

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

The Moorings Nursing Home Limited

167 Thorney Bay Road, Canvey Island, SS8
0HN

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Date of Inspection: 22 August 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Meeting nutritional needs ✓ Met this standard

Management of medicines ✗ Action needed

Staffing ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	The Moorings Nursing Home Limited
Registered Manager	Mrs. Eroulla Filby
Overview of the service	The Moorings Nursing Home Limited provides residential and nursing care for up to 39 older people who may also have dementia.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 August 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We reviewed information sent to us by other authorities.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

At this inspection we used a number of different methods to help us understand the experiences of people using the service, because the people using the service had complex needs which meant they were not always able to tell us their experiences.

An expert by experience visited with us and we spoke with eight people using the service and the majority of feedback was very positive about the service. They told us that the care was good and staff gave them enough support. Comments included, "It's lovely here and staff are lovely." "I wish I could live at home on my own, but I know that's not possible so if I have to be in a home, I'm very fortunate it is this one where people try to help me be the best I can." "I like it here; I wouldn't have gone anywhere else. Nobody is ever unkind to me and I feel I am well looked after."

The expert by experience also spoke with a relative of a person using the service who gave them positive feedback about the service. We spoke with eight staff and a volunteer. We reviewed three people's care planning files.

We found that people were given choices and were treated with dignity and respect. There were systems in place to ensure that people had enough to eat and drink. People told us they could talk to staff if they had any issues or complaints.

There were systems to ensure that there was adequate staffing available.

We found that some improvements were needed regarding the management of medicines records.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 02 November 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We observed and heard staff treating people with dignity and respect. Staff were able to tell us how they encouraged people with decision making and how they ensured people had privacy. A relative told us that staff treated their relative using the service with respect.

We found that meetings were arranged for people using the service and relatives to get involved and give feedback and influence the service. We found that people were given choices such as if they wanted their bedroom door open or closed or when they wanted their meals.

We found that where possible people or their representatives were able to give their views on their care which had influenced the person's care plan. We found that care plans considered peoples diverse needs and detailed cultural, religious, spiritual or sexual needs.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We found that before a person was admitted there was a process where staff undertook a preadmission assessment so that staff had information about a person's care needs. When people arrived at the service, staff completed a checklist and updated the admission form. Additional assessments were also carried out. Care plans we reviewed were individualised and person-centred and management plans were in place for any identified risks for example choking, risk of falls. The manager had systems for reviewing care plans and risk assessments. We found for one person that their care plan and assessment had not been reviewed as per the organisation standard of monthly. We brought this to the attention of the manager who took immediate action to review their systems and ensure they were updated.

We found that the provider had systems and procedures in place for dealing with emergencies which might arise. Those people who were able to talk with us told us that staff were caring. During our visit we observed that staff cared for people in a patient and caring manner. We saw that where people presented with challenging behaviour that staff approached them to talk about the issue, tried to use distraction techniques to diffuse the situation or supported them to move to a low stimulus environment. We saw that staff encouraged and supported people to change their clothes if they had spilt things on them. People had weather appropriate clothing on. We saw that several women had manicured and polished fingernails.

We found there was a designated activities coordinator who advised us that where possible they adapted activities to suit different people's needs. We found that activity schedules were on display and events such as summer fetes took place. We found that one person had opportunities to use computer games which they reported benefitted their memory. In addition to an area for activities, the service had a sensory room where people could spend time in. We found that corridors on the ground floor had been decorated to promote stimulation to people. For example there was a mix of modern, traditional and some holographic images. There were areas devoted to different sports and pictures of the royal family and celebrities.

There was a noticeably strong odour in an area of the upstairs hallway and we had noticed this on a previous inspection. We found that in the 2013 survey with people and their

representatives that there had also been some feedback on this issue. We spoke with staff about this who advised us that a person was routinely incontinent at night and that they had tried various ways to manage the issue. We noted that the person's room did not have the odour and when we talked with them, they advised they were happy with their room.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People's comments included, "The food is quite nice." "The food is very good." People told us that they had opportunities to eat their favourite foods.

We found that there were systems in place to ensure that people were protected from the risks of inadequate nutrition and dehydration. We found that there was a designated member of staff who prepared meals who was covering in the absence of the cook. They had information about people's preferred choices and details of any special diets such as gluten free or vegetarian. We observed that food portions were sufficient and the member of staff explained how they prepared balanced meals and did not use much cooking oil to ensure meals were healthy. They advised that they had homemade soups and meals and used little processed food.

The manager told us how they planned menus to ensure a variety of different food and there was a daily choice of two meals. A menu was displayed giving people information about this. During our visit we observed that staff blended one person's meal at their request. We found that where risks were not identified that people could choose when they wanted their meals.

