

Cygnet 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 ●

Summary of findings

Overall summary

About the service

The Moorings is a residential care home providing personal care to up to 53 older people in one adapted building. At the time of the inspection there were 49 people using the service, some living with dementia.

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

Risks to people were managed well, risks were assessed and measures in place to reduce them. This helped to keep people safe from avoidable harm and abuse. There were enough staff to meet people's needs and staff recruitment was undertaken safely. People received their medicines when they needed them, and regular checks reduced risks associated with medicines. Infection control processes reduced the risks of cross contamination. There were systems to learn from incidents and these were used to drive improvement.

Staff were provided with training and support to meet people's needs effectively. People's health and dietary needs were assessed and met, any wellbeing concerns were referred to health care professionals. 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 were treated with respect and compassion by staff who knew them well. People's rights to independence, privacy and dignity were promoted and respected. People's preferences relating to the care they received were valued and listened to.

People's individual needs were assessed, planned for and guidance provided to staff in how these needs and preferences were met. This included people's end of life decisions. People had the opportunity to participate in social activities. There was a complaints procedure in place.

The service had systems to assess and monitor the care and support people received. Where shortfalls were identified, actions were taken to address them. There was an open culture, and people's views about the service were valued and used to drive improvement.

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 good (published 6 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Moorings

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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

The Moorings 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 had 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.

Notice of inspection

We gave a short period notice of the inspection because we needed to be sure there would be a member of the provider's management team available to facilitate the inspection and no one in the service had contracted COVID-19.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan

our inspection.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with eleven members of staff including a director, the operations manager who is the nominated individual who is responsible for supervising the management of the service on behalf of the provider, quality assurance manager, deputy manager, senior care staff, activities, and domestic staff. We observed care provided and interaction by staff and people using the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training and quality assurance were reviewed.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and understood their responsibilities in keeping people safe and reporting concerns appropriately.
- The service had systems in place designed to keep people safe from abuse.

Assessing risk, safety monitoring and management

- People told us they felt safe in the service. One person's relative said how they had noted the fire safety was managed, "They test the fire alarms every Monday, it is safe." We observed staff assisting people to move using mobility equipment, this was done safely.
- People's care records included risk assessments which identified the risks on people's daily living and guided staff how these were reduced. This included risks associated with falls and developing pressure ulcers. The relative of one person who usually stayed in bed told us, "[Staff] come up every two hours and sort [family member] out." This included support to reduce the risks of pressure ulcers developing.
- We saw equipment used to support people to mobilise, such as hoists and bath chairs, had been serviced and checked to ensure they were safe to use and fit for purpose.

Staffing and recruitment

- Records and discussions with staff showed there were staff available to provide people with support when they needed it.
- We saw staff were attentive to people's needs and responded to requests for assistance, including call bells, promptly. People spoken with confirmed staff were available when they needed them.
- Records showed the recruitment of staff was done safely. This included checks to show they were of good character and suitable to work in this type of service.

Using medicines safely

- Staff had received training in the safe handling of medicines and had their competency assessed by a member of the management team.
- Records, our observations and discussions with a staff member responsible for administering medicines showed medicines were stored and administered safely.
- Records showed people received their medicines as prescribed, including medicines to be administered when required (PRN). PRN protocols guided staff when these medicines were to be administered.
- Checks and audits ensured any discrepancies were quickly identified and addressed.

Preventing and controlling infection

- The service was clean throughout, this included the laundry which was clean and hygienic. One person's relative said, "You can see how clean it is, it is spotless, always this clean." Staff had received training in infection control and food hygiene.
- We observed staff demonstrating good infection control processes, including washing their hands, using hand sanitiser and using personal protective equipment, such as disposable gloves and aprons where required.
- The management team had taken swift action to reduce the risks of cross infection in the service due to the recent outbreak of a pandemic of COVID – 19. They had increased the cleaning in the service, including handrails and door handles, reducing the entry into the service by one door for visitors with a clear notice to use the hand sanitiser, equally the entrance for staff also held hand sanitiser.
- The service had received the highest local authority rating for food hygiene in January 2019.

Learning lessons when things go wrong

- The service had systems to learn lessons from incidents and use this learning to reduce future risks. This included updating staff in relation to their responsibilities and reviewing people care records.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to moving into the service, people's needs were assessed by a member of the management team. This included input from the person, their relatives and other professionals involved in their care, where appropriate.

