

Somerset Care Limited

Moorhaven

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Moorhaven is a care home. It is registered to provide accommodation and personal care to up to 54 people. The home specialises in the care of older people. At the time of the inspection there were 46 people living at the home.

Except for four bedrooms, all accommodation is on one level which is split into smaller 'suites.' Each suite has a communal area with a small kitchen.

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

People lived in a home which was well led by an experienced registered manager. The provider had systems in place to monitor the standard of care people received and to make ongoing improvements.

There were ways for people to express their views and make suggestions about changes they would like to see.

People had good access to healthcare professionals to make sure they received the care and treatment they required. Staff followed recommendations from professionals to promote people's well-being.

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 able to make choices about their day to day lives. We saw people followed their own routines regarding what time they got up, when they went to bed and how they spent their day.

People were happy with the food provided and were able to make choices about their meals. People who needed support to eat received this from kind and patient staff.

People felt safe at the home and looked comfortable and relaxed with staff who supported them.

People received their medicines safely from staff who had been trained to carry out this task. People told us they got their correct medicines at the right time.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (report published 3 March 2020.) There were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We carried out a targeted inspection to look solely at areas of concern and breaches of regulation on 17 December 2020. We did not change the rating at the targeted inspection as we did not look at the whole Key Questions. Following the targeted inspection, the service remained in breach of Regulation 17 – Good governance.

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

At our last inspection we recommended that the provider reviewed the management of prescribed creams. At this inspection we found the provider had acted on this recommendation and had made improvements.

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 COVID-19 and other infection outbreaks effectively.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the Key Question Well-led which contained the requirement. We also looked at the Key Questions Safe and Effective as they were previously rated as Requires Improvement.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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, which will help inform when we next inspect.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Moorhaven is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Moorhaven is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we had received from and about the service since the last inspection.

We used the information gathered as part of CQC monitoring activity that took place in February 2022 to help plan the inspection and inform our judgements.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 11 people, two visiting family members and seven members of staff. This included care and ancillary staff. We also spoke with one visiting healthcare professional.

We also spent time with a member of the provider's quality and governance team.

We met with the registered manager who was available throughout the inspection and the area manager was present for part of the inspection.

During the inspection we spent time in communal areas and observed interactions between people and the staff supporting them.

We looked at a sample of records. These included, four staff files, five care plans, copies of audits and action plans, minutes of staff meetings and some health and safety records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last comprehensive inspection, we recommended that the provider reviewed their policy and carried out regular audits to make sure prescribed creams were administered safely and consistently.

At this inspection we found improvements had been made.

- People received their medicines safely from staff who had undertaken specific training to carry out the task. One person told us, "I know what tablets I take, and I get the right ones."
- People received prescribed creams in accordance with their needs. There were body maps in place to show staff where creams needed to be applied. Creams which we saw had been dated when opened and showed when they should be discarded. This made sure creams and lotions were used within their expiry dates to maintain their effectiveness. There were still some issues with the recording of when creams had been applied but the registered manager gave assurances that they continued to monitor this.
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. We saw people were asked if they needed these medicines and staff respected people's decisions. One person said, "They always ask me what I need."
- The staff used an electronic medicines administration system. All medicines were recorded when administered or refused. This enabled the effectiveness of medicines to be monitored.

Systems and processes to safeguard people from the risk of abuse

- The risk of abuse to people was minimised because staff knew how to recognise and report any concerns. Staff spoken with said they were confident that any issues raised would be thoroughly investigated to make sure people were protected.
- People looked comfortable and relaxed with staff who supported them. Interactions we observed were warm, friendly and respectful. People told us they felt safe. One person said, "No problems at all. No problem with the staff. If you ever need anything you go and see them, they will help you."
- Where concerns were raised, the registered manager worked with appropriate authorities, such as the Local Authority safeguarding team, to make sure full investigations were carried out.

Assessing risk, safety monitoring and management

- People lived in a building which was well maintained and there were regular safety checks to ensure the safety of the people who lived and worked there. This included regular checks on all fire detecting equipment and lifting equipment.
- Risk assessments were carried out regarding communal issues and people's individual care and support.

Where there were specific risks in relation to people's mental health needs, we found risk assessments had been carried out to minimise those risks. Control measures in place included additional staffing.