We saw from the 2013 survey with people and others that a comment had been made requesting that more fresh vegetables be provided. The manager told us that they had found that fresh vegetables did not keep as well and they had researched the matter and frozen vegetables were considered as nutritious as fresh ones. They advised that fresh fruit and salad was available daily. We saw from staff meetings that staff were asked to offer fruit when drinks were offered and that during hot weather staff were encouraged to give more refreshments. During our visit we observed that people were routinely given refreshments and people were supported or encouraged with eating as required. We also found that staff encouraged where possible lunchtime to be a social experience through conversation.

We found that the provider had assessments to identify any risks for people with eating and drinking and plans in place to offer support as required. We saw that people's weight was routinely recorded and monitored.

We saw that where staff had identified a particular risk in this area for people, that they had contacted external professionals such as the GP, or speech and language therapist for professional advice. Additionally we found that nutritional supplements were available

as prescribed by the GP as required.

The provider might like to note that staff told us that when people required a puréed or 'soft' diet, that foods were puréed all together and not individually. Separating different foods can be important so that people know what they are eating and can make choices as to how they eat the food items. The manager told us that they would take action to address this. One person told us that the food was at times cold. We asked for food temperature logs to check on this and found that whilst some temperatures were being recorded there was not a designated system for this. The manager sent us a form they had developed for staff to use to ensure consistent recordings. Heated /cooked food temperature checks are important to ensure that they are an adequate temperature for people to eat and also as part of infection control to ensure that food has been sufficiently heated to ensure people are not at risk from harmful bacteria. During our inspection the food was not reported to be cold.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not always protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to manage medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We found that there were some systems in place for the recording of the obtaining, administering and disposing of medication. For example there were systems in place to obtain and dispose of medicines with an identified pharmacy. Medication Administration Records (MAR) were in place to be completed by staff after administration of medicines. We found that there was a colour coded system for the different timings of medications to assist staff with administering. We saw that additionally doses were also written on insulin pens and eye drops for further staff reference and to prevent errors.

The manager advised us that a monthly audit was undertaken on medications to address any issues and we saw that the pharmacy service carried out additional audits.

Registered nurses were responsible for administering medication and had access to the medicine and controlled drugs keys. During our visit we had an opportunity to observe this and found that the nurse checked the medication being given to the person and gave it to them in a patient manner, explaining the procedure.

We found that medication was securely locked in the dispensary and in a medicines trolley and a secure designated fridge. We found that controlled drugs were stored according to the requirements of the Misuse of Drugs (Safe Custody) Regulations 1973 and a separate bound book was available for the specific recording of controlled drugs. We found that temperatures were being monitored and recorded where medicines were stored. This is important to ensure that medicines are not affected due to high temperatures above 25 degrees Celsius. Medications reviewed were within the expiry date.

We looked at three people's medication and records. We found that two people's records were not fully completed. For one person the stock of two prescribed medicines available did not match the medication administration record (MAR). The manager investigated the matter and clarified that there had been three missed doses where the person was asleep. There was also a reduction in the dosage of another medication and staff were advised by the person's GP to halve the tablet.

We found for another person who was prescribed a controlled drug that there was a

discrepancy between the record in the designated controlled drugs book and MAR. The manager investigated and advised that the dose had changed and that the MAR should have changed; also the second staff signature was not gained as per the organisation's standards. The manager advised that they had addressed the matter with staff. It is important that clear records are kept so that staff can check if the medication has been given or not and can also check the stock amount is correct.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People using the service told us that staff gave them enough support. The manager told us that through assessment, they had a formula for deciding on staffing levels which was being used and reflected sufficient staffing levels. We saw that where possible the manager and staff had made arrangements to cover staff absence. Staff told us that there were enough staff and there was flexibility in covering shifts if the needs of the service changed.

Staff told us how they helped out and supported each other where they could. They told us that the service mainly used permanently employed staff. Duty rotas we reviewed confirmed this. We saw from recent team meeting minutes that staff were discouraged from cancelling shifts at short notice to ensure adequate cover and that the manager was looking for regular weekend staff as it had been highlighted as a need.

A volunteer told us that they had a relative that had been cared for at The Moorings Nursing Home Limited and through this positive experience had decided to become a volunteer with the service.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People using the service told us they felt comfortable to raise any issues with staff and they spoke positively about staff giving them support. During our visit a person raised an issue with us and the manager took action and clarified that the matter had already been addressed and they would talk to the person about this.

Staff we spoke with were aware of the complaints procedure and how to deal with or report any concerns raised. We saw that the provider had a system in place for dealing with any complaints and information on the complaints procedure, was in the in written and pictorial form.

The provider had additional ways for people and others to give feedback on the service provided such as surveys and through a suggestions box. We saw that action plans were developed for issues highlighted and this information was displayed for people and their relatives to read.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Diagnostic and screening procedures Treatment of disease, disorder or injury	How the regulation was not being met: The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity. Regulation 13.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 02 November 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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