

Moorings Care Home Ltd

Moorings Nursing Home

Inspection report

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Essex
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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 16 and 17 February 2015 and was unannounced.

Moorings Nursing Home provides accommodation, personal and nursing care for up to 39 older people who may be living with dementia and/or mental health issues. On the day of our visit there were 32 people who lived in the service.

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 our last inspection in July 2014 we had concerns about cleanliness and infection control, staffing, assessing and monitoring the quality of the service and records.

At this inspection we found that the service had improved in cleanliness and infection control but had further work

Summary of findings

to do to improve in assessing and monitoring the quality of the service and in records. The service also had shortfalls in safeguarding people, management of medicines and consent to care and treatment.

People may not always be protected from abuse and harm because safeguarding procedures had not been followed, medicines were not always being managed safely and effectively and the service had not fully complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Although people's needs had been assessed and they were cared for by kind and caring staff who treated them with dignity and respect, the service was not consistently responsive to their personal healthcare needs. Risks to people's care and welfare had not always been fully assessed and they had not always been involved in making decisions about their care and welfare.

The records were not clear and posed a risk to people's health, safety and welfare because important information could be lost.

People who used the service and their relatives had been involved in meetings to discuss any issues about their

care and support. Their complaints and concerns had been listened to and acted upon. The service had carried out checks on its systems and practices but they were not effective because they had not identified the issues raised in this report.

People told us they felt safe living in Moorings Nursing Home. The recruitment practice was thorough and staff were trained and supervised.

Although there were sufficient numbers of suitable care staff to meet people's needs, people had been placed at risk of receiving unsafe care because a condition of practice was not being adhered to by a registered nurse.

People had been supported to have sufficient food and drink.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Previously the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

You can see what action we have told the provider to take at the back of the full version of this report.

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?

This service was not consistently safe.

Safeguarding issues had not been dealt with appropriately.

Medication was not always managed safely and effectively.

People told us that they felt safe and staff had a good knowledge about how to keep people safe. They had received training in a range of safety subjects.

People had been placed at risk of receiving unsafe care because a registered nurse's condition of practice was not being adhered to.

Requires Improvement



Is the service effective?

This service was not consistently effective.

Staff had knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) but it had not always been applied appropriately.

People were cared for by staff had received training and supervision.

Requires Improvement



Is the service caring?

This service was caring.

People were treated respectfully and their privacy and dignity was promoted.

Staff supported people with kindness and compassion.

Good



Is the service responsive?

This service was not consistently responsive.

People did not consistently receive personalised care and support and they had not been fully involved in planning and reviewing their care.

People's concerns were listened to and acted upon.

Requires Improvement



Is the service well-led?

This service was not consistently well-led.

The manager had made some improvements but more needs to be done to ensure that people receive a well-led service.

Regular audits had not identified the risk to people's care and welfare.

Staff understood their role and were confident to question practice and report any concerns.

Requires Improvement



Moorings Nursing 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 16 and 17 February 2015 and was unannounced. The inspection team consisted of three inspectors.

We reviewed information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We 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 with us.

We spoke with seven people who used the service, four visiting relatives, the registered manager and 12 members of care staff. We reviewed 11 people's care records and five staff recruitment files. We also looked at the service's policies, audits, staff rotas, complaint and training records.

Is the service safe?

Our findings

At the last inspection in July 2014 we had concerns about cleanliness and infection control. We had found that the service had not maintained appropriate standards of cleanliness and hygiene. The provider sent us an action plan and had worked towards completing the actions in the plan.

At this inspection we found that improvements had been made. For example, cleaning schedules were in place and appropriate kitchen checks had been carried out. New crockery and chopping boards had been purchased and all foods were now stored safely. The service was found to be clean and tidy. People were being cared for in a clean, hygienic environment.

At the last inspection in July 2014 we also had concerns about staffing. There were not enough skilled and experienced care and auxiliary staff to safeguard people's health, safety and welfare.

At this inspection we found that more staff had been recruited and in particular auxiliary staff. The registered manager told us that they had recruited 13 members of staff since the last inspection, which included two housekeepers, six care staff and five nurses. All of the staff recruited had been employed on an as and when required (bank) basis. The cook had returned after a long term absence and we saw a good staff presence throughout the inspection. Staffing levels were calculated using a recognised tool based on people's level of dependency.

