

Mrs Lauraine Ann Matthews

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 ●

Summary of findings

Overall summary

The inspection took place on the 6 June 2017 and was announced.

The Moorings is a service registered to accommodate a maximum of three people who require support with their personal care. The service specialises in supporting adults with learning disabilities and complex needs including epilepsy and challenging behaviour. On the day of the inspection there was one person using the service. The accommodation was provided on the ground floor of a fully adapted detached bungalow. There was level access to the side of the property garden and decking which is located to the rear of the property.

At the last inspection on 14 July 2014 the service was rated Good. At this inspection we found the service remained Good.

A relative a social care professional involved in the person's care and staff spoke highly of the service and felt that it was well-led. Without exception everyone told us the care provided had a positive impact on people. One staff member told us "You can't get care like this anywhere else it is totally unique". Another staff member told us "I love it here. It's nice to be able to say to people I love my job. (Providers name) is very efficient, they are always one step ahead and has everything covered. The care is absolutely 100% good; I'm not just saying that I really mean it". Written feedback from a social care professional included 'I have been impressed by the manager's in-depth knowledge of the person and holistic support – managing complex health care and community links, activities etc. There's good communication with family members and they are responsive'. A relative commented "I wouldn't want to move them or for them to be moved. They are really happy there and I am really pleased. I don't have to worry anymore.

The person remained to be supported by kind and caring staff who knew them well. The person was observed to be relaxed with staff. They were seen to be happy and comfortable with the support provided and staff were kind and caring in their approach. A relative told us "All the staff are great. They know what they (the person) wants and what they need".

The person's individual needs continued to be assessed and planned for. They were still supported to participate in wide range of activities in line with their personal preferences and to maintain their independence. A relative told us "They are happy there. They go out every day".

The person continued to be supported to maintain good health, access health care services and supported to maintain a varied and nutritious diet.

The person continued to receive safe support in a secure environment. A relative told us "My relative is very safe. The staff are good they make sure they don't fall out of bed or walk out on their own". The person remained protected from the risk of abuse because staff understood how to identify and report it. The person was still supported to get their medicines safely and when they needed them.

Staff received the training and support they needed to undertake their roles and meet people's specialist needs. A relative told us "The staff know what support they need and how to help them. (Provider's name) and the staff are very good with them".

Staffing levels had been maintained. There were sufficient number of skilled staff on duty to meet the person's needs and provide effective care. The person received one to one or two to one staff support at all times.

The provider was aware of their legal responsibilities and kept up to date with good practice. Accident and incidents continued to be recorded and monitored to identify trends and themes. Records had been audited and where gaps had been identified action had been taken to rectify this.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well led.

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 home, and to provide a rating for the home under the Care Act 2014.

This inspection took place on 6 June 2017 and was announced. Due to the small size of this service we gave the provider 24 hours' notice to make sure someone would be in when we called. The inspection was carried out by one inspector.

Before the inspection we reviewed records held by the CQC which included notifications. A notification is information about important events which the provider is required by law to tell us about. We also looked at other information we hold including previous reports and safeguarding notifications.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

The person using the service was not able to give us their views of the services so to find out more about their experiences we observed the interactions with staff.

During the inspection we spoke with one person using the service, the provider who was also the manager and two staff. We looked at records, including one care plans, daily records, associated daily food, fluid and activity charts, risk assessments, medicine records and observed care throughout the day. We also looked at three staff recruitment files, records of staff training, supervision and appraisal. After the inspection we spoke with one relative and received written feedback from a social care professional involved in the person's care.

The person using the service was not able to give us their views of the services so to find out more about their experiences we observed the interactions with staff.

Is the service safe?

Our findings

Staff and a relative reported that the service people received continued to be safe. One relative told us "My relative is very safe. The staff are good they make sure they don't fall out of bed or walk out on their own". A staff member told us "I've no concerns about safety; if I did I would report them to the senior, the manager or the local authority".

The person remained protected from the risk of abuse. The provider had systems in place to help protect people from potential harm. Staff knew what action to take if they had any concerns and how to protect people from abuse and avoidable harm. They had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns.

Robust risk assessments remained in place for the person which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. Risk assessments included areas such as manual handling, personal care and epilepsy and travelling in the community. There was also a specific behaviour support plan outlining possible triggers to behaviours; how these could be minimised and what action to take should they occur.

