

Moorings Care Home Ltd

Moorings Nursing Home

Inspection report

167 Thorney Bay Road
Canvey Island
Essex
SS8 0HN

Date of inspection visit:
21 September 2017
26 September 2017
02 October 2017
11 October 2017
01 November 2017

Date of publication:
29 November 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 21 and 26 September, 2 and 11 October, and 1 November 2017 and was unannounced.

Moorings Nursing Home is registered to provide care and accommodation with nursing care for up to 39 people some of whom may be living with dementia and/or mental health conditions. When we inspected there were 37 people living in the service.

Improvements were needed to staff training. Staff had not received training in subjects that specifically meet the needs of people who use the service. We have also made a recommendation about providing staff with regular support and development of their skills.

Although there was a registered manager in post, on the second day of our inspection they were not available. The provider appointed a new interim manager who, together with a senior care assistant provided as much information as they could for this inspection. 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 recruitment process was usually robust. However, the sudden changes in management and staff had caused staffing issues which the new interim manager was trying to sort out by quickly recruiting appropriate staff, to help keep people safe and to meet their needs.

People received a safe service and were protected from the risk of harm. The electronic medication system was good and people received their medication as prescribed.

The service supported people to have as much choice and control over their lives in the least restrictive way possible. People received sufficient food and drink to meet their needs and preferences. Their health was monitored and their healthcare needs were met.

Staff knew people well and they were kind, caring and empathetic in their approach. People were encouraged and supported to maintain their independence as much as they were able to. Staff ensured that people's privacy was maintained and treated them with dignity and respect at all times.

People and their relatives were involved in the assessment and care planning process. The care plans and assessments had been regularly reviewed to reflect people's changing needs. People were encouraged and supported to participate in activities of their choosing which suited their individual interests. Complaints were dealt with appropriately in a timely way.

People were positive about the quality of the service. The new interim manager and staff were committed to

providing people with a good quality person centred service that met their needs and preferences. There were effective systems in place to monitor the quality of the service and to drive improvements.

Further information is in the detailed findings below.

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 were protected from the risk of harm.

Although staff had been safely recruited and there were usually sufficient suitable, skilled and qualified staff to meet people's assessed needs, the sudden changes to management and staff had caused staffing problems which the interim manager was in the process of sorting out.

Medication management was good and ensured that people received their medication as prescribed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Improvements were needed to training in service specific subjects and to staff supervision.

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and had applied it appropriately.

People had sufficient food and drink to meet their individual needs and they experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People received their care from kind, caring staff who were compassionate in their approach.

People and their families were fully involved in their care and support and were encouraged to follow their faith.

Advocacy services were available when needed.

Is the service responsive?

Good ●

The service was responsive.

People's involvement in their assessment and care plans ensured that staff had good information about how people wanted their diverse needs to be met.

There was a good complaints procedure that was easily available for people to refer to. People could be confident that their complaints and concerns were dealt with appropriately and to their satisfaction.

Is the service well-led?

The service was well-led.

Management at the service had been consistent over the last three years. However, sudden changes to the management had recently caused some staffing problems that the new manager was sorting out.

There were effective quality assurance systems in place to monitor the service and drive improvements.

Good ●

Moorings Nursing Home

Detailed findings

Background to this inspection

The inspection took place on 21 and 26 September, 2 and 11 October, and 1 November 2017 and was unannounced.

Moorings Nursing Home is registered to provide care and accommodation with nursing care for up to 39 people some of whom may be living with dementia and/or mental health conditions. When we inspected there were 37 people living in the service.

Improvements were needed to staff training. Staff had not received training in subjects that specifically meet the needs of people who use the service. Although some staff had received supervision others had not therefore we have made a recommendation about providing all staff with regular supervision.

Although there was a registered manager in post, on the second day of our inspection they were not available. The provider appointed a new interim manager who, together with a senior care assistant provided as much information as they could for this inspection. 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 recruitment process was usually robust. However, the sudden changes in management and staff had caused staffing issues which the new interim manager was trying to sort out by quickly recruiting appropriate staff, to help keep people safe and to meet their needs.

People received a safe service and were protected from the risk of harm. The electronic medication system was good and people received their medication as prescribed.

The service supported people to have as much choice and control over their lives in the least restrictive way possible. People received sufficient food and drink to meet their needs and preferences. Their health was monitored and their healthcare needs were met.