Although more staff had been recruited, staff working at the service felt there were still insufficient staff. They said that this was difficult for them because most of the people they supported required the assistance of two staff. They told us that although the night staff had helped 15 people to get up, washed and dressed they still had to help another 10 people. We saw that one person was attempting to get up on their own when they clearly needed support. This meant that people may not always receive a service that is responsive to their needs. Staff told us that the recruitment process was thorough. There were appropriate documents on the staff files including, two written references, completed application forms, photographs and Disclosure and Barring (DBS) checks. However, there was a condition of registration on one registered nurse's staff file. It stated that they must work at all times on the same shift as

another registered nurse who is physically present in the home. We found that they had at times been working without another registered nurse on the premises. The manager told us that they had misunderstood the order. We reported our concerns to the Local Safeguarding Authority and to the Nurses and Midwifery Council. People had been placed at risk of receiving unsafe care because a condition of practice was not being adhered to by the nurse or recognised by the manager.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, because the provider did not take appropriate steps in relation to a person who no longer meets the criteria for the purposes of carrying on a regulated activity including where the person is a health care professional. This relates to regulation 19 (5) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were two on-going safeguarding issues in progress at the time of our visit. The service had trained their staff to understand and use appropriate safeguarding policies and procedures. Staff we spoke with had a good knowledge of how to spot the signs of abuse and how to report it. However, we saw some information about an alleged incident of abuse and found that the manager had not taken appropriate action until after we had discussed it with them. This meant that people may not be adequately protected against the risk of abuse.

Medication was not always managed safely and effectively. The manager told us that registered nurses were responsible for ordering, administering and recording medication. We found that for some people, there were no medication care plans in place to explain why the medication was in use. One person had been prescribed analgesics for pain but they were not written on the medication administration record. Another person's care plan stated that they had been prescribed continuous oxygen but the manager told us that it was no longer prescribed. There was a sign on the person's door stating that oxygen was present but there was none in the room. This may have caused confusion to staff and harm to the person because it was not clear from the records whether or not oxygen was in use.

Is the service safe?

People told us that they felt safe living in the home. One person said, "I feel safe here, the staff are all nice." One visiting relative told us, "It always feels safe, I never worry about leaving my relative here because I know that they have a safe comfortable life."

Is the service effective?

Our findings

People told us that they were happy with the service. One visiting relative said, “We visit our relative at different times on different days and they are always relaxed and happy.”

Staff we spoke with told us that they had a detailed induction. They said that they had worked with experienced staff until they were competent to work alone. Staff felt supported and supervision and observations of their practice had taken place. The manager was in the process of transferring information to the computer system so there was a mixture of paper and electronic records. It was difficult to determine who had and who had not had supervision because of this. The manager told us that once the records were transferred to the computer system it would alert them if a supervision was overdue.

Staff had participated in regular meetings where they had discussed issues such as communication, care plans, health and safety and the new computer system. They told us that they found the meetings helpful and supportive and that they were able to express their views.

There was also a mixture of paper and electronic training records. Staff told us that the training was good and that they watched DVD's and completed workbooks. We saw that some staff were working through a workbook on the day of our visit. They told us that they had watched the training on DVDs before completing them. However, the workbooks they were using contained some outdated information. This could mean that staff do not have the correct information and are being taught practices that no longer apply.

Although training had taken place it was difficult to determine when staff had done it. The manager provided a list of names and training subjects and they told us that staff would write in the date that they completed their training. They said the only way they could tell that staff had completed their training was to check each individual staff members records. This meant that important training and updates might be missed and people may not receive the support they require from staff who has the appropriate skills to care for them safely.

There were DoLS applications in place but there were no mental capacity care plans for people whose liberty had been deprived. There was a standard DoLS authorisation on one person's file that had expired in January 2015.

Staff told us that they were aware that people had mental capacity assessments in place but they were not fully aware of the outcomes of the assessments. They said that this information was stored in the main computer but was not available to them on the computer tablets that they used when working with people. Although some people told us that they had consented to their care, there was no written confirmation of this on the care plans that we looked at. This meant that people may not always be protected against the risks associated with their mental capacity and giving their consent.