Risks associated with the safety of the environment and equipment continued to be identified and managed appropriately. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such the evacuation of the property. The person's ability to evacuate the building in the event of a fire had been considered and an individual personal evacuation plan was in place. The PIR stated 'All appliances and specialist equipment are serviced and maintained as per regulation requirements and manufacturers guide lines All fire alarms are checked weekly, fire evacuations are carried out and the outcomes are documented. A positive inspection was conducted by East Sussex Fire and Rescues Services. All food prepared in the home in line with the Safer Food Better Business guidelines. An unannounced inspection was carried out by The Food Standards Agency and a level 5 certificate rating was awarded'.

Staff continued to take appropriate action following accidents and incidents to ensure the person's safety and this was recorded. This information was also analysed for any trends and any follow up action to prevent a reoccurrence was updated on the person's care and support plans and shared with staff.

There continued to be sufficient care staff available to meet the person's individual needs. A staff member told us "We have time to give 100%, there's no pressure as a carer". Another staff member told us "The provider had systems in place to assess the person's level of dependency and identify the number of staff needed to provide the person's care safely. The person was seen to be well supported and we saw good examples from care staff that the person was provided and assisted with care promptly when they needed it. Staff told us and records confirmed, the person using the service was supported on a one to one or two to one staffing basis at all times, and these staffing levels were maintained.

The person still received their medicines safely and as prescribed. Medication had been administered, stored safely and recorded in line with good practice. Regular audits had been completed and medication records were regularly checked for their accuracy and completeness.

The person continued to be protected by safe recruitment practices. The provider had a recruitment policy in place to help ensure that correct checks would be completed on all new staff. Records confirmed these procedures had been followed.

Is the service effective?

Our findings

The person continued to be supported by staff who received the training and support needed to deliver safe and effective care. A relative told us "The staff know what support they need and how to help them. (Provider's name) and the staff are very good with them". Written feedback from a social care professional included, 'I have been impressed by the holistic support managing complex health care'.

Newly recruited staff completed an induction which included completing training and shadowing experienced staff. This helped new staff to understand how the service worked and also gain information about the person, and their care needs, prior to working unsupervised. A member of staff told us "I had an induction. (Provider's name) showed me round and showed me the fire exits, then I shadowed whoever was on duty and gradually got to know (person's name). We got a rapport quite quickly. Once I'd got to know the routine I started to do the care. I was supervised until I felt confident and competent to do it on my own". One member of staff held a nationally recognised qualification in care at level 2, four held a level 3, two members of staff were working towards gaining a level 5 and the newest member of staff was working towards completing the Care Certificate which is an industry recognised qualification and induction process into care.

Staff confirmed they continued to receive regular training and support. They felt they had the knowledge and skills to carry out their roles and responsibilities as a care worker. They had also been provided with specialist training relevant to the people they provided care and assistance to such as training in how to support people with epilepsy. One member of staff told us "We have regular training; we have work books to complete, on line training and some face to face".

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 (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether staff were working within the principles of MCA and DoLS. We found that the management team continued to have a good understanding of MCA and DoLS and had made appropriate referrals to the Local Authority. People's capacity to make day to day decisions had been assessed and documented within their care and support plans to help ensure they received appropriate support. Staff demonstrated an awareness of these assessments and confirmed they had received training in MCA and DoLS. One staff member told us "If (Person's name) was saying no to something we would stop. Or it might be a case of trying different techniques. We always explain what we are going to do. We may change how it's presented or change the person who asks. They used to refuse to feed themselves or to be fed. We swapped around until we were successful sometimes it's just a case of keep trying".

The person continued to be supported to have sufficient to eat and drink and maintain a balanced diet. Their nutritional requirements had been assessed and their individual needs, including their likes, dislikes and dietary needs were documented. Staff had a good understanding of the person's nutritional needs and how these were to be met. Staff told us they monitored the nutritional intake of the person to ensure their nutritional intake was adequate. The food provided was based on the needs and preferences of the person

living there. However this was flexible and the person was able to choose alternatives should they not want to eat the food on offer.

