

Moulsham Residential Home (Chelmsford) Limited

Moulsham Home

Inspection report

116-117 Moulsham Street
Chelmsford
Essex
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Tel: 01245350750

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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

This inspection took place on 22 August 2017 and was unannounced.

Moulsham home provides residential care for up to 23 people, some of whom may be living with dementia. There were 23 people living at the service at the time of our inspection two of these people were in hospital.

When we last visited the service it was rated good. At this inspection we found the service remained good.

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

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

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

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

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

People and their relatives were involved in making decisions about their care and support. People were treated with kindness and respect by staff who knew them well and who listened to their views and preferences.

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

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

The management team had systems in place to monitor the quality and safety of the service provided.

For a more comprehensive report regarding this service, please refer to the report of our last visit which was published on 6 August 2015.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Moulsham Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 August 2017. It was unannounced and was carried out by two inspectors 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.

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

During the inspection we spoke with ten people who used the service, the registered manager, deputy manager, six care staff and the chef. We also spoke with four relatives that were visiting at the time of our inspection.

Some people had complex needs and were not able to speak with us; therefore we used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in the communal part of the house and used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We reviewed four people's care records, 15 medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction and training schedules and a training plan. We also looked at the service's arrangements for the management of medicines, and records relating to complaints and compliments, safeguarding alerts and quality monitoring systems.

Is the service safe?

Our findings

People and their relatives told us they felt the service was a place safe to live. Comments included, "My call bell is answered quickly, when I was in another home you had to wait a long time for anyone to come but here you don't, and I feel very safe here" , "I feel safe here I have made friends with other people that live here yes, very safe." Relative's comments included, "[Relative] is safe here the staff keep an eye out", "When [relative] goes into the garden they take a call bell with them and can call staff if they need to so yes, they are definitely safe."

Staff knew how to recognise signs of abuse and they understood their responsibility to report any concerns to senior staff and, if necessary, to the relevant external agencies. The provider had systems in place for assessing and managing risks. People's care records contained assessments which identified risks and what support was needed to reduce and manage the risk. The staff team gave examples of specific areas of risk for people and explained how they had worked with the individuals to help understand them. For example, risks of falls and dehydration and malnutrition. Staff worked with people to manage a range of risks effectively. We observed a staff member assisting a person to stand from an armchair. The staff member reassured and talked with the person prompting them to use the safest method to stand to use their walking aid. We checked one pressure mattress for a person cared for in bed as they had been assessed being at risk of developing pressure ulcers and we found that it was at the correct setting for their weight. Medicines were properly managed by staff. The service had procedures in place for receiving and returning medicines safely. Audits were carried out to ensure safe management of medicines.

We saw records which showed that equipment at this service, such as the fire system and the hoists, were checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. We were confident that people would know what to do in the case of an emergency situation.

The manager told us how staffing levels were assessed and organised flexibly. This was to enable people to have their assessed daily living needs as well as their individual needs for social and leisure opportunities to be met. People, relatives and staff told us there were enough staff to meet people's needs and to keep people safe. There was a 24 hour on-call support system in place which provided support for staff in the event of an emergency.

Medicines were properly managed by staff. The service had procedures in place for receiving and returning medicines safely. Audits were carried out to ensure safe management of medicines.

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which is to check that staff being recruited, are not barred from working with people who require care and support, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting work.

Is the service effective?

Our findings

At this inspection people continued to be supported by staff that were trained and effective in their role. The rating remains good.

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. Relatives told us, "The staff know what they are doing some of them have been here a long time."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found people were being supported appropriately, in line with the law and guidance. 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.

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication and communication. Staff told us that they were supported with regular supervisions and that their professional development was discussed as well as any training requirements. We had a discussion with the registered manager regarding staff knowledge and understanding of people living with dementia. As although the staff felt they had the basic knowledge, when we had a discussion with them they informed us they would like some additional training in this area. The registered manager immediately booked staff onto the next level of dementia training and ordered some additional dementia friendly sensory items.

The environment contained elements to support people living with dementia in the service such as a calendar that included the date, time and what the weather was like that particular day. The décor included things of interest on the walls that people could look at and there was large aquarium in the main lounge.

People were complimentary about the food. They told us they had a choice of what to eat and we were shown menu plans. People had a choice of where they sat and who they sat with. Staff told us that people were asked the day before what they required for lunch. The registered manager told us that staff were aware of people's choices and preferences but now the service had more people in that were living with dementia they are looking into pictorial menu's or show plates to be used at mealtimes.