Staff told us that they had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Although staff told us that they had received training, some had a better knowledge than others. Staff had a good understanding about DoLS and told us that it referred to people who were not able to make a decision. They explained the MCA and talked about best interests decisions.

People told us they were happy with the quality of food and nutrition provided in the home. They said they enjoyed the variety offered. One person said, “The food is lovely.” Another person said, “The food is very good.” Staff had a good knowledge of people's nutritional likes and dislikes. We saw that people were encouraged to eat independently and others were supported in a respectful way. One visiting relative told us that their relative enjoyed their food and that it had made them much stronger. People received sufficient food and drink in pleasant surroundings.

People told us that they were able to see their GP or nurse whenever they needed them. Care records showed that a range of healthcare professionals, such as GP's, chiropodists, opticians and tissue viability nurses had visited people when needed. Staff told us that the GP's were excellent at responding to their requests. One staff member told us, “The GP's are happy to give us advice, they are very supportive and we have a good rapport with them.” People's routine healthcare needs were met.

People told us that they were very happy with their environment. Painting and decorating was in progress on the day of our visit and the maintenance person told us that they were decorating rooms as they became vacant. There was signage around the home to help people to identify different areas and there were appropriate aids and adaptations, such as bath chairs and hoists, to support

Is the service effective?

people with their everyday mobility needs. One visiting relative said that the manager had carried out re-decoration around the home and it was now much brighter and fresher looking.

Is the service caring?

Our findings

People we spoke with had praise for staff and spoke positively about the care and support they received. One person said, “The staff are really fun.” Another person told us, “The staff are my family.” People said that staff treated them with dignity and respect. One person told us, “I get all the privacy I want.”

Staff talked about people in a kind and caring way. We saw that the two activities co-ordinators had developed a good rapport with people and they were positive and enthusiastic in their interactions. Staff had a good knowledge about people and their individual needs. Staff treated people in a kind and caring manner. They took time when interacting with people and listened to them carefully allowing time for their response before continuing.

Visiting relatives said that they felt welcomed into the home and that the atmosphere was good. They told us that the staff were happy, kind and caring and, ‘did a good job.’ One visiting relative told us, “We find it particularly

comforting the way our relative’s face lights up when staff approach them, and in some cases they are positively radiant.” People were supported with kindness and compassion.

The manager told us that they were in the process of planning for a residents and relatives meeting in March 2015. Two meetings had been held in 2014 where people and their relatives had discussed their views about the care delivered by staff. People told us that they were involved in making everyday decisions. The deputy manager told us that advocacy services had been used in the past but were not in use at present because they were not needed. Advocates support people to have an independent voice and enable people to express their views.

Staff told us how they maintained people’s dignity at all times. We saw staff supporting people and they did so in a respectful manner. People were well groomed and dressed in their own individual styles and preferences. They told us that they chose, with help, what they wanted to wear. People’s privacy and dignity was respected and promoted.

Is the service responsive?

Our findings

Although staff we spoke with had a good knowledge about people's needs there was limited information in their care plans, and they were not always reflective of people's needs. For example, one person's care plan stated that they should have 30 minutes checks throughout the night but the care notes showed that two hourly checks had been completed. Another person's care plan stated that they were able to use their bell but we saw that it was not plugged in and the lead was folded up on their chest of drawers out of their reach.

We saw that a number of people's call bells were either not in reach or were not operational. One person told us that they had been waiting for a cup of tea. There was no lead in their call bell so they were unable to call for staff. People would not have been able to summon help if they needed it urgently. This puts people's health, safety and welfare at risk as the service could not be responsive to their needs.

Although people told us that the service was responsive to their needs, the care records did not always confirm this. For example, for one person who had a mental health disorder there were no care plans in place for their mental health, their behaviour, their mobility or their medication. We saw a mental capacity act assessment on the main computer but there was no information about this health need available on the tablets for staff to see. We saw that another person's care plan stated that they were at high risk of developing pressure ulcers so required repositioning every two hours. They had been in the same position for more than two hours despite staff having recorded that they had checked them within the two hour timeframe. We also found that a number of call bells were either missing or not in reach. This could present a risk to people as they would not be able to summon help if they needed it. People were not receiving a service that was responsive to their needs.

