

Cygnnet Care Limited

The Moorings

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 23 June and was unannounced.

The Moorings provides support and care for up to 39 older people who may be living with dementia. At the time of our inspection there were 27 people living there. This was because the provider had reduced the numbers of people accommodated so that building work could take place in a way that minimised the impact for people using 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.

Staff knew the importance of recognising, responding to and reporting any indications which might indicate a person had been abused or harmed in some way. Staff were properly recruited to ensure that they were safe to

Summary of findings

work in care and there were enough of them to meet people's needs properly. Where staff took responsibility for storing and administering medicines to people, they did this safely.

Staff were competent and had a good understanding of people's preferences and wishes. They ensured they sought advice promptly on behalf of people who became unwell. Staff understood the importance of supporting people to have enough to eat and drink. They also understood the importance of offering people choice and how to support those who may find it difficult to make informed decisions about their care.

Staff ensured that people's privacy and dignity was respected. Staff responded with warmth and kindness to people's requests for assistance. People were consulted

about their care, with support from their family if it was necessary. They were supported and encouraged to follow their interests and activities and there was a sociable and cheerful atmosphere within the home.

People, with support from their relatives where it was needed, could raise complaints or concerns about the quality of care they received and have these addressed. People were also enabled to express their views about the way staff supported them and were satisfied with the care they received.

The service had good and consistent leadership. The provider and manager took responsibility for monitoring the quality and safety of the service. They encouraged people or their relatives to express their views so that improvements were identified and made where possible. Staff were clear about their roles and well-motivated.

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 enough staff who were robustly recruited to ensure they were safe to work in care. Staff knew the importance of reporting suspicions of abuse or harm.

Medicines were managed safely. Arrangements had been changed just before the inspection and provided for improved auditing processes.

Good



Is the service effective?

The service was effective.

People were supported by competent and well trained staff. Staff and the manager understood the importance of protecting the rights of people who were not able to make decisions for themselves.

People had enough to eat and drink and staff sought advice about people's health when it was needed.

Good



Is the service caring?

The service was caring.

Staff showed warmth and respect when they supported people. They respected people's dignity and responded kindly and promptly to people who were anxious or distressed.

Good



Is the service responsive?

The service was responsive.

Staff understood what each person's needs and preferences were and how to meet them. Activities were on offer which took into account people's past histories and interests.

Staff listened to concerns and complaints and people (or their representatives) were confident they would be addressed.

Good



Is the service well-led?

The service was well-led.

Staff were well motivated, clear in their roles and responsibilities and worked well together as a team. There was a registered manager in post.

Systems for monitoring the quality and safety of the service were robust and took into account people's views about improvements that could be made.

Good



The Moorings

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.

The inspection took place on 23 June and was unannounced. It was carried out by two inspectors.

Before we visited the service we reviewed the information we hold about it. This included a Provider Information Return (PIR) that was completed by the provider. 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 also reviewed information about specific events such as incidents taking

place within the service. The provider is required by law to notify us of these, including events affecting people's safety or accidents occurring to people while they are receiving care.

We spoke with four people who used the service. We also spoke with three relatives. We observed how people were supported 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 with us. We received feedback from a community mental health professional visiting the service. We also spoke with three members of staff, the deputy manager, training manager, registered manager and the providers' representatives.

We reviewed records associated with the care of three people, medication records for five people and other records associated with the management of the service.

Is the service safe?

Our findings

We reviewed the systems for managing people's medicines. The home had secured a different supplier for medicines during the week leading up to our inspection. As such, we found that there were large stocks of surplus medicines awaiting return to the pharmacy. Staff and the provider said that stock was higher than usual because of the change in supplier. In the interim, these medicines and those that had been refused and locked in the medicines trolley before disposal were not clearly recorded as would be best practice. However, we noted that they were stored securely and only authorised staff had access. This minimised the risk of any misappropriation or misuse.

We noted that the previous medicines system did not provide for recording the balances of medicines that were carried forward at the beginning of the month. The provider and manager considered that the new system would provide for more effective auditing that medicines were being given as prescribed and were seeking advice from their new supplier about this.

We noted that one person had been prescribed a medicine for use when it was necessary. There was no written guidance for staff about the use of this medicine and the interval they should leave between doses if the first one was ineffective. However, our discussions with a staff member showed that they were aware of when it was to be used and was normally only used during the night. The person's care records confirmed that it was used occasionally and only when it was justified.

There were no omissions from records of the administration of medicines in use. We checked records and balances of controlled drugs. These required additional precautions in their storage, recording and administration. We found that these too were complete and accurate.

Staff told us that their training to administer medicines safely was renewed every three years and that their competency was assessed from time to time.

We concluded that people received their medicines safely and as the prescriber intended. The change of systems to ensure further improvements in auditing contributed to this.

