HCMS 6 Limited

The Moat House

Inspection report

Great Easton
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The Moat House is a residential care home providing the regulated activities personal and nursing care to up to a maximum of 72 people in one adapted building, over three floors. At the time of our inspection there were 24 people using the service.

People's experience of using this service and what we found
People and their relatives told us the change in provider, and further changes in management had continued to make them feel unsettled, commenting on a lack of leadership. The previous registered manager resigned and cancelled their registration in November 2021. A new manager was appointed in December 2021 and was in the process of making an application to CQC to become the registered manager.

People and their relatives felt communication needed to improve. A continuing theme was the poor signal and bad reception which caused difficulties for people when contacting their family member and the service.

People did not always receive consistent, timely care and support from familiar staff who understand their needs. High turnover of staff and use of temporary agency staff has impacted on the services ability to meet people's needs, including those who received care in bed. People and their relatives spoke of loneliness and a lack of stimulation.

Risk management needed to improve. We found no evidence people had been harmed, however people were at risk of harm because systems were either not in place or robust enough to keep people safe and manage risks to their health and welfare effectively. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests.

We have made a recommendation about decision making in accordance with the Mental Capacity Act 2005.

Improvements were needed to ensure people received personalised care responsive to their needs. Poor recording, and a lack of measures in place to encourage people reluctant to drink, put people at risk of dehydration and developing pressure wounds. People were supported to access healthcare services, however a consistent theme related to people's lack of oral healthcare and access to a dentist.

We have made a recommendation about managing people's oral health care needs.

We were somewhat assured systems in place for preventing and managing the risk of spreading infections were being managed effectively. Medicines were managed safely.

People did not always receive good quality care, support and treatment because staff training was not

embedded into practice. Staff had completed a range of training to deliver safe and effective care but had not always followed current evidence-based guidance, standards and best practice.

Relatives commended the service for the end of life care provided to their family members. However, further work was needed to ensure advanced decision-making plans for end of life care are developed for all people using the service. This will ensure they have a comfortable, dignified and pain-free death in accordance with their wishes.

The provider had systems in place to acknowledge and respond to complaints about the service.

The service was not consistently well-led. Whilst the provider has governance systems in place, these were not yet well-embedded into the running of the service or being used effectively to drive the required improvements. These were not always reliable and effective in identifying risks to people's welfare and safety. There was a limited approach to obtaining the views of staff, people who use services, external partners and other stakeholders.

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

Rating at last inspection
This service was registered with us on 30 July 2021 and this is the first inspection. The service was previously registered under HC-One No.3 Limited. The last rating for the service under the previous provider was rated inadequate published on 3 December 2019.

Why we inspected
The inspection was prompted in part due to concerns received about poor management of people's weight and pressure wounds and incidents including falls and skin tears not being reported and investigated appropriately. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report.

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.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, person centred care, staffing and good governance at this inspection. You can see what action we have asked the provider to take at the end of this full report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

The 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
The inspection was undertaken by three 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.

The 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. The Moat House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. 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.

Notice of inspection
The inspection took place on 14 March 2022 and was unannounced. The Expert by Experience undertook telephone calls to people's relatives on 15 March 2022. We met with the provider and manager to conclude the inspection and give feedback on 25 March 2022.

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 and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We spoke with two people who used the service and 11 relatives about their experience of the care provided. We spoke with five members of staff, including, a senior, care staff, housekeeping and the cook. We also spoke with the manager, deputy manager and the area manager, who was a representative supervising the management of the service on behalf of the provider.

We reviewed six people's care files and four staff personnel files. We looked at the provider's arrangements for managing risk, medicines management, staff recruitment and training data, and the complaints process.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection
We continued to seek clarification from the manager to validate evidence found. We looked at variety of records relating to the management of the service, including governance documents, policies and procedures.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk management needed to improve. Systems in place for reviewing risks to people did not always take a holistic approach to managing their health and wellbeing.
- A review of six people's care plans found these did not accurately reflect the level of risk in relation to preventing pressure wounds, keeping hydrated, use of bedrails and where people became anxious or distressed when receiving personal care.
- Risk assessments were incorrectly calculated and did not match information in people's care plans, which meant staff did not have accurate information to take effective action to protect people from the risk of harm.
- Hydration risk assessments set out people's daily fluid target over a 24-hour period. These were incorrectly calculated and did not provide staff with the right information to ensure people received enough fluids to remain hydrated. Poorly hydrated people are more at risk of developing pressure ulcers and urinary tract infections.
- The majority of people using the service had bed rails in position. The risk to people having bed rails had not always been assessed to ensure they were safe to be used. For example, review of incident and accident records showed an entry on 4 March 2022 where staff found a person's right foot wedged down the side of the bed and bedrails. This person sustained no injury, but there was no risk assessment to the suitability and compatibility for the use of this equipment to prevent further risk of entrapment.