Staff knew people well and they were kind, caring and empathetic in their approach. People were

encouraged and supported to maintain their independence as much as they were able to. Staff ensured that people's privacy was maintained and treated them with dignity and respect at all times.

People and their relatives were involved in the assessment and care planning process. The care plans and assessments had been regularly reviewed to reflect people's changing needs. People were encouraged and supported to participate in activities of their choosing which suited their individual interests. Complaints were dealt with appropriately in a timely way.

People were positive about the quality of the service. The new interim manager and staff were committed to providing people with a good quality person centred service that met their needs and preferences. There were effective systems in place to monitor the quality of the service and to drive improvements.

Further information is in the detailed findings below.

Is the service safe?

Our findings

People told us that they felt safe and secure living in the service. Relatives said that they felt their loved one was safe and happy. One visiting relative told us, "We chose this home because it is close to us, but also for the feel of the place." Another visiting relative said, "I feel my relative is very safe here. The home has a warm homely feel to it."

Staff demonstrated a good understanding of how to protect people from the risk of harm. They were aware that they could report safeguarding concerns to CQC and/or the local authority. One staff member said, "I have had training in how to safeguard people and I know that I need to take action and report it if I saw anything. I also have regular updates using e-learning." There were clear policies, procedures and guidelines for staff to refer to when needed and safeguarding issues had been dealt with appropriately.

There were risk assessments and management plans in place to minimise any risks to people's health, safety and welfare. The electronic care planning system provided good information about people's risks and staff were clear about how they managed them and described how they kept people safe. One staff member said, "The risk assessments are very clear and although I know the people I care for well I can refer to them if necessary." Another staff member told us, "The care plans and risk assessments clearly show what each person can and cannot do for themselves. The computer system has all the information I need to do my work."

Although relatives generally felt there were enough staff to meet people's needs, the sudden changes in management and staff had meant that some shifts had less than the planned numbers of staff. The interim manager was working hard to recruit suitable staff and was waiting for clearance for two of them to start work. One visiting relative said, "Staff always seems to be available when we've needed them. Nothing seems too much trouble for them." Another visiting relative told us, "There is a continuity of the staff, which is reassuring." However, one of the five relatives we spoke with had a different view and said, "I think they have just about got enough staff, though nights might be a little tight. My relative has told me that at times they have had to wait a bit for assistance."

The recruitment process was normally robust. Due to the sudden change in management staff had been recruited quickly to ensure there were adequate staffing levels and we found that some written references had not been received before the person started work. The new interim manager has since taken steps to obtain the appropriate references. Other checks such as Disclosure and Barring Service (DBS) checks had been carried out.

The service managed their electronic medication system well. The pharmacy had direct access to the system and all regular medication was ordered directly through it which made the re-ordering of medication quick and easy. We carried out a random check and observed part of a medication round. We found that records were in good order and that medication was administered appropriately. The electronic system ensured that records were correctly completed as staff could not progress until they were. There were PRN protocols in place for as and when prescribed medication and the electronic system required staff to enter

hourly updates after administration. This ensured that the outcome from administering as and when prescribed medication was recorded. People told us, and we saw that they received their medication in good time and that staff didn't rush them. Staff had been trained and had their competence to administer medication regularly assessed. People received their medication as prescribed.

The service employed a handyman and repairs had been carried out effectively to ensure that the building was safe. Staff told us, and the records confirmed that they had been trained in first aid and fire awareness and regular fire drills had been carried out. All equipment such as hoists and wheelchairs had been regularly checked and monitored to ensure it was safe to use. The service was clean and hygienic and regular checks had been carried out to ensure that infection control procedures were followed. There were hand washing signs in all communal bathrooms and we saw staff washing their hands frequently and using appropriate protective gloves and aprons.

Is the service effective?

Our findings

Improvements were needed to staff training in service specific subjects. Although staff had received a range of training they had not been trained in conditions specific to people living in the service, such as diabetes and mental health. This could pose a risk to people as staff would not have the knowledge and skills to provide them with appropriate diabetes and mental health care. This was discussed with the new interim manager and the senior care assistant and both felt this training was necessary. The senior care assistant said that two staff had received diabetes training in 2014/2015 but there were no certificates or records that could clarify which staff had received this training. There were people living in the service who had diabetes and mental health issues and although there was a nurse on duty at all times people would benefit from all staff being trained in these conditions. This would ensure that staff had the knowledge and skills to identify issues relating to these health conditions and to alert the nurse so that swift action could be taken to protect people.