One person living in the home told us, "It's nice here." A visitor to the service said, "I feel [person] is safe and looked after well – I couldn't look after her any better. I know she is safe and I can relax." Another relative commented, "I can't speak highly enough of the care team."

Staff spoken with were able to tell us what signs would lead them to suspect someone may be being abused or harmed and were clear about their obligations to report it. They confirmed that they had regular training to support them in this. The provider's training programme covered different aspects of abuse and how it might happen. It was also clear about the responsibility of staff to 'blow the whistle' if they were concerned about poor practice. We know from the history of the service that the provider had reported concerns in the past and liaised with the local safeguarding team as is required. A staff member told us they were confident the provider would deal with any concerns but they were also aware they could raise concerns with the safeguarding team, the police or the Care Quality Commission for advice.

Risks to people, for example associated with pressure areas, falls or of not eating and drinking enough were assessed and recorded within their plans of care where appropriate. We saw that staff guided and assisted people with their mobility if this was needed to minimise the risk of them falling.

The risks associated with the premises were assessed and updated regularly. During the extensive building works which were taking place, these were reviewed frequently to ensure people's safety. We observed that staff were shown promptly where fire exits had needed to be moved because of the building works so that they would know how to assist people to leave the building safely in the event of a fire.

We observed that there were enough staff on duty to support people safely and to respond promptly to requests for assistance. The call alarm bell sounded twice during our visit and was responded to within one minute on both occasions. The provider told us about plans to increase the numbers of staff when the extension to the service was complete and that this would include additional staffing to provide activities for people. Staff told us that staffing levels were maintained so that they were able to meet people's needs. They said that staff were generally good at providing cover when there were shortfalls due to sickness.

Is the service safe?

The manager told us about recruitment processes for new staff that had already started so that they would be ready to start work when they were needed. This included making appropriate checks to ensure they were suitable to

work in care. One newer member of staff already in post told us about the checks that were made before they were appointed, confirming that recruitment processes contributed to promoting people's safety.

Is the service effective?

Our findings

One person told us, “The staff are very good – every one of them.” Visitors had no concerns about the abilities of staff to meet people’s needs. A visiting professional from the mental health team told us that they felt the staff were all knowledgeable about people’s needs.

Staff told us that they felt they had good access to training opportunities and that ‘core training’, such as fire safety, first aid and moving and handling practices, were updated regularly. They said there was additional training in how to support people who were living with dementia and they had the opportunity to gain further qualifications. This information supported what the provider had told us in the information they sent before the inspection.

The provider and the training manager told us how they had worked to develop a training programme for new staff that would meet the requirements of the new Care Certificate. This contributed to ensuring that staff had a full induction on appointment and were able to meet people’s needs competently.

Staff told us that they felt well supported. They described senior staff, the management team and the providers as approachable if they needed to discuss anything. They told us they had supervision regularly so they had opportunities to discuss their work and any development needs. We noted that there were regular meetings for senior staff to share and cascade information to the staff team and the colleagues they supervised. Full staff meetings did not take place but staff spoken with did not see this as a problem. They told us that their handover meetings provided the opportunity to raise and discuss issues and to keep them informed.

Staff were able to tell us how they offered people choices in their daily lives, for example about what to eat, drink or wear, and how they wanted to spend their time. We spoke with staff about how they gained consent from people before they provided care to them. They were able to tell us about how people’s capacity to give informed consent may fluctuate during the course of the day. They gave us examples of how people may refuse assistance with their personal care and how they would return later or try a different approach to see if people would then accept assistance.

One staff member who had not yet completed training in the Mental Capacity Act (MCA) 2005 told us that this had been arranged for them. However, in the interim they were also able to tell us how people’s decisions were respected and how information was offered to them about their care. They described how, if someone could not understand what was needed, they would seek advice from senior staff and discuss with others what would be in the person’s best interests. The manager and providers had completed recent training in the application of the MCA and the associated Deprivation of Liberty Safeguards (DoLS). Some applications to the supervisory body had already been made to ensure any constraints on people’s freedom were properly considered. We concluded that the provider and registered manager were meeting the relevant legal requirements to ensure that people’s rights were protected.

People told us that they enjoyed their food. One told us that their lunch was “...lovely.” A menu was not displayed but we did see from a list of menu choices that people were consulted during the previous day to find out what they would like. People’s choices were recorded and there was a check on stock of meals that had been prepared and frozen so that people could choose from a good variety of different main dishes.

We saw that people were offered a choice of drinks during the morning of our inspection. At lunch time a selection of drinks was available for people including sherry, wine and non-alcoholic cold drinks. We observed that everyone had a drink close by. People were also offered either tea or coffee after they had finished eating.

