Moat House Care Home Limited

Moat House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
The Moat House is a purpose built care home that accommodates 101 people across three separate floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia. People have access to a range of communal areas, including lounges, cinema room and outdoor areas. At the time of our inspection there were 97 people using the service.

People's experience of using this service and what we found
People received safe care. Staff had received training in safeguarding and knew how to report safeguarding concerns and keep people safe from harm. The provider had a robust recruitment process in place which ensured only staff who were suitable to work in social care were recruited. There were sufficient numbers of staff deployed to meet people's needs and keep them safe. We have made a recommendation that the provider reviews staff training needs around communication and effective interactions with people.

People received their medicines as prescribed from staff who had been trained and were competent to do so. There were effective systems in place to manage the cleanliness and infection prevention and control within the home. Staff had received training and followed infection control guidance, including COVID 19 guidance. Accidents, incidents and near misses were analysed and lessons learnt.

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.

The service was managed well. There was a positive culture in the home and people, their relatives and staff spoke positively about the management team. Robust quality assurance processes were in place and any shortfalls actioned promptly and used as an opportunity for learning. The service worked well with other agencies.

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 14 April 2018).

Why we inspected
We received concerns in relation to safeguarding incidents. As a result, we undertook a focused inspection to review the key questions safe and well-led only. 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 remained good based on the findings of this inspection. We found no evidence during this inspection that people were at risk of harm from this concern.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Moat House 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.

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.

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 was safe.
Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.
Details are in our well-led finding below.

Moat House

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
This 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
Moat House 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. Moat House 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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. We used all this information to plan our inspection.

During the inspection
We spoke with nine people who used the service and four relatives to gain their views about the care and support provided. We met with 15 staff included the operations director, the registered manager, the care manager, housekeeping and care staff. We reviewed care plans and records for seven people. We also reviewed three staff recruitment files and staff training records. We reviewed a range of other information pertaining to the day to day management of the service, including key policies and procedures.

Good

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

Staffing and recruitment

- There were enough staff to keep people safe. Staffing levels were assessed by using the providers' dependency tool. Staffing levels were regularly reviewed to ensure sufficient staffing levels remained in place to meet the needs of the people.
- We observed sufficient staff were deployed to ensure people's needs were met in a timely manner. Staffing rotas confirmed the numbers of staff we found were maintained.
- Most people and relatives spoke positively about staff being kind and attentive. However, people and relatives also described occasions when staff approach was 'sharp'. One person told us, "Some staff are sharp with you if you ring (the call bell). They say you will have to wait; it's their tone and voice. It's general but infrequent, most of the time staff are fine". A second person told us, "Weeks ago I complained about a staff member's attitude. The way they spoke to me; it was as if I was a nuisance. I haven't seen them since. I do feel able to express concerns about staff if I need to."
- We observed occasions when some staff communications were attentive but lacked banter and warmth in their interactions.

We have made a recommendation that the registered manager reviews staff training around communication and interactions to ensure staff communicate effectively with people.

- Following our inspection, the registered manager held meetings with staff and provided assurances they would monitor and work with staff to improve communication where required.
- Staff were safely recruited and checks were made on their suitability through references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Potential risks to people's health and welfare had been assessed. There was guidance in place for staff to mitigate risks. For example, the use of sensor mats or increased supervision where people were at risk from falls.
- People and relatives told us they felt safe. One person told us, "I do feel safe here. I fell before I moved here and I have not had one fall since. If I need help, the staff come very quickly." A relative told us, "[Name] is totally safe. I feel reassured that [Name] is well looked after."
- Risk assessments included equipment to be used, such as type of hoist and size of sling. We found one person's risk assessment lacked personalised information around reassurance and additional information staff needed to be aware of during mobility transfers. The registered manager addressed this during our

inspection visit and updated the person's care plan and records.
● Checks had been completed on the environment and equipment to make sure they were safe. People had personal emergency evacuation plans in place to explain how they should be supported in an emergency.
● Accidents and incidents had been recorded and analysed to identify any patterns or trends. The management team reviewed them and checked if any immediate action was needed to keep people safe. For example, referring people to healthcare professionals.