We found no evidence people had been harmed however people were at risk of harm because systems were either not in place or robust enough to keep people safe and manage risks to their health and welfare effectively. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People, relatives and staff told us staffing levels needed to improve, particularly at weekends. One relative commented, "On a Saturday at 10am, my [Persons] breakfast had not been taken away, another Saturday at 10.15am they had not eaten their breakfast, it sat there, staff had written in the book, they had refused, however, [Person] was just asleep. Staff are just too busy, they are really stretched, especially Saturdays."
- Relatives were concerned about high levels of agency staff. They told us staff appeared to be rushed and did not have enough time to spend with their family members, especially those who were supported in bed.
- People and their relatives spoke of loneliness and lack of stimulation. The manager told us several staff had left with the change in provider resulting in high levels of temporary agency staff being used to cover shortfalls in staffing levels. They confirmed there had been a reduction in group and one to one activity

session's due to the lack of staff.
● Since the service was registered in July 2021, records showed there have been 14 incidents of unwitnessed falls, resulting in people sustaining skin tears and bruising. This linked to the feedback from relatives and our observations regarding sufficiency of available staff to oversee and monitor people's safety. For example, we observed one person with a history of falls, mobilising in communal areas on four separate occasions without the aid of their walking stick. On each occasion there were no staff present to encourage them to use their stick and check they did not fall.

The high turnover of staff and high use of temporary agency staff has impacted on the services ability to meet people's needs, including support to prevent isolation for those who received care in bed. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The area manager confirmed they still had vacancies, but the COVID-19 pandemic and the rural location had been significant factors impacting on the ability to recruit staff. They told us they were working hard to recruit new staff and had introduced a range of incentives, including a 'refer a friend' scheme.
● The recruitment and selection process ensured staff recruited were suitable to work with people who used the service.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● The provider had a robust safeguarding policy and good practice guide for staff to follow if they observed or suspected people using the service were at risk of harm, abuse or neglect. This included the contact details CQC, and links to the local authority safeguarding team. However, management and staff had failed to report concerns about people's significant weight loss and unexplained bruising. This had put people's safety and welfare at risk.
● An organisational safeguarding concern was raised by the local authority as part of a routine visit to the service on 15 February 2022 about poor weight management, poor pressure wound care and accident and incidents not being investigated appropriately.
● The new manager had used feedback from the local authority to review arrangements for monitoring people's weight. They had appointed a nurse assistant as a 'champion' to have better oversight of people's weights. Each person's weight had been reassessed using an online malnutrition universal screening tool (MUST) tool to generate accurate information and percentage of weight loss. Review of weight charts at inspection confirmed people's weights had stabilised.
● The manager had improved systems for reviewing and investigating incidents and events when things go wrong.
● A monthly analysis of incidents was being completed to review themes and trends, and ensure appropriate action was taken, such as referral to falls team, and ensuring all appropriate equipment was in place to minimise the risk of further falls.
● Appropriate referrals to the local authority, safeguarding and CQC were being made.

Preventing and controlling infection
● We were somewhat assured the provider's practices for preventing and managing the risk of spreading infections were being managed effectively. However, we identified, the need for closer donning and doffing areas. There were no clinical waste bins available in, or near people's rooms and bathrooms. Staff were observed walking down corridors to dispose of waste in sluice rooms, which increased the risk of spreading infection.
● The service was visibly clean and odour free. One relative commented, "I went in yesterday, never been any smells there, it is always well kept."

● Staff were observed using PPE in line with government guidance. Staff told us they had received training on when and how to use personal protective equipment (PPE) and confirmed there were enough supplies of PPE available. One member of staff commented, "We did infection prevention and control training online, and COVID-19 training, including donning and doffing of PPE and barrier nursing."
● The provider was following government guidelines to ensure people were admitted to the service safely.
● Records showed the provider was accessing testing for people using the service and staff in line with current government guidance.

Visiting in care homes
● People's relatives or those acting on their behalf were able to visit their family member in line with government guidance.

Using medicines safely
● Systems were in place, including regular audits to ensure people's medicines were managed consistently and safely.
● Review of nine people's medication administration records (MAR), including controlled drugs found staff were keeping accurate records. There were no missed signatures or unexplained gaps.
● People's medicines were administered in a timely manner, in accordance with prescribing instructions.
● Staff had followed protocols for medicines prescribed on 'as needed basis' using the reverse of the chart to reflect when these medicines were administered, such as paracetamol, with the date, time, amount and reason why administered.
● Staff had completed medicines management training and had their competency assessed on a regular basis to ensure they followed good practice.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Relatives told us, their family members had access to routine appointments, such as the GP, but a consistent theme related to people's lack of oral healthcare and access to a dentist. Comments included, "Don't know if [Person] has seen a dentist," and "My [Person's] teeth are black, they moved in with white teeth, so something has gone wrong, they (staff) have never spoken about dentists."