We observed that one person tipped some of their drink into their dinner and their meal was replaced promptly so they could continue to enjoy it. We saw that people who needed assistance or prompting to eat or drink were offered this. Staff explained to people what their meal was and we saw that they assisted people at their own pace, explaining what was on their spoon or fork before doing so. However, we observed that one person’s mealtime experience was a little disjointed and disorganised. The staff member assisting them frequently got up and left the table to check on the welfare of others. We also noted that some people who were seated together did not receive their meals at the same time to contribute to making their mealtime a more sociable experience.

People’s weight was monitored regularly to ensure that remedial action could be taken if it was needed to address

Is the service effective?

concerns about their eating and drinking. We saw that, where staff had identified one person had unintended weight loss, they provided regular monitoring of what they had eaten to see whether further advice was needed. We also saw that some people were monitored to ensure they had enough to drink. Although there were no daily totals or target amounts, we could see they were offered frequent and regular drinks. We had no concerns that people did not receive enough to drink throughout the course of each day.

Visitors to the home said that they felt staff were alert to any changes in people's health and ensured that medical advice was taken promptly. For example, one relative said,

"Staff do very well. They are on the case with [person's] needs." Another visitor told us, "A close eye is kept on all aspects of care including health." People's records showed that they had access to people who could help to promote their health, including the doctor, district nurse and chiropodist.

The visiting mental health professional told us that staff referred people to their team appropriately. They told us that the staff team ensured they addressed any underlying physical causes that might affect someone's mental health, such as pain or infection, before contacting them for advice or assessment.

Is the service caring?

Our findings

One person living in the home said, “Staff are very helpful.” Visitors told us that they felt staff were kind and caring. For example, one told us that staff made sure their relative always looked nice as this had been important to them through their life. They said, “This means a lot.” Others described staff as very caring and said they offered, “...excellent care.” Another went on to say that they thought, “The staff have been wonderful.” All of the visitors spoken with said that they could come at any time and were welcomed by staff.

The provider’s quality assurance surveys for relatives showed that they were very satisfied with the quality of care and consistency of staff. For example, one visitor had commented in their response, “Staff are very attentive towards the residents.” Another wrote, “I can’t speak highly enough of the care team.”

During our inspection we saw that staff responded warmly to people, for example by placing a hand gently on someone’s arm when talking to them. They made eye contact with people by sitting alongside them or crouching down when it was appropriate. When we saw one person become distressed, a staff member attended to them promptly to find out what they could do to help and whether the person was in pain. For another person, staff offered to fetch a cushion to put behind their back so they could sit more comfortably. Staff addressed people politely and by name.

A relative confirmed that they were involved in discussions about a person’s care although this was not always formally at a review. Another visitor to the home explained how they were consulted and kept up to date about any

changes in the person’s health, welfare or medicines. The provider’s surveys completed by relatives showed that they were happy with the level of involvement they had in supporting people to plan and review their care and make decisions.

We found in those plans of care we reviewed, that people or their family members had been consulted to draw up their personal histories and preferences and, in one case, a family tree. This enabled staff to engage people in meaningful discussions about their past lives and the things that were important to them. Our discussions with the manager showed that they were aware of the need to ensure the service people received took into account religious beliefs and cultural differences when this was necessary.

We saw that the majority of people were encouraged to do what they could for themselves. For example, one person was encouraged to sit more comfortably and staff clearly explained how they could do this for themselves. However, we did observe one person had been assisted to eat their main meal and to start their dessert but who later went on to eat independently when the staff member left the table.

We observed that staff treated people with respect. For example, we saw that one person was consulted about whether they wanted to wear a clothes protector when they were given their dessert because it might be difficult for them to manage the custard easily. The activities coordinator encouraged people with activities but respected someone’s preference when they said they would rather watch television than join in. The staff member ensured that the programme was shown with subtitles so that people who had difficulty hearing would be able to enjoy it.

Is the service responsive?

Our findings

A visitor told us how their relative preferred to spend time in their own room and said that they felt staff met the person's preference well. Another visitor to the home told us how their relative's needs had been assessed before they moved to the service and that this included the person's life history. They went on to say, "Staff know [person] very well and got her needs from the very start."

Care plans were descriptive of people's needs although they did not always contain information about specific goals for care. The provider's representative indicated that this had happened some time ago but that the current information with each aspect of care described was working well. We noted that plans were reviewed regularly and when people's needs changed. We observed the hand over for staff and saw that information was shared about the individual support that people had been offered. Staff were able to tell us in some detail about each person's needs and the support they required, including with their interests and hobbies.