People told us, and the records confirmed that staff supported them to attend routine health appointments to help them maintain their health. The records showed that people had been supported to attend GP, chiropody, dental and optical appointments. However, improvements were needed as on one occasion it was noted that a person had complained of backache and no action was recorded to show that medical help had been sought. We discussed the need to always seek medical advice when pain is reported and to clearly record the actions taken. The new interim manager said that they would ensure this was done in future.

Although staff told us they felt supported there was limited evidence to confirm that they had received regular supervision, therefore improvements are needed. The supervision matrix provided for this inspection showed that some staff had received supervision and an observation of practice between June and August 2017. However, according to the supervision matrix 11 of the service's 24 care staff had not had supervision since their observation of practice in May – July 2017. We spoke with two of the service's qualified nurses and they couldn't recall having formal supervision. They told us that they had met with the registered manager on a weekly basis but there was no evidence that the meetings had been recorded.

We recommend the service considers current guidance and best practice for the training and development of all staff to ensure they have the skills to deliver their roles effectively and that they are supported appropriately.

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 Mental Capacity Act 2005 (MCA). The 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. Staff had been trained, and they demonstrated an understanding of the MCA and DoLS and appropriately described how they would support people in making decisions. One staff member said, "I make sure I explain clearly, in a way that the person is able to understand. I use different methods for different people when supporting

them to make choices." Appropriate DoLS applications had been made to the local authority, where required.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. One person said, "I get plenty of food to eat." Another person told us, "I can't find fault with this place. The food is quite good and staff are very good." We observed the lunchtime meal during three of our visits and we saw that the food looked well-presented and appetising. Where people needed support to eat their meal, staff did so in a polite, sensitive way, offering the person small mouthfuls, making eye contact and encouraging them to eat.

The service had a good supply of food and drink available and it was stored appropriately. The storage areas were clean and tidy and the kitchen was spotless. The cook followed the daily cleaning schedules and recorded kitchen cleaning and food, freezer and fridge temperatures. Actions had been taken when food storage temperatures had either dropped or increased. Open packs of food had been date labelled to ensure they were fresh and safe to use. Where necessary people's dietary intake had been recorded and their weight monitored to ensure that they had enough food and drink to keep them healthy.

Is the service caring?

Our findings

People told us they felt well treated and we saw that staff cared for them with dignity, respect and kindness. Throughout all our visits we saw and heard staff speaking with people, helping them in a kind compassionate way. Visiting relatives were very positive about the service telling us that people were well cared for by kind, friendly staff. One relative said, "It doesn't matter when I get here the care is consistently the same quality care, whether I arrive at 6am or 12pm. It's very good." Another relative told us, "My relative has come on leaps and bounds since they moved here. When they first arrived they could not walk at all. Now they walk a little and even talks a bit. The care here has been very good." Staff provided people with a supportive and caring place to live.

Many of the people using the service had difficulty in communicating verbally due to their level of dementia. Those that could talk with us told us they were involved in making decisions about their care and support. Visiting relatives said they were always kept actively involved in their loved ones care and that the service was very good at keeping them informed. Staff were heard offering people choice throughout all of our visits. One person said, "I always make my own choices." A visiting relative told us, "My relative is able to choose when they go to bed and when they get up. Staff always ask for their consent before doing anything. They always knock before coming in the room." People's care plans provided good information about how they wanted to be care for.

Staff promoted people's independence and encouraged and supported them to retain it for as long as possible. For example, we saw one person getting up from their chair and trying to walk independently without their walking aid. A staff member quickly responded and encouraged them to use their walking aid whilst not patronising them or making them feel that they could not move around independently. We saw some people moving around the home independently and other people being appropriately supported during all our visits. This showed that staff knew how to support people to retain their independence.

Staff told us that visitors were welcome at any time and visiting relatives confirmed that they were always made to feel welcome. Where people did not have family members to support them, they had access to advocacy services. Advocacy contact details were available in the office and the senior care assistant told us that advocates had been used for people in the past to help determine their views. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Is the service responsive?

Our findings

People's needs had been fully assessed before they moved into the service and their electronic care plans had been devised from the assessment process. The electronic care plans covered all areas of need including people's cognition (memory), behaviour and individual personal care needs. Detailed risk assessments informed staff how to minimise risks to people's health, safety and well-being. Staff told us that the electronic care planning system was very good and that it encouraged them to record information correctly. One staff member said, "The system won't let you forget to enter information as you cannot move on until you do." Another staff member told us, "There are plenty of terminals and you can write up notes quickly. I think it is a good system." People had been regularly reassessed and their care plans had been reviewed and updated to ensure that the service continued to meet their needs.