The person continued to be supported to maintain good health. They had access to healthcare services and received annual health checks and medication reviews. The provider liaised with NHS services to enable the person to have 'joined up care'. A relative told us they were kept informed of their loved one's health. They commented "They always call me if they have had a seizure, have been to the dentist or need a hospital appointment". The provider stated on the PIR 'The service user is supported for all health appointments and these are fully documented. We have made referrals to specialist services such as orthotics, neurology and physiotherapy. All on-going health issues are monitored and recorded and we work closely with the relevant health care professionals involved'. Records confirmed what we had been told on the PIR.

Is the service caring?

Our findings

The person was still supported by kind and caring staff who knew them well. A relative told us "They (the person) are really happy here. They would make it clear if they weren't or if they didn't like someone. Staff are kind; they know what they (the person) likes".

Staff continued a strong commitment to providing good care. The person was observed to be relaxed with staff. They were seen to be happy and comfortable with the support provided and staff were kind and caring in their approach. A very low turnover of staff had been maintained which meant that staff knew the person and their particular likes and dislikes well and had a good understanding of how best to support them. Staff continued to adapt their approach to meet the person's needs and preferences. They gave us examples of the person's personality and character traits. Staff told us if the person has been out in the morning they were often tired in the afternoon. We heard staff asking them if they were tired and whether they wanted to go to their room for a lie down which they then supported the person to do. One member of staff told us "(Person's name) knows what they like and doesn't like and will let you know". Another member of staff told us the person was "Able to make their feelings known. We can communicate with them and we can tell by their body language how they are feeling. If they start to shout we know that's a sign they are tired and ask them if they'd like their 'cover' or if we are out we ask them if they'd like the car".

The person was able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. One member of staff told us, "(Person's name) chooses for themselves what they want to do". The person's bedroom was personalised to reflect their favourite colour and own interests. Staff were able to describe the person they cared for, what they liked to do and the activities they took part in. A staff member told us "They absolutely love music". A relative confirmed this and commented "They love music and dancing and the staff are always singing and dancing with them".

The person's privacy continued to be respected and consistently maintained. In order to keep the person safe when experiencing night-time seizures cameras in the person's bedroom continued to be sensitively placed covering the person's head and shoulders only. This was so that staff could monitor them at night to keep them safe without disturbing their sleep or infringing on their privacy.

Staff were polite and courteous when interacting with the person and the person continued to be supported to express their views about their care and support. Their relatives were involved in their care reviews and decisions on care. A relative confirmed they attended review meetings at the service and had the opportunity to contribute to decisions made.

People continued to be supported to maintain relationships with people that mattered to them. Relatives were able to visit at any time and person was supported to meet up with their family for meals out. Staff continued to encourage the person to be as independent as possible for example to transfer themselves from their bed to their chair. One staff member told us during a period when the person had not been well they had been supporting the person to eat but they were now encouraging them to eat independently again and commented "We have been encouraging independent eating and with a bit of verbal encouragement

they have started using a fork again".

Symbols and pictures were still available to support the person's understanding and aid effective communication. There were removable pictures on a board that could be used to support the person's understanding and choice making. Care and support plans contained guidance for staff to follow when communicating with the person and staff were aware of their communication needs. We observed staff engaged in conversation with the person asking them what they wanted to do and offering choices.

Is the service responsive?

Our findings

The person continued to receive responsive care which was person centred and met their needs. The provider explained they were not planning on admitting anyone else to the service for the time being but that when they did they would undertake an assessment of people's care and support needs so they could be certain they would be able to meet their needs. The assessments in place had been used to develop detailed care and support plans including clear guidance for staff to help them understand how the person liked and needed their care and support to be provided. Records confirmed that where possible, the person and their relatives were involved in the formation of these plans and subsequent reviews. The plans were detailed and gave descriptions of the person's needs and the support staff should provide to meet them. They still included areas of support needs such as mobility, moving and handling, finances, communication, bathing, medication, continence, diet, and socializing. They had been reviewed regularly and updated as and when required. A staff member told us the team leaders updated the care plan and informed the rest of the staff when updates had been made and commented "We are in touch all the time".

A relative told us they and their loved ones had been continually involved in assessments and on-going development and reviewing of care and support plans. The person's care plans covered areas such as their communication, health care, personal care, activities and likes and dislikes. Plans included pictures to assist with the person's engagement and understanding of the process.

