Moundsley Hall Limited

Moundsley House

Inspection report

Moundsley Hall Care Village
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20 April 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was unannounced and took place 19 and 20 April 2016.

Moundsley House is registered to provide accommodation for personal and nursing care for adults who may have a dementia related illness for a maximum of 65 people. There were 47 people living at home on the day of the inspection. The home is arranged over two units with communal living and dining areas in both units.

There was a registered manager in place who covered all five homes at this site. 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. Each home had a unit manager who reported to the registered manager.

People told us they felt safe and staff were available to support them. People were helped by staff to reduce the potential risk of harm and free from the risk of abuse. Medicines were given to people as prescribed or as they needed them. People felt they had staff that were always around and they did not have to wait for assistance. Staff at the home agreed they were able to look after people and meet their needs, without delay.

Assessments of people's capacity to consent and records of decisions had not always been completed. The provider could not show where people had not been able to give their consent to care and treatment or that the relevant people had been consulted. People told us they liked the staff and felt they knew how to look after them. Staff also ensured they listened and responded to people's day to day choices about their care and support.

Staff were provided with training that they told us helped them understand and know how to provide care. All staff were supported by the unit manager and provider and staff told us they were able to speak to them about advice and guidance when needed.

People enjoyed the choice of meals and had been supported where further assistance or particular diets were needed. People had accessed other health and social care professionals when needed to support their health. People were helped to contact and arrange appointments with services which were not available within the home. They had regular visits from one local GP surgery when needed.

Staff knew the care needs of people who felt involved in their care and treatment. Staff were clear about the levels and expected care needs of people at the home. People's privacy and dignity were respected and staff were kind to them. People had been involved in the planning of their care and relatives were involved in supporting their family members care.

People were able to spend time doing the things they enjoyed and spent their time in an environment they liked. People and relatives both felt that staff were approachable and listen to their requests. Staff also felt confident to raise any concerns of behalf of people.

The care and nursing staff spent time with people and staff and people were positive about them. The registered manager and provider had kept their knowledge current, which had been shared across the five homes unit managers. The provider and manager had made regular checks to monitor the quality of the care that people received and look at where improvements may be needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received their medicines in a safe way which encouraged their independence. People were cared for by staff who had the knowledge to protect people from harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs.

Is the service effective?

Good

The service was effective.

People were supported to make their own decisions by staff that had been trained. Input from other health professionals had been used when required to meet people's health needs. Food had been prepared that reflected people's choice and their nutrition had been maintained and monitored.

Is the service caring?

Good

The service was caring.

People received care that met their needs from staff who were respectful of their privacy and dignity. People's individual preferences had been sought, acted on and recorded.

Is the service responsive?

Good

The service was responsive.

We saw that people were able to make everyday choices and were involved in planning their care. People were engaged in their personal interest and hobbies.

People were supported by staff to raise any comments or concerns with the provider.

Is the service well-led?

Good

The service was well-led.

People, their relatives and staff were complimentary about the

overall service and had their views listened to. Procedures were in place to identify and plan improvements.

Moundsley House

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 unannounced inspection took place on 19 and 20 April 2016. The inspection team comprised of two inspectors and one nurse specialist advisor.

The provider had 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 reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority and the local Clinical Commissioning Group for information who are responsible for funding some people's care.

During the inspection, we spoke with nine people who lived at the home and three relatives. We spoke with four care staff, three nursing staff, the unit manager and the registered manager. 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 looked at seven records about people's care and their medicines records, complaint files, falls and incidents reports, capacity assessments, staff meeting minutes, people's feedback and checks completed by the registered manager and provider that related to people's care and support.

Good

Is the service safe?

Our findings

All people we spoke with were safe and comfortable in their home and felt support by care and nursing staff. People also told us that care staff supported them when they needed them and spent time with them to monitor their safety. We saw that people were supported in the communal areas of the home to monitor their safety and to provide reassurance and support. All family members we spoke with were happy that their family members were safe and supported by staff within the home.

All of the care staff we spoke told us they kept people safe from the risk of abuse and if they were concerned about a person, they would bring it to the attention of the nursing staff or the unit manager. The nursing staff that we spoke with understood the types of abuse people were at risk of and would not delay in reporting any concerns about people's safety to the relevant authority. They were able to provide examples of when they had made referrals to the local authority where concerns had been seen or raised by care staff.

Where a person had an accident or incident these had been recorded with details of the event and any injuries sustained. Whilst each individual incident had been reviewed and recorded by the staff, they were reviewed regularly by the unit manager to identify any reoccurring patterns. The unit manager demonstrated that additional equipment or referrals to professional advice had been done to help reduce the risk of an incidents happening.

People risks were supported by care staff, which included areas around their mobility or skin care health. All staff we spoke with knew how to help people with their personal safety and what they needed to do to minimise the risks. Records we looked at detailed people's level of risk and the actions required by staff to reduce or manage that risk. They also recorded where people's risks had changed and the level of support had changed The staffing team told us they referred to the care plans often and that any safety concerns or new risks were shared at the start of each shift.