Care records showed their day to day health needs were being met and they had access to healthcare professionals according to their individual needs. For example, psychiatrists, speech and language therapists, chiropodist, dentist and GP's. Referrals had been made when required. Details of appointments and the outcomes were documented in people's care plans. We saw that people's health needs were reviewed on a regular basis.

Is the service caring?

Our findings

At this inspection we found people were still happy with the service provided to them and the rating remains good.

People and their relatives told us the staff were kind and caring. Comments included, "The staff are always kind, nothing is too much trouble", "The staff always knock on the door before they come in, I like that, they are lovely." Relatives comments included, "The staff are so kind and caring [relative] thinks she is on holiday in a hotel", "The staff talk so calmly to my [relative] with her dementia."

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. During our observations staff interacted in a caring manner some people were very independent and were able to walk and do whatever they wished to, other people required support and supervision which was provided by staff. People were able to have discussions with staff and shared jokes and stories with one another.

Staff respected people's dignity and privacy. We saw staff respected people's privacy by knocking on their doors and awaiting a response before entering. People we saw were well presented and staff sought to maintain their dignity throughout the day. For example, we observed one person being asked if they wanted to change their clothes because they had spilt something down themselves.

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw people had bought their ornaments and rooms were personalised with photographs and paintings.

Visitors were welcomed any time of the day and staff supported people to maintain contact with their families. One relative told us, "I visit whenever I want to, I have always felt welcomed and can have a meal here if I want to."

Is the service responsive?

Our findings

At this inspection we found staff were responsive to people's needs and concerns as they were during the previous inspection. The rating remains good.

The deputy manager who was new to the service was introducing a new care plan format. This new care plan was comprehensive and contained information and guidance staff required to support people to meet their needs. We saw care records were written in a person-centred way. For example, we saw that in one care record it recorded that the person liked to use a particular make of talcum powder. Care records were regularly reviewed. This meant people received personalised care, which met their changing needs. We asked staff what person centred care meant to them and they were able to give us examples of how they responded to individual choices and preferences. Staff told us one person preferred a bath during the evening but then liked to get fully dressed in clean clothes prior to going to bed. One staff member explained, "Sometimes they are only dressed for ten minutes and then ask for help to get into their night clothes, but that is what they prefer."

Staff encouraged people to take part in meaningful activities. We observed staff playing a memory game with individual people using a ball with questions printed on. One person told us, "[Name] brings their keyboard down and we have a sing a long." We saw a timetable of different activities which included, outside entertainers visiting on a regular basis. People told us they also went out on trips to the garden centre had lunch out on occasion and got to go and do their personal shopping. The environment was dementia friendly and had some memorabilia placed around the service. For example, pictures to encourage conversation. The registered manager told us they were in the process of purchasing some further sensory items. One person had a cat sitting on their lap and told us, "This is my cat she sits here all day."

The registered manager/ provider spoke passionately about people who lived in the service and how important it was that people received individual person centred care and this had been instilled upon the staff. Staff told us, "We tailor to the individual, and this is how I would want my care to be," and "We work with people to suit them, for example at bed time some people like a hot chocolate and, some people like to read before bed. We try to cater for individual needs and support people with exactly what they like."

The service had a robust and clear complaints procedure, which was displayed in the home in a format that people could read and understand. People told us they had no complaints but would feel able to raise any concerns with the manager or staff. The manager confirmed that the service was not dealing with any complaints at the time of our inspection. People and relatives confirmed this and told us that they had a good relationship with the provider, manager and staff and could speak to them about any concerns and things were dealt with immediately.

Is the service well-led?

Our findings

At this inspection we found the service was still well-led as we had found during the previous inspection. The rating continues to be good.

There was a registered manager in place. 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.

The registered manager had employed a deputy manager since our last inspection to support them with the running of the service. The registered manager told us that the priority was for the new deputy manager to work alongside the staff team and to get to know the people that lived in the service. The deputy manager told us they were working some care shifts which also included some weekend shifts in order for them to have a clear oversight of the running of the service.

Staff told us the service was well organised and they enjoyed working there they said the registered manager had a visible presence within the home and in the daily running of the home. They knew the people they supported and regularly worked alongside staff. They also told us that they were treated fairly, listened to and that they could approach them at any time if they had a problem.

The service carried out a range of audits to monitor the quality of the service. Records relating to auditing and monitoring the service were clearly recorded. We looked at records related to the running of the service and found that the provider had a process in place for monitoring and improving the quality of the care that people received. Surveys had been completed on annual basis by people living in the service and their relatives.