- Risks to people were assessed and managed. One person was assessed as being at high risk of pressure damage to their skin. We saw this person had a pressure relieving mattress supplied by community nursing staff. Staff were assisting them to change position regularly to minimise risks of pressure damage.
- One person had bought a pet with them when they moved to Moorhaven. A risk assessment had been carried out to make sure they were well looked after and did not pose a risk to other people.

Learning lessons when things go wrong

- The provider had systems to record and analyse all incidents and accidents which occurred at the home. Any trends that were highlighted by the analysis were used to make changes to practice to promote people's well-being and safety.
- Lessons were learnt from all complaints and concerns to make sure practice was improved. Staff were informed when changes had been made.

Staffing and recruitment

- People were supported by adequate numbers of staff to keep them safe. During the inspection we observed that, although staff were kept busy, people did not wait for long periods when they needed support.
- Most people felt there were enough staff to help them. One person told us, "There's always staff about." A visitor commented, "I have never noticed any shortage of staff. You don't have to go looking." However, another visitor said, "I don't think there are enough staff, but I know everywhere is struggling. I think it must have an impact on the care."
- The home was divided into small areas which accommodated eight to ten people and each area had a dedicated member of staff. Staff said that although they worked in one area there was always support from other staff if they needed it.
- People were cared for by staff who had been safely recruited. The provider sought references and undertook appropriate checks to make sure staff were suitable to work with people at the home.

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 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 in accordance with up to date government guidance.
- 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.

Visiting in care homes

- People were able to see personal and professional visitors. Throughout the pandemic the staff had followed Government guidelines to help people stay in touch with friends and family. At the time of the inspection there were no restrictions on visiting.

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 our last comprehensive inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- People had their needs assessed before they moved into the home. This helped to make sure that the staff had the skills needed to meet people's needs and expectations.
- From initial assessments, care plans were developed to give staff guidance about how to meet people's individual needs. For example, there were individual care plans which detailed how people liked to take their medicines.
- Care plans gave information about people's likes and dislikes as well as their needs.
- The home had recently moved to a new care plan system which allowed staff to record information on hand-held devices in real time. This enabled senior staff to have oversight of the care each person was receiving and respond promptly to any shortfalls.
- People said staff helped them to maintain their independence. One person said, "I am independent. Sometimes I need help in the shower. I can have a shower every day. If I am unsteady on my feet, they help."

Staff support: induction, training, skills and experience

- People were cared for by staff who received ongoing training to make sure their skills and knowledge kept up to date with best practice and legal obligations. The management team were visible in the home which enabled them to constantly monitor the care and support people received.
- New staff completed an induction programme to make sure they were able to provide safe care. Staff who were new to working in care completed the Care Certificate which is a nationally recognised training programme. It helps to make sure staff have the basic skills and knowledge required for their role.
- Staff felt well supported. Staff told us when they began work, they were able to shadow more experienced staff to enable them to get to know the home and people. Staff were complementary about other staff they worked with and told us there was, "Excellent teamwork" and "Everyone works well together."

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

- People were happy with the food provided. One person told us, "Food here is good, always plenty. No one would starve here."
- People received the support they required to eat their meals. We observed lunch in most areas of the building. We saw staff were kind and attentive and prompted people to eat well. Staff knew people and the type of food they liked. One member of staff told us that if a specific person didn't eat well, they were able to offer snacks which they knew they liked and would generally eat.
- People had choices about the food they ate. There were always two choices of main meal and staff offered

vegetables and condiments to enable people to make choices. Although there were two choices of main meal on the menu, we noted that many people chose meals that were not on the menu. One person said, "I just fancied salad as it's so hot today." Another person said, "At lunch we have a choice. Yes, you can choose something else. People do that. You can have a cooked breakfast if you want."

- Where a person required their meal to be served at a specific consistency, to minimise the risk of them choking, they received an appropriate meal. People who liked specific meals, such as vegetarian, said this was always provided.

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

- Staff worked with other professionals to ensure people's healthcare needs were met. A visiting healthcare professional said staff always followed recommendations and displayed good monitoring and recording skills. This helped make sure plans of treatment were effectively implemented for people.
- People lived in a home where there were good relationships with other professionals. A staff member from the local medical centre visited the home weekly to see people who required it. One member of staff commented how much relationships with professionals had improved and they felt people got a better service because of it.
- People accessed healthcare services according to their individual needs. People told us the home arranged for them to see a doctor if they were unwell. Another person said when they had fallen a paramedic had been called.