All people we spoke with said that care and nursing staff were available and they had not experienced delays when asking for assistance. One person we spoke said they used the call bell in their room to get care staff when the needed them. Care and nursing staff were seen to visit and check people who remained in their rooms regularly to see how they were.

While care staff said there were busier times during the day they were able to ensure that people's emotional needs were met. When we spoke to the unit manager they told us that staffing levels reflected and changed in response to people's needs. They were able to use agency staff to ensure the required number of staff were available for people. Staffing levels and recent shift changes had increased care staff presence and the unit manager continued to monitoring the care people received to constantly review staffing levels. The unit manager provided additional support to nursing staff during unplanned busy periods.

People's medicines were managed by nursing staff at the home. Two people we spoke told us about their medicines and were happy that they got these when needed. Nursing staff held details about what the

medicines were for and provided instruction and encouragement for people. Where people received their medicines covertly, the provider had used best interest meeting to make those decisions.

Nursing staff kept records of the medicines they had given and when. Where people required pain relief 'when needed' we saw staff talked with people about their pain levels and if they wanted the medicines. Written guidance was available for medicines 'when needed' for nursing staff to follow. Where people required medicines for emotional needs the use of these medicines were reviewed frequently by nursing staff to monitor their usage. People were supported by care staff using other techniques before medicines were used. The medicines were stored securely and unused medicines were recorded and disposed of in a safe way.

Good

Is the service effective?

Our findings

People received care from care and nursing staff that told us their training had been provided to ensure they were able to meet the need of people they cared for. One person said the nursing staff were knowledgeable and often chatted through any areas of their condition. Relatives said that agency staff were not always as knowledgeable as permanent staff. The unit manager and provider had recognised the need to recruit and maintain permanent staff to provide a more stable environment for people.

Nursing and care staff we spoke with were happy that their training was reflective of the needs of the people living at the home. For example, how to use equipment needed to support people or how to manage a range of health conditions. However, nursing staff care staff felt further training in understanding the Mental Capacity Act would further improve people's experience in the home. The unit manager had recognised these areas for development and training was being arranged for care staff.

Nursing staff were also supported with additional clinical training and they told us this help them support people's changing health needs For example, they told us this made them confident to assist people with who required additional support needs at the end of life and managing their medicines. Nursing staff also discussed clinical practices with each other for additional learning and development.

Care staff felt supported in their role and had regular meetings with the nursing staff to talk about their role and responsibilities. Care staff told us it was a two way process and felt it increased their commitment to their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People we spoke with told us they made their own day to day decision and staff acted on these. All care staff we spoke with understood people had the right to choose or refuse treatment and ensured they responded to people's choices.

Where nursing staff told us people did not have capacity to make a decision information had been recorded in the person's care plan. For example, people's individual decisions had been made in their best interest. A recent managers meeting had recognised that further improvements in reviewing people's records of decision would be beneficial. Progress was being made to revisit people's assessment to ensure they were current. The nursing and care staff we spoke with had an understanding of the MCA and what this meant for people.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were

being met. The registered manager had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty.

People we spoke with told us they enjoyed the food and the meal options. One person told us about the their particular diet and were able to choose where they ate their meals. A dining area was used by some people who were enjoying chatting with staff and other people. People told us and we saw that drinks were available and offered throughout the day. Where people required thicker drinks or assistance with eating their meal care staff were able to provide this assistance. We saw that care staff were sat with people individually without interruption.

People's preferences had been recorded and used by the kitchen to help in planning meals. This included where people required an alternative diet. For example, softer foods or where certain foods needed to be avoided. There were also hot choices for the evening meal alongside a variety of cold options.

Two people we spoke with told us about how they received additional external help to remain healthy. They told us appointments were arranged with opticians and dentists who visited the home. People were supported with additional aids that promoted their wellbeing. For example, reading glasses and hearing aids. Nursing Staff also supported people with arranging reviews and assessment for equipment. For example, specialist mattresses or walking aids.

The unit manager confirmed that the local GP visited the home once a week or when requested. Where people required a regular blood test to monitor and maintain their health condition, these had been arranged and completed as required. People also attended hospital appointments and we saw that care staff were able to accompany the person if required.

Good

Is the service caring?

Our findings

People we spoke with told us they liked the home and were pleased with their care. They liked the nursing and care staff and enjoyed their company. All staff spoke and engaged people in a calm and friendly manner. People felt that care staff were happy to chat with them and would spend time with them. We saw that people, care and nursing staff knew each other well and looked relaxed and spent time chatting with one another.

Where people told staff their views they responded by involving the person or offering suggestions to help with decisions. For example, where they might like to sit or they wanted to go for a walk with staff guidance. People were confident to approach staff for support or requests and care staff took the required action.

People told us that they chatted to staff about their lives and histories. Care and nursing staff said they enjoyed learning about people's lives and spending time with them. Relatives or friends of people we spoke with said if their loved ones were not able to tell care staff about themselves they had been able to share their histories, preferences and routines. Records showed that information had then been considered when completing and reviewing people's care plans. Care staff told us that over time they recognised people's preferences and things they enjoyed or liked to be involved in and their preferred daily routines.