The care plans viewed described people's preferences and gave good information about their background. For example, they included people's family and work history and detailed people and places that were important to the individual. This helped staff to care for people in a way that they preferred. People were positive about the care provided. One healthcare professional told us, "The person I support has complex mental and physical health needs and I find that the team at Moorings Nursing Home know them and understand their needs well. Around the time of my recent visit a potential admission to hospital was averted for this person. Staff at Moorings recognised their indicators of relapse early and made contact with the appropriate services for support. They were also willing to work with the person through this crisis which is encouraging. Their documentation supporting care is up to date, easy to understand, and readily shared with professionals like me."

Relatives told us that they felt their loved ones were happy with their care plans. They felt that people were encouraged and supported to live their life the best that they could. One visiting relative told us, "The difference here is striking from the other place my relative was in. They look so much better now and are very comfortable with the way staff care for them here. The staff are fantastic, they meet my relative's needs and we feel relaxed now they are living here."

People were seen to be enjoying activities such as playing a hoopla game, using a computer tablet and other equipment individual to the person. One person told us, "I like to join in most of the time but if I want to be left alone they [staff] respect that." We heard music sessions and general chatter with staff, however some people seemed to prefer their own company despite staff doing their best to encourage them to join in. One person was seen using 'doll therapy' and they were very relaxed and calm. Doll therapy is thought to help people living with dementia and has been proven to reduce people's distress and agitation. The new interim manager told us that this was proving to be very successful and that they had ordered some more dolls so that other people could benefit from this therapy. They also said that they had purchased a range of films, games and activity items as they planned to introduce more activities that were suitable for the current people living in the home. People accessed the local community and often went out for walks and to the café for a cup of tea. One person liked to go to the seafront and watch out for ships. They were able to do this regularly as the seafront was very close to the service.

People were supported to practice their faith and local pastors and a choir visited the service regularly to ensure that people's religious needs were met. One person told us, "There is a choir that comes in and I always like to hear them." The choir arrived on day two of the inspection and we heard people enjoying the music and singing.

People told us that they had no complaints. One visiting relative said, "I cannot fault it, there are no incidents here. If I had any issues I would raise them with the manager and I know they would deal with them." There was a clear complaints process which was easy to follow, had appropriate timescales for response and was readily available in the reception area for people to use. The last recorded complaint received in June 2017 had been investigated fully and responded to appropriately. The records showed that complaints had been monitored to identify any trends or themes to enable the service to make improvements to its practice.

Is the service well-led?

Our findings

There was a registered manager in post. However, on the second day of the inspection they were not available so a new interim manager was appointed to manage the service whilst the situation was being resolved.

People and their relatives told us they were encouraged to give their views and opinions. The records showed that discussions had taken place where staff changes, the activities coordinator, pet therapy, parties, décor and the pharmacy changes were discussed. There were positive comments within the notes of the meetings such as, "We feel all the staff are brilliant." And, "Thank you for your helpfulness and professionalism." Staff told us, and the records confirmed that they had regular meetings where they were given the opportunity to raise issues such as training, care practices and health and safety.

The registered manager, new interim manager and senior care assistants had access to up to date information. This was shared with care staff to ensure that they had the knowledge to safeguard people, protect their well-being and provide them with a good quality service. The registered manager told us in their provider information return (PIR) that they subscribed to various healthcare bodies such as Social Care Information and Learning Services (SCILS), the Department of Health and the Social Care Institute for Excellence. They also said that they networked with various other homes in the vicinity and were part of a buddy scheme with the tissue viability nurse (TVN).

The last annual quality assurance survey was carried out in October 2016 and feedback was sought from people using the service, their relatives, visiting professionals and staff. The results were analysed and actions taken where needed. Regular audits of the service's systems and practices had been carried out. For example the provider carried out three monthly audits which included interviews with staff, residents and their relatives. They also checked the service's monthly quality audits, the presentation of the service and maintenance of the building. Where improvements were needed actions were checked at the next visit to confirm completion. In addition to the provider's checks regular audits of the medication system, care plans and health and safety had been carried out.

People's personal records were stored safely on the electronic computer system which was password protected. Paper records were stored in locked offices when not in use but were readily accessible to staff, when needed. Staff said they felt the electronic system protected people's confidential information because access was limited to essential staff only.