One person told us, "There's always something to do." They also told us they could go out when they wanted to. Another person told us that, although their eyesight was not as good as it had been they enjoyed doing jigsaw puzzles. They were engaged in doing one of these with two other people who lived at the home. Three other people were playing a matching game. The activities coordinator provided people with encouragement and support, moving around between the small groups or individuals. Two people had chosen to read books and one person nodded to show us that they enjoyed looking at the pictures of the royal family.

A visitor to the home told us that their relative enjoyed the activities on offer and had joined in planting seeds which were now growing in pots on the lounge window sill.

The programme of activities was displayed in the hallway for people to refer to, in both words and pictures. The provider told us there were plans to increase the number of hours from four days, so that there were designated staff for activities throughout the week and weekends. We saw that there were magazines, books and games available for people to use.

During the afternoon, we saw people smiling and laughing while they were enjoying a bingo session. One person who was not playing the game was engaged in pulling out the numbers each time. The activities coordinator recognised that another person was hard of hearing and in addition to calling out the number always walked to them to show them the number. We saw that one person was given some paper as they liked to write the numbers down. We concluded that, although this was a larger group activity, people's abilities and preferences were taken into account in the way it was delivered.

Information about making a complaint was displayed. One person told us they were happy and had no concerns so they had not needed to make a complaint. Visitors to the service were confident in raising any concerns they had and that they would be listened to. One visitor told us that they felt staff, the manager and the owners were all approachable if they had any concerns. Another said, "The manager went out of her way to help." They went on to tell us that they felt staff did everything they could to resolve issues and address them promptly.

Is the service well-led?

Our findings

Our observations indicated that most people would need assistance to comment about the quality of the service in a survey. However, relatives were asked for their views and to comment on behalf of people using the service on a regular basis. The survey could be returned anonymously if that was what relatives wanted to do and they were provided with stamped addressed envelopes to send in their responses. One visitor told us that the owners of the service were approachable and another said they would recommend the service to anyone.

Eighteen relatives' questionnaires had been returned in response to the survey that was issued in January 2015. These spoke highly about the quality of care and the consistency of the staff team. Where suggestions had been made for improvements we could see that an action plan was discussed with the manager at her supervision with one of the directors.

There was no formal survey questionnaire for staff. However, staff told us they were confident about raising any issues with members of the management team. They told us that although there were not regular staff meetings for all staff, they were kept informed and could discuss the running of the service at the hand over meetings between shifts. We observed this to be the case and the manager asked staff if they had any ideas or suggestions in relation to the information that was shared. Staff told us that this was always the case.

The providers had recognised the need to update and improve facilities for people. Visitors told us that one of the directors kept them informed about the building work, its progress and what it involved. They commented that the standard of the care that people received had not been adversely affected. A relative told us that they had been a bit worried about the extension and staffing but felt reassured by the director. They said, "I have been involved and kept up to date." The plans were displayed in the entrance hall so that people could see them and ask questions if they wanted to.

We concluded that the home was run in a way that encouraged open discussions with people, their representatives and staff. Their views were taken into account in the way the service was delivered.

Staff told us that they felt the team worked well together. They felt that morale was good and one said that they loved coming to work. They described the manager and deputy manager as willing to help at busy times. We noted that they did so at lunch time. When we needed to speak to the deputy manager about medicines, the manager asked if there were other duties needing attention that she could do. Staff told us that they felt their shifts were well organised so that they knew what they were accountable for. There was a core of long standing staff who understood the provider's expectations of them in their roles. This included the manager who had been promoted from within the organisation and registered as the manager with the Care Quality Commission in August 2013.

During the course of the inspection the manager maintained a presence 'on the floor', checking how people were and whether everything was alright. We concluded from our discussions that she understood the needs of individuals and was clear about her responsibilities. Our discussion with visitors to the home also showed that they knew who the manager was and had confidence in her abilities.

There were robust quality assurance systems in place. One of the directors made regular visits to the service to assess the quality of it. This involved checks on the premises, on records and discussions with staff, people living at the home and visitors. These had been sent to us regularly and included an action plan of things which needed drawing to the attention of the manager or other staff so that improvements were made. Following a change of systems, the directors and manager were taking further advice from their new medication supplier to improve the way that medicines could be audited.

In addition to the monthly visits to assess the quality of the service, there were quarterly audits which took place over two days. The manager received a report of these with any actions identified as necessary. These visits also reviewed whether there had been any complaints and individual compliments which could lead to further improvements across the service.

We found that there were regular checks on the safety of the service, maintenance, cleanliness and training. Records showed that equipment was checked and serviced on a regular basis to ensure risks were managed. The provider's health and safety policy statement and risk assessments had all been reviewed and updated in May 2015 to ensure

Is the service well-led?

they remained fit for purpose. The providers were aware of recent changes in food safety legislation in relation to allergens. This contributed to ensuring that areas of improvement needed were identified and addressed promptly and standards were maintained or enhanced.