People were given time to respond to care and nursing staff and were not hurried by them. We saw that staff were caring, respectful and knowledgeable about the people they cared for. Staff spoke with people about their current interests. For example, how nice they looked after visiting the hairdressers. People were pleased that staff had noticed and smiled and agreed in response. People were also supported through touch and facial expressions by care staff who used this as a way to help understand responses.

People we spoke with told us they chose where they spent their time and how it was important for them to be as independent as possible. Two people felt the care staff were supportive of this and whilst there were certain things they could not do staff were careful not to do everything for them. Where people had chosen or needed to spend time in their rooms this was supported and care staff checked on people regularly. People told us that how they dressed and presented themselves were important to them and felt staff knew and appreciated this.

People visitor's told us they were made to feel welcome by staff and could visit at any time. Where people required personal care they were assisted to their rooms to ensure privacy and dignity. The provider was aware of the need to maintain confidentiality in relation to people's personal information. We saw that personal files were stored securely and that computer documents were password protected when necessary. All staff were careful when discussing people with each other or their family members.

Good

Is the service responsive?

Our findings

People we spoke with told us that they were happy that care and nursing staff helped them maintain or improve their conditions and knew when they were not feeling well. For example, one person told us how they were supported with their wound dressing as needed. Where other people required assistance nursing staff also explained about the level of support needed. People had their health needs assessed by having specific assessments. Nursing staff then used these to monitor the condition and if needed had referred to external agencies for support. For example, referring people to a tissue viability nurse for advice and guidance.

All relatives we spoke with told us the nursing and care staff looked after their family members health needs and they were kept informed of any changes. We saw that nursing and care staff took time to talk with people's relatives about how their family member had been since their last visit.

Care staff told us they recorded and reported any changes in people's care needs to nursing staff, who took action where needed. For example, noticing changes to people's emotional and physical needs. Nursing staff and records showed that people had been supported to have their conditions managed or improved.

People's needs were reviewed and recorded frequently throughout the day. Changes or updates were shared among staff when their shift started. These included people's emotional experiences, health appointments, visitors and changes to care needs. Nursing staff used a diary to maintain a record of appointments and reminders and these were available for all staff to refer if needed.

We looked at four people's care records which had been kept under review and updated regularly to reflect people's current care needs. These detailed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. All staff told us the care plans were updated and used to ensure that people received the care and supported needed.

People discussed their wellbeing and wishes with care and nursing staff and we saw that any requests were responded to. For example, people were asked how they were feeling or where they wanted to spend their time. Four people we spoke with told us they were able to do the things they enjoyed throughout the day. For example, reading the newspaper, watching television and listening to music. People we spoke with said they were able to join in group activities that were available. The home employed a member of staff to focus on entertainment and we saw they spent time with people ensuring they had things to do. They also arranged a weekly trip out on a Friday where people could choose to go on.

All people we spoke with told us they had no current concerns or issues. People and their relatives told us they would raise any issues or concerns with any staff within the home. All relatives felt their concerns and comments had been listened to and the unit manager took action where needed. The unit manager said that when people or relatives raised a matter they always tried to resolve it immediately. However, where people had raised complaints records showed these had been recorded and we saw that a response had been sent and as advised in the provider's complaint policy.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection who was also the registered manager across the providers four other homes on the same site. The provider was currently in the process of registering managers to ensure that each home had a named registered manager in post. As part of this inspection we spoke with a representative from the provider and the registered manager to see how the five homes were currently managed.

All people we spoke with were positive about their home and they were happy to approach and talk with staff and the unit manager. We saw that the unit manager, nursing and care staff spent time with people and their relatives. All staff were able to respond to people's requests or provide general social conversations. Three relatives said they also got to talk to each other and had the opportunity to raise anything at 'Residents and Relatives' meetings.

The provider had questionnaires available in each of the five homes which people, relatives or other visitors to the home could complete to comment on their experiences. The provider and registered manager said there had been a low response and planned to send out questionnaire direct to relatives with a view to increasing the feedback.

The provider had a clear management structure in place with the registered manager post being supported by additional unit managers. Unit manager from all homes on the site felt able to tell the registered manager their views and opinions at any time or at weekly management meetings. These were used to discuss what was working well and where improvements were needed. For example, staff training in understanding MCA and recruitment of permanent staff.

All care staff we spoke with felt the home was being managed well and had a management team in place. Staff told us the unit manager was approachable and welcomed ideas or comments which they could share individually or at staff meetings. Staff told us they felt able to tell the manager any issues or concerns and they would listen and respond. All staff we spoke with told us they enjoyed working there and felt there was a homely environment and had a caring approach to their role. The nursing staff were currently up to date with their professional registrations.

Monthly checks had been completed by the registered manager across the five homes which included looking at the environment, medicines checks and reviewed people's care plan information. The provider also reviewed the checks and talked through any changes or improvements with the registered manager. All unit managers told us the registered manager visited the homes often and spent chatting with people and staff.

The registered manager told us they were supported by the provider in updating their knowledge and continued to identify further professional training opportunities. The registered manager understood the responsibilities of their registration with us. We asked that all allegations of abuse were notified to us however, other significant events had been sent to us, such accidents and deaths that had occurred at the