Staff support: induction, training, skills and experience

- Staff received face to face training which provided them with the knowledge they needed to meet people's needs effectively.
- New staff received a comprehensive induction which included training and shadowing a senior member of staff. When staff had shadowed colleagues, they were then assessed in delivering care to people and seen to be competent before they could work alone.
- Staff received one to one supervision meetings, where they could discuss their work, receive feedback and identify any training needs they had.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were provided with enough, good quality choices of food.
- We observed lunchtime which was a relaxed and social occasion. Staff were attentive and offered people assistance at their own pace and where required. One staff member said to a person, "You haven't eaten much, may I help you?" The person accepted this assistance which showed people were encouraged to eat. This was also the case for other people who had not eaten much. One person had not eaten much of their main meal but ate all of their dessert, staff offered them seconds which they accepted.
- Staff were knowledgeable about people's dietary needs and the support they required with eating, to reduce choking risks and if they required support to maintain a healthy weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported to see health care professionals when required. Records confirmed what we had been told. This included their GP, dieticians, chiropodists and community nurses.
- People's records showed appropriate referrals were made to health care professionals when there were concerns about their wellbeing, including weight loss, falls, and risk of choking. Guidance from health care professionals was included in people's care plans to ensure they received the care they required.
- Staff told us they had good relationships with other professionals involved in people's care which ensured consistency of care.

Adapting service, design, decoration to meet people's needs

- The service was suitable for people living there. This included being accessible to people who used equipment to mobilise, a passenger lift, bath chairs and hand rails. In addition, we saw large mirrors in some of the communal areas which had been hung at an angle which allowed people who, for example used wheelchairs, could use.
- Signage in the service supported people to navigate around independently, this included signs showing where the toilets were, and people's bedrooms had a picture or photograph of their choosing to help them recognise their personal space.
- There were several communal areas where people could choose to spend their time, including lounges, dining room and gardens. All areas were well maintained.
- People were complimentary about the environment, and two people told us about the views the lounge they were sitting in and the wildlife they saw. One person said, "What is nice is we can walk round and go outside for a walk."

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.

- People told us the staff asked for their consent before supporting them and they were able to make their own decisions. One person said, "What I like is it is relaxing, and no one bosses you about."
- People's care records included assessments of their capacity to make their own decisions. Where people had others appointed to make best interest decisions on their behalf, for example with decisions about finances and/or care and welfare, this was recorded, and copies of the documents had been obtained.
- Where required, DoLS applications had been made to ensure any restriction on people were lawful.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People shared good relationships with the staff who cared for them. This was evident from what people told us and our observations. There was a relaxed atmosphere and people clearly enjoyed the company of staff, as we observed and heard lots of laughter. This included a discussion between a staff member and a person about the game shows they enjoyed watching, both were laughing and chatting away.
- People told us they felt the staff treated them with kindness and respect. One person's relative said, "The attitude of the carers is marvellous... they are kind and patient." Another relative commented, "[Staff] are really wonderful, all caring."
- Staff were responsive when people became upset, one person asked to move from a lounge and was upset because no others had yet come to join in the planned activity. Staff were caring in their approach and did what the person asked. Another person cried, a staff member quickly went to them and chatted about what was worrying them, they said to the person, "I can see two blue eyes, can you wipe your eyes? That's better." By the end of the interaction the person was holding the staff member's hand and smiling.
- On the morning of our inspection, individuals from a local place of worship visited to do songs of praise. One person said, "It was one of the first questions I had when I moved in about religious times, which is what happens here. I have met the vicar and [their spouse]." This demonstrated people's spiritual needs were being met.
- People spoke with, and about people in a compassionate way. They knew people well and how their needs were met. One staff member told us, "The way I work is make sure people are happy, I like to get people up with a smile and go to bed with a smile, this is the best you can do."

Supporting people to express their views and be involved in making decisions about their care

- People told us their views were listened to and staff acted on what they said. One person said, "We do anything we like, except dance on the tables."
- People's records demonstrated they had been involved in the planning of and reviewing their care needs. This ensured the records provided staff with the most up to date guidance relating to people's needs and preferences.
- People had signed records to show they agreed to the care provided and the contents of their care records.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's privacy and dignity when supporting them to move using equipment, this included ensuring people were covered. Staff spoke with people gently and encouraged their independence where

appropriate.

- One person's relative told us, "[Family member] is always clean and well groomed." Which demonstrated their dignity was being respected.
- We saw staff were patient when supporting people with their independence. For example, a staff member sat with a person when they were having a drink, they reminded them how to hold the cup and to put it to their mouth to drink, the person struggled with doing this, the staff member said, "Try two hands, you hold it and I'll guide your hands up." They praised the person when they had a drink successfully.
- People's care records identified how people's rights to privacy, dignity and independence were promoted and respected. The records detailed the care people could attend to independently and the areas they needed assistance from staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were happy living in the service and the care they received met their needs and preferences. One person said, "I have been better in myself since being here." One person's relative commented, "You can't fault the care... I am absolutely happy with how [family member] is looked after." Another relative commented, "It is marvellous. I can't fault it they look after [family member] really well."
- Staff moved around the service and ensured all people received support, no people were left for long periods of time without staff interaction. Staff were responsive when they noted people required assistance. For example, one person started assisting another to stand from the table, the staff responded immediately to ensure the person was safe and without making the person who was helping feel they had done wrong.
- People's care records showed how people's specific care was assessed, planned for and guided staff how to meet their individual needs. The records identified the support people required when they were becoming anxious and potential triggers and how their conditions affected their daily living.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records included how they communicated and guided staff how to communicate with them effectively.
- Where required, documentation could be provided in different formats which was accessible to people, including larger print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they had the opportunity to participate in activities which interested them.
- There was an activity programme and the activities coordinator told us how this was continuously being improved as a result of what people said they wanted to do. This included plans for miniature donkeys to visit, they had also recently completed food hygiene training and they were now planning baking activities. The activities coordinator told us, as well as the group activities, they supported people with one to one support and shared examples of how they did this including looking at photographs and reading a book to a person who remained in bed. A daily newsletter was delivered to people with reminiscence items and things for people to do such as quizzes.
- Annual trips to a horse sanctuary were undertaken, visiting entertainers and in house activities including