We recommend the provider seek advice and guidance from a reputable source, about supporting people to manage their oral hygiene and access dental practices.

- Relatives told us; they were mostly kept informed by staff about any changes in their family members health. Comments included, "Communication is very good, they always tell us if there are concerns, falls, UTI's, they tell us if the Doctor has been involved, and tell us the outcome, "and "They (staff) always keep in touch on the phone if [Person] is not well, but that rarely happens."

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

- People's relatives shared mixed experiences about their family members access to enough food and drink . Comments included, "My [Person] is incredibly thin, they have not been eating, and staff have not been offering alternative foods," and "Last week my [Person] stopped eating and drinking, they were losing weight. The doctor came and found no underlying issues, staff have offered lots of different foods and giving them what they like to eat, such as eggs for breakfast."
- People's records showed systems to monitor and manage their weight and risk of choking had been reviewed. However, daily records charting people's fluid intake were poorly completed, and did not reflect they were getting enough to drink to stay hydrated. Where people refused fluids, there was no measures in place to encourage them to drink.
- Following a review of catering arrangements and consultation with people, menus had improved to reflect choice and to help manage people's weight. Appropriate referrals had been made to the dietetic and speech and language therapist (SaLT), where needed.
- Catering, and care staff were aware of people's dietary needs, including those who needed specialist diets and fortified foods to add calorific value to help maintain a balanced diet.
- We observed the lunchtime meal. Meals looked appetising and portions appropriate. People were offered alternative choices and given the option to have more food.
- Where people were reluctant to eat, verbal and physical prompting and assistance was provided in a

caring manner.

Adapting service, design, decoration to meet people's needs
● The environment was clean, nicely furnished and well maintained. People's rooms appeared to be personalised.
● People had been provided with appropriate equipment to meet their needs and reduce the risk of pressure wounds developing, such as hoists, slings and air flow mattresses.
● Where specialist equipment had been provided, such as hoist and slings to safely transfer people, these had not routinely been reassessed to ensure they were safe to use. For example, where a person had lost a significant amount of weight, the sling size had not been reassessed to ensure this remained within the safe working load considering their weight loss. The manager took immediate action following the inspection for this person to be reassessed and ensure the sling was safe to use.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience
● People's needs, choices, care, treatment and support had been assessed before using the service. This included establishing peoples' protected characteristics to ensure their diverse needs and preferences were ascertained on how they wanted their care provided and to achieve a good quality of life.
● Staff told us, and records showed staff had completed training relevant to their roles. Comments included, "I've done all my mandatory training, done lots of online training," and "We have a lot more face to face training now, such as moving and handling, fire safety. I really enjoy learning about dementia."
● Although staff told us, they had completed a range of training to deliver safe and effective care they had not always followed current evidence-based guidance, standards and best practice. Staff had not followed safeguarding guidance to raise concerns where people had lost significant amounts of weight. They failed to recognise the risk to people to keep hydrated and had not always fully understood the requirements of the mental capacity act, around best interest decision making.
● New staff joining the company completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Consent to care and treatment had not always been sought in line with legislation and guidance.
● Records showed people's capacity to make decisions had been assessed, however staff had not always understood when to make decisions in people's best interests. For example, a person's records showed they had bedrails in place for their safety. This person had been assessed as having capacity to make this

decision, but staff had completed a best interest decision making form. Best interests' decisions must only be made when a person has been assessed as lacking capacity to make the relevant decision themselves.
● Where people needed to be deprived of their liberty for their safety, the appropriate authorisations were being met.

We recommend the provider considers seeking training from a reputable source to ensure staff understand and apply the main principles of the Mental Capacity Act 2005 (MCA) legal framework when supporting people to make best interest decisions.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People did not always receive consistent, timely care and support from familiar staff who understand their needs. Comments from relatives included, "Sometimes when I get there my [Person] is half laying, half sitting, they need to be made more comfortable," and "I have found the home satisfactory, staff seem very nice, but occasionally [Person] is needing more personal care, like shaving and their eyes are gummed up."
- Relatives told us staff did not always have enough time to spend with their family members. Comments included, "When I am there, I hear how rushed the staff are. My [Person] is incontinent, they seem to rush them," and "[Person] used to be gotten up, washed and dressed and in a chair, now they lay in bed, gets panic attacks, aggressive and shouts. This is definitely connected to staffing issues."
- Staff told us they did not have time to sit and talk with people for a meaningful length of time. One member of staff commented, "Sometimes it feels like people are alone here even though they are living in a home together. They are cared for don't get me wrong."
- Relatives experiences about the day-to-day care and support their family members received varied. Overall, they felt permanent