The provision of meaningful activities remained good. Activities were individualised and based on the person's own likes and preferences. Staff told us the activities were very fluid and included times when the person could choose on the day what they wanted to do or where they wanted to go. They also had some fixed activities and routines to follow for example attending a day centre in term time. Staff told us and records showed the person was supported to go out on a visit or activity most days such as meals at cafes, discos, markets, local festivals and day centres. A staff member told us "They love to go out in the care and that is fulfilled". A relative confirmed this and commented "(Person's name) loves going out. They go somewhere every day. They do cooking and enjoy that".

Staff were observed being responsive to the person's needs and assisting them with their care. They knew the person extremely well and had a firm understanding of how they wanted their care to be provided. Daily notes had continued to be maintained and any changes to routines had been recorded. These provided evidence that staff had supported the person in line with their care plan and wishes. Staff completed a handover at the start of each shift; these documented what was happening in the day and any changes to the person's needs or well-being. A staff member told us "We are always informed and kept up to date".

The manager said relatives continued to be aware of the complaints procedure, although no formal complaints had been made. A relative told us they had been routinely listened to and felt the service would respond to any concern they may have. They were aware of how to make a complaint and had confidence that the provider would take any concerns seriously.

Surveys continued to be sent to the person's relatives every six months and those involved in their care. This

gave them the opportunity to comment on the quality of the service provided. The feedback seen was positive so no action had been needed however the provider explained they would act on any feedback given.

Is the service well-led?

Our findings

The service was managed by the registered provider, who are also referred to as '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.

A relative, a social care professional and staff spoke highly of the service and felt that it continued to be well-led. Without exception everyone told us the provider had a positive impact on the person and the care they received. A staff member told us "I love it here. I haven't looked back since I started. (Person's name) is well looked after. You can't get care like this anywhere else it is totally unique". Another staff member told us "I love it here. It's nice to be able to say to people I love my job. (Providers name) is very efficient, they are always one step ahead and has everything covered. The care is absolutely 100% good; I'm not just saying that I really mean it". A social care professional written feedback included, 'I have been impressed by the manager's in-depth knowledge of the person and holistic support – managing complex health care and community links, activities etc. There's good communication with family members and they are responsive'. A relative commented "I wouldn't want to move them or for them to be moved. They are really happy there and I am really pleased. I don't have to worry anymore.

An open and inclusive culture remained at the service. The provider explained they worked on the floor alongside the care staff providing hands on care. The provider stated on the PIR 'I encourage new ideas especially where service users interests are involved as I feel this builds a positive working environment.' Staff confirmed this and told us they continued to feel able to speak freely with the provider and make suggestions. One member of staff told us how they had heard about a specific type of reclining chair from an on line forum for care and support workers. They explained they had suggested to the provider that this type of chair may be of benefit to the person they supported. They told us "(Providers name) listened to me and did the research and found the one that (Person's name) has got now". A relative confirmed this and told us their relative was really pleased with the chair and "Looked all warm and cosy in it". A relative commented "All the staff are great. I would feel able to raise concerns with any of them and I know (Provider's name) would look into them and take them seriously".

The provider continued to be committed to providing a high standard of care and keeping up to date with good practice. They stated on the PIR 'As the Registered Provider I am fully committed to ensure that the service provides the highest quality of care with the best outcomes for the service user living at The Moorings. As the Registered Provider and a Registered Learning Disability Nurse I am committed to lifelong learning to fulfil my nursing registration requirements and I fully support all the staff in their own learning journeys. I actively encourage all training schemes undertaking the same courses as the staff where applicable. The staff team and I are currently undertaking Northern Council for Further Education (NCFE) Level 2 courses through Bridgewater and Taunton College of Further Education in subjects including Safeguarding, Learning Disabilities, Dementia, Common Health Conditions and Autism. We have all completed these courses previously and have found them beneficial to our working practice I work alongside staff on shifts and see all staff on duty'. Staff confirmed they were completing these courses and were encouraged to improve their knowledge. Two members of staff were being supported to undertake a

nationally recognised qualification of management in care and we saw the provider also had a wide range of learning resources for staff to access.

The provider was aware of their responsibility to comply with the CQC registration requirements. They were aware of the importance of notifying us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions were being taken.

Regular audits of the quality and safety of the service remained to be carried out by the provider who also contracted an independent consultant to audit the service every year. We saw that any shortfalls identified as part of the audits had been addressed to ensure a good level of quality was maintained.