvements. There were audits and checks to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. Care plan audits were being carried out but had not identified the shortfalls that we highlighted. However the area manager informed us that a new more comprehensive audit was being put in place. We saw the paper work for the new audits and noted it required a more detailed examination of the records of people's individual care.

The registered manager was very open to suggestions and took action to make sure people were safe, content and happy. One person told us "She [registered manager] is always about the place. She is genuinely interested in you and your happiness." Following the inspection the registered manager emailed us to outline the action they had taken to up-date care plans. This demonstrated openness to constructive criticism and a commitment to improvement.

The area manager carried out regular visits to the home to monitor quality and ensure high standards were maintained. During the area manager's visits they spent time talking with people and observing practice. There were annual satisfaction surveys for people, relatives and other stakeholders. This all enabled people to share their views and ensured improvements planned were in line with people's wishes.

The building was well maintained to make sure people lived in a comfortable and safe environment. Recently all communal toilets had been fully refurbished and a number of carpets had been replaced. There were plans to replace all bedroom doors to make sure they met up to date fire regulations.

All accidents and incidents which occurred in the home were recorded and analysed. This enabled the registered manager to identify any patterns or trends in accidents. It also gave an indication of where people's general health and mobility was improving or deteriorating.

The registered manager had worked in care for over 30 years and had appropriate qualifications to carry out their role. They kept their skills and knowledge up to date by on-going training. They also met regularly with other managers working for Somerset Care Limited which enabled them to share ideas and good practice.

The home was a member of the Somerset Care Providers Association (RCPA) which offers guidance and advice on current issues. The registered manager had attended conferences held by the organisation to keep up to date with local and national changes.

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