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

- The home was divided into small suites. Each area had its own communal area and small kitchen. This enabled people to live in a more homely environment.
- People lived in a home which was well maintained and had been adapted to meet people's needs. There were assisted bathing and showering facilities and grab rails to promote people's independence.
- People had access to outside space. Garden areas offered seating but looked neglected. Staff said they were hoping to work with people and volunteers to improve the garden areas.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had made applications for people to be legally deprived of their liberty where they needed this level of protection to keep them safe. Staff spoken with knew who was being cared for in

this way and the implications for the support they provided.

- Staff understood how the mental capacity act was used to protect people's legal rights and worked in accordance with the principles. However, some record keeping was not in accordance with the principles of the law. The registered manager and area manager gave assurances that this would be looked into and amended as necessary.
- Staff supported people to make decisions for themselves. For example, one member of staff said that for some people the time of day made a difference to their ability to make choices. Therefore, they discussed issues with people at times when they were most likely to be able to make a decision for themselves.
- People with capacity only received care and support with their consent. During the day we saw staff asking people if they were happy to be helped. They respected people's choices. One person told us, "They ask me. They don't take over, let me get on with it."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our inspection carried out in February 2020 we found systems in place to monitor the quality of care provided to people had not been effective. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our targeted inspection in December 2020 we found that improvements had been made but they had not had time to be embedded into the culture of the home and they remained in breach.

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

- People lived in a home where the provider had robust quality assurance systems. The systems and personnel in place to monitor quality had been effective in identifying shortfalls and driving improvement.
- Governance systems ensured that regular audits were carried out and there were provider checks in place to ensure action needed was carried out in a timely way. Where actions had not led to improvements the provider looked at why. For example, where shortfalls in care planning were identified they made sure staff had the training and skills to make improvements.
- Since the last inspection a new registered manager had been appointed who had a good understanding of their role and regulatory requirements. Staff were very complimentary about the changes that had been made at the home. One member of staff said, "[Registered manager] is wonderful. It's made such a big difference." Another staff member said about the registered manager, "They listen and make changes. It's a real breath of fresh air."
- People lived in a home where there was a staffing structure which gave clear lines of accountability and responsibility. People always had access to senior staff who monitored their well-being and were available to listen to concerns.

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

- The registered manager and deputy manager led by example to create an atmosphere that valued people and staff and achieved good outcomes for people.
- People lived in a home where the management team were very visible and accessible to everyone. Our observations showed people were very comfortable and familiar with the registered manager and deputy.

This empowered people and visitors to share any worries or concerns.

- There was a person-centred approach to care. During the inspection we saw people followed their own routines and staff respected these. Some people liked to have a lie in, and we heard staff chatting with people about what they wanted to do. One person said, "They [staff] know me. I do what I want." Another person commented, "You couldn't find a nicer place to be."
- Staff supported people to pursue their personal interests. One person had a love of model railways and staff had made a room available for them to set up a train set. This obviously gave the person great pleasure and enabled them to spend their time continuing their hobby.
- The staff helped people to celebrate national events to promote well-being and inclusion. This included religious and cultural festivals and some more obscure events such as national ice cream day. The staff arranged for an ice cream van to visit and serve ice creams to everyone on national ice cream day.

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 registered manager and provider representatives were open and approachable. They made sure they were available to listen to worries or concerns.
- Where complaints were made the provider made sure these were fully investigated. Apologies were given where these investigations identified shortfalls in the service provided to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People had opportunities to share their experience of the care home with the provider. There were surveys and themed conversations which enabled people to give feedback. All feedback was analysed and acted upon. For example, some people had requested more books and action was being taken.
- The provider held twice yearly 'always' events. This was an opportunity for people and their representatives to give feedback on what the service did well and changes they would like to see. These events were tailored to people's individual needs to make sure everyone was able to be involved and share their suggestions.
- The staff worked in partnership with other organisations and professionals to make sure people received the care and treatment they needed. This included health and social care professionals and advocates. We saw positive feedback from a professional which highlighted the good working relationship.
- People were supported by staff who had made links with community groups and schools to enhance people's quality of life and access to social stimulation. For example, the home had forged good links with local schools. Although young people had not been able to visit people during the pandemic they had kept in touch and continued to fund raise for the home.
- The staff had followed Government guidelines throughout the COVID- 19 pandemic to make sure people were able to stay in touch with friends, family and their community. The deputy manager told us they were starting to re-engage with local groups to make sure people had opportunities to take part in community projects again.