arts and crafts, games and exercise. A staff member told us about a scheme the service was involved with which included visits to people by babies and children. Two people told us how much they enjoyed seeing the children, one person said, "It is lovely, you would not believe how good they are."

- People were supported to maintain relationships with family and friends to reduce the risks of isolation.

Improving care quality in response to complaints or concerns

- There was a complaints procedure which explained actions that would be taken if complaints were received. There had been no complaints received in the last 12 months. One person's relative told us, "If there needed to be a complaint, I know it will be addressed."

End of life care and support

- People's care records included, where people had chosen to discuss, their end of life decisions. All of the care records we reviewed included people's decisions about if they wanted to be resuscitated.
- One of the records showed the person was receiving end of life care, the records detailed guidance from health care professionals to ensure people were receiving a comfortable and pain free death which met their wishes.
- We saw cards and letters sent to the service from people's relatives thanking the service for the end of life care provided to their family members. Comments included, "I wish to thank you for the great care and compassion you all showed my late [family member]. The care and love [family member] was shown was second to none and it is a great comfort to me to know that [they] died in an atmosphere of dedication to [family member's] welfare," and, "We are glad that our [family member] was able to spend [their] last few months with you at the moorings, it was very clear to us that [family member] appreciated the care, support and respect shown by all your staff."

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had an open and empowering culture, which was well led. The provider and staff were committed and passionate about providing people with good quality care.
- People were complimentary about the service and how it was run. One person said, "You won't find anyone unhappy here." One person was talking with the operations manager who people knew well and knew them by name, the person said they had been speaking with, "The co-owner [they will] always have time to stop and talk, [they will] talk to you, very nice."
- Staff were complimentary about the provider, "They are lovely people to work for, they are passionate about being fair and appreciating staff for doing a good job."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The duty of candour was understood and implemented where required.

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

- The provider and management team understood their regulatory role and responsibilities and acted in accordance with requirements.
- The provider's management team had taken swift action to reduce the risks of cross infection in the service due to the recent outbreak of a pandemic of COVID – 19. This included increasing cleaning in the service. The provider told us they were going to hold a meeting the day after our inspection to discuss the recent pandemic. They explained they were planning to look at the wider picture of risk, such as looking at staff's plans if they were planning to travel overseas, advising staff on self-isolation where risks arose, planning for if schools were required to close and making preparations for issues if staff were not able to work. In addition, they were keeping updated on guidance and forums to ensure they were following the most up to date guidance.
- The provider had developed a management structure which supported the registered managers of their services to maintain good quality care. This included the directors, operations manager, training manager and the recent development of a quality assurance manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were asked for their views about the service in satisfaction surveys. Records and discussions with staff showed people's comments were valued and addressed. For example, providing staff with name badges, and increasing 'little visitors' (visits to the service by babies and children) activities.
- During audits, a member of the management team spoke with people using the service, relatives and staff to ensure any concerns could be addressed. In addition, we saw staff's understanding of subjects was checked including the Mental Capacity Act.
- Staff meetings, and one to one supervision meetings kept them updated with any changes in the service and they were encouraged to offer suggestions to improve.

Continuous learning and improving care

- Staff had the opportunity to develop in their roles, this included into more senior roles in the service. One staff member told us how they had been promoted in their role and felt proud their work had been recognised. They said about working in the service, "I love it here, I love it, love the people, it is a great place to work."
- A programme of audits and checks was undertaken. This assisted the management team to identify any potential risks and shortfalls and address them.
- Some staff were leads in some areas of the service, including medicines, care plan auditing and maintenance of pressure relieving equipment. This supported the auditing and checks done by the management team.
- The director told us they kept up to date with changes in the care industry through CQC information, newsletters and publications. Any changes were addressed, and policies and procedures were updated to include the changes. An example of this was following national guidelines about people's oral health, a policy had been developed and people's oral health needs was included in their care records.

Working in partnership with others

- The service had links with the local community, including a scheme where children visited people, links with a local place of worship and coffee mornings open to members of the community.
- Staff told us about how they had good relationships with people in the community and how the service was known in the community.