This was a breach of Regulation 9 (1) (b) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that the service was responsive to their needs. We saw that staff mostly responded quickly when people needed help throughout our visit. However, there were times when staff were not visible in some areas of the home. For example, during our visit we observed there were no staff present in the downstairs lounge for a 15 minute period. People were in the room and told us that they were waiting for staff to support them. This meant that staff deployment did not always meet people's needs.

There were pre-admission assessments on the handwritten care files and on the main computer system. However, the tablets used by care staff did not contain any pre-admission, medical, health or medication information. This meant that staff had to access the main computer system to check these areas of people's care. Staff told us that it would be helpful to have this information on the tablets so that it was to hand when needed. The manager told us that there were plans to incorporate more information in the tablets in the near future to ensure that staff had the information to hand when needed.

People told us they knew how to raise a concern. One visiting relative said, "We have no complaints because we think the service is great and the manager acts straight away if we have a problem." There was a complaint and compliment folder which included many positive comments in cards and letters. The last recorded complaint was in May 2014 and it had been dealt with appropriately. However, the manager had received one complaint which they had dealt with recently but had not recorded in the complaints folder. The matter is currently the subject of a safeguarding alert.

The service listens and acts on people's complaints, however it was not clear if they learnt from them because they may not have always been recorded.

Is the service well-led?

Our findings

At our last inspection in July 2014 we had concerns about assessing and monitoring the quality of the service because it was not effective. The provider sent us an action plan and had worked towards completing the actions in the plan.

At this inspection we found that the service had improved in some areas of quality monitoring. For example, kitchen cleaning records were much clearer and had been fully completed to show that checks had been carried out as required. Infection control audits had identified the need for staff training and this had been carried out. The manager had carried out monthly audits.

However, further improvements were needed. This was because they had not carried out any care plan checks and had only spoken with one staff member to gain their input in the past three months. Their systems had also failed to identify an on-going condition on a registered nurse's registration. Which did not safeguard people from the risks of inappropriate or unsafe care and treatment.

The manager told us that there was a quality assurance survey in progress. They said that this would be the first one they had conducted. They told us that the previous survey had taken place before they managed the service in May 2014. We asked the manager for a copy of this report and we received undated copies of the responses people gave to the survey questions. There was no analysis of the information and no action plan had been devised to address the negative responses received.

Accidents and incidents were difficult to track because a mixture of paper and electronic records were in use. The daily allocation sheets, which showed who worked where, and when staff took their breaks had not been fully completed. For example, the evening sections of the sheets had not been completed at all and there were very few

entries about staff break times. The sheets were stored in a folder in no particular order making them difficult for the manager to audit. The manager told us that they initialled the allocation sheets as part of the audit process but they had not taken any action regarding non-completion.

The manager told us that the process of transferring everything to an electronic system had been problematic. They said that because everything had not yet been transferred it made it difficult to monitor. For example, it was not clear which staff had completed their training and which staff still needed it and when staff were due to have their supervision. It was not clear who had what accident/incident and when without looking at each individual record and who was working where in the service and who was on their breaks. This meant that the record and data management systems were not robust and could put people's health, safety and welfare at risk because important information might get lost.

This was a continued breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that the manager was nice. They said that they were approachable and did a good job. One staff member who we spoke with said, "Having different managers over the years has been unsettling but at the moment I do feel well supported." Another staff member said, "We are all supported by the manager and the seniors. We have staff meetings where we are able to say what we feel could improve the service. We are a good team and I enjoy working here." The staff meeting notes showed that a range of issues had been discussed such as people's likes and dislikes, communication, care plans, health and safety, incidents and accidents, training and the use of tablets to record information.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The registered person must take proper steps to ensure that people are protected against the risks of receiving care or treatment that is inappropriate or unsafe by the planning and delivery of care that meets people's individual needs and ensures their welfare and safety.</p> <p>Regulation 9 (1) (b) (i), which corresponds to regulation 9 (3) (b) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>The registered person must ensure that people are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by maintaining accurate records in respect of each person and by the management of the regulated activity.</p> <p>Regulation 20 (a) (b) (ii), which corresponds to regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>The registered person must take appropriate steps in relation to a person who no longer meets the criteria for the purposes of carrying on a regulated activity including where the person is a health care professional.</p>

This section is primarily information for the provider

Action we have told the provider to take

Regulation 21 (d) (i), which corresponds to regulation 19 (5) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.