

Somerset Care Limited

Moorhaven

Inspection report

Normandy Drive
Taunton
Somerset
TA1 2JT

Tel: 01823331524
Website: www.somersetcare.co.uk

Date of inspection visit:
17 December 2020

Date of publication:
11 January 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Moorhaven is a residential care home providing personal care to up to 54 people. The home specialises in the care of older people. The home is divided into five suites which provide small kitchen areas and communal lounges for people. At the time of the inspection there were 49 people living at the home.

People's experience of using this service and what we found

People were generally happy with the care and support they received. One person told us, "It's nice, I'm well looked after."

People were supported by a provider who had put in additional resources to help the home to make improvements. This included changes to the management team. Staff told us the management team were open and approachable and they felt improvements were being made.

Staff had received training and were following up to date guidance in infection prevention and control, to minimise risks to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People usually had their healthcare needs met. People told us staff contacted professionals if they were unwell. Records did not always show that referrals to healthcare professionals were followed up to make sure people got the treatment they needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 3 March 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 11.

We found that improvements had been made in the governance and quality monitoring. However, there had not been enough time for us to assure ourselves that these improvements could be sustained, and the

provider was still in breach of regulation 17.

Why we inspected

We undertook this targeted inspection to follow up on concerns identified at the previous inspection regarding the implementation of the mental capacity act, and further issues highlighted to us since the previous inspection. These included concerns about how people's healthcare needs were monitored and met and issues regarding the management of the home. We found no evidence during the inspection that people were now at risk of harm in regard to these concerns.

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Moorhaven on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question which relates to infection prevention and control.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Moorhaven

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act.

This was a targeted inspection to look at specific concerns about how people's healthcare needs were monitored and met, how the mental capacity act was being implemented and management of the home.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Moorhaven is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A registered manager from another care home owned by the same provider had been seconded to manage the home until a new manager was appointed and registered.

Notice of inspection

This inspection was announced.

We gave a short period of notice of the inspection because we wanted to ensure the safety of people, staff and the inspectors in light of the COVID-19 pandemic.

What we did before the inspection

We reviewed the information we had received about and from the service since the last inspection. This included reports of investigations carried out by the provider in response to concerns raised with the Care Quality Commission. We have met with the nominated individual for the provider on four occasions to discuss concerns and action being taken to keep people safe. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

During the inspection we spoke with nine people who used the service. We also spoke with 11 members of staff. The acting manager, quality lead and operations manager were available throughout the inspection.

We were able to view the premises and observe care and support provided in communal areas.

We looked at a sample of records including extracts of five people's care plans, records of audits and the homes' action plan for improvement.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question which relates to infection prevention and control.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the last inspection regarding the implementation of the Mental Capacity Act 2005. And to follow up concerns we had about how people's healthcare needs were being met. We will assess all of the key question at the next comprehensive inspection of the service.

Ensuring consent to care and treatment in line with law and guidance

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

At the last inspection we found that improvements were needed to ensure people's legal rights were protected. Staff had a limited understanding of how to use the MCA in practice. People did not have their capacity to make specific decisions assessed and therefore best interests decisions had not been completed. The lack of knowledge and good practice regarding the Mental Capacity Act 2005 and its' code of practice was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made in staff understanding and the implementation of good practice in this area. The provider was therefore no longer in breach of regulation 11.

- The acting manager had a good understanding of the Deprivation of Liberty Safeguards. Appropriate

assessments and applications had been made where people required this level of protection to keep them safe.

- Staff had received additional training and support in the use of the MCA. Staff told us how they used capacity assessments to help them to decide if a person was able to make a specific decision. One member of staff said, "We are doing separate assessments for different things which we weren't doing before."
- Staff understood about how to involve people in making decisions even if they could not verbalise their views. One member of staff said they had started to use picture books to communicate with people to make sure they had opportunities to make choices.
- Work was in progress to ensure that care documentation supported staff to look for ways to respect people's preferences and choices whenever possible. For example, documentation for one person had been updated to explain that they may be able to choose which meal they wanted if they were given a small taste of two options. The care plan encouraged staff to look for indications of preference in the person's body language.
- People told us they were asked before any care or treatment was provided but one person told us, "Nobody asks me what I would like to do".

Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to healthcare when they needed it. One person told us, "I tell the medicines lady if I don't feel well." Another person said they were confident a doctor would be called if they needed one.
- Record keeping was not always adequate to monitor and review the support people received to maintain their health. One person had a record relating to a health complaint they had raised. The records did not show that this had been followed up. This person also had records related to a referral to a speech and language therapist in September 2020. No update was recorded regarding the status of this referral. Senior staff did not know what had happened regarding these examples. It is important that recording systems support staff to monitor and act on health needs in order that people's needs are met. We discussed this with the acting manager who gave assurances that these issues would be followed up.
- Other people's health related records showed reviews of medicines and monitoring of health conditions.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the last inspection and to follow up concerns we had about the management of the home. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we found the providers' quality assurance processes had not been effective in identifying all shortfalls in the service and ensuring that improvements were made. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements were being made but they had not had time to be fully embedded into the culture of the home. Therefore, we were unable to assure ourselves that these improvements would be sustained. This is a continued breach of Regulation 17. We will look at this again at our next inspection.

- Additional support from the provider, and a change in the management team, had led to a greater understanding of quality performance. An action plan for improvement had been created and checks were being carried out to make sure that changes required were being put into practice. For example, a checking routine was being used to make sure prescribed creams were safely stored, administered and recorded. The operations manager for the home and quality lead were also overseeing improvements.
- Staff had confidence in the management team and felt that improvements were being made. One member of staff told us, "It's been a hectic couple of months but it's getting easier now because everything is more organised." Another member of staff said, "It's getting better. We are not there yet but I think care is much better now."
- Audits were used to identify concerns and action was being taken to make improvements to the care people received. However, two issues we identified regarding follow up for healthcare referrals had not been identified by the provider's systems.
- A falls audit was carried out each month. Where people had a high number of falls these were analysed to identify patterns which could indicate a specific problem. For example, the analysis of one person's falls showed these were mainly in their bedroom overnight. Additional equipment, which alerted staff to the person being out of bed so they could offer assistance, was put in place to minimise risks to the person. The

person had not had any further falls.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was no registered manager at the home. The home was being managed by an acting manager who was a registered manager at another service owned by the provider. Staff described the acting manager as available and approachable.
- The acting manager was promoting a culture of person-centred care which would help to ensure people received individualised care and support in accordance with their needs and wishes. The acting manager acknowledged this was not yet fully embedded into practice. One member of staff said, "There have been lots of changes. It's good learning. We are not so task orientated." However, on the day of the inspection we did not see staff socialising or engaging in activities with people which would have demonstrated a person-centred approach to care.
- Improvements had been made to communication within the home. This helped to make sure all staff were aware of people's changing needs and other changes to practice in the home. One member of staff commented, "Big improvement in communication. If something happens to someone you definitely hear about it at handover now. [Acting manager's name] comes to the beginning of handover. You can ask things and she explains things."
- The acting manager and provider had ways to seek people's views to ensure people and staff were included in any changes being made. A survey of staff views had been carried out, there had been meetings with senior staff. The provider had implemented a system to seek people's views about what they felt was good and what they would like to see changed. The provider also carried out regular themed conversations with staff and people to make sure their views were incorporated into changes where appropriate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to assess, monitor and improve the quality and safety of the service provided to people were not robust enough to demonstrate good governance.</p> <p>Regulation 17 (1) (2) (a) (b) (c)</p>