Systems and processes to safeguard people from the risk of abuse
● There were effective systems in place to protect people from abuse and discrimination. Staff received safeguarding training; they were able to describe what signs of abuse they would look for. Staff understood their responsibility to report any concerns they may have. Staff were confident the registered manager and management team would take appropriate action if they reported concerns.
● The management team understood their responsibility to report any concerns to the local safeguarding authority. When reports were made, the registered manager worked with the local safeguarding authority to make improvements and keep people safe.
● Following recent safeguarding incidents, the registered manager had worked with staff to raise awareness of safeguarding and promote an open and transparent culture for reporting concerns. They had introduced daily meetings for senior staff to support effective communications around care and support.

Using medicines safely
● Medicines were received, stored, administered and disposed of safely.
● Audits and checks were completed, and actions taken where issues had been identified. For example, missing staff signatures or staff inserting incorrect codes for medicines.
● As needed (PRN) medicine plans and protocols were in place to support people to receive these medicines safely and as prescribed. We saw staff consulted with people regarding these medicines.
● Staff involved in the handling of medicines had received training about medicines management. Staff were assessed as competent to support people with their medicines.

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 supporting people living at the service to minimise the spread of infection.
● 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 responding effectively to risks and signs of infection.
● 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.

The service supported people to have visits from their family and friends. We observed visitors coming unannounced to the service and visiting in people's rooms for as long as they wanted.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Good

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 good. At this inspection the rating has remained 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; 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

- A clear management structure was in place. The registered manager was supported by a care manager, senior care staff and heads of departments such as maintenance and housekeeping. Staff demonstrated they were clear on their roles and responsibilities.
- The management team promoted an open and transparent culture within the service. We observed people, visitors and staff approaching the management team.
- The management team conducted a variety of audits to assess the quality and safety of care provided. This included a management report following a daily walk around the building to assess the quality of care provided and safety.
- The provider maintained oversight of the service through reports and comprehensive audits undertaken by the provider's representative. We saw these generated action plans, which were reviewed to ensure improvements were made. For example, provider audits had identified people's voice had not been captured as part of their care review. The registered manager was introducing a new system to address this for future reviews of people's care.
- The management team understood their responsibilities to be honest when things went wrong. People and relatives told us they were comfortable to raise any issues with the management team. They were confident they would put things right as soon as possible; this was reflected in the complaints and concerns records we reviewed. One relative told us, "We usually speak to someone on the desk and they relay it to the person concerned. Whenever we ask they do it promptly."
- The registered manager understood duty of candour and demonstrated awareness of their legal responsibilities. They knew when notifications were required to be sent to the Care Quality Commission and how to make referrals in the event of a safeguarding concern.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved as much as possible in developing their care plans. When changes needed to be made these were done in consultation with people and relatives.
- People, relatives and staff had been asked their opinion of the service. People had completed quality assurance surveys at intervals through the year and made suggestions. The results of these surveys had not been consistently collated, though themes around laundry issues and procedures had been identified and

actioned. The registered manager told us they were implementing more robust analysis for future surveys to ensure this is a meaningful process of consultation.

● Staff told us they felt supported in their roles and able to share their views. Comments included, "There is good teamwork here and people receive good care, If there is anything you need to know, you can ask any of the senior staff or managers and they will help you. They are all really approachable," and "We have flash meetings each day and our views are shared in these or we can share our views directly. This helps to ensure people are safe through good communication between shifts."

● Staff attended regular meetings where best practice was discussed, changes in guidance and any updates or changes.

Continuous learning and improving care; Working in partnership with others

● The provider, registered manager and staff team had a clear focus on continuous improvement. Regular staff meetings were held and used as an opportunity to cascade new information and learning from incidents across the providers' services.

● The service had positive relationships with local professionals, such as the community team from the local GP surgery and other health agencies. This meant people had access to prompt healthcare when needed. The service also had links with the local schools and businesses which provided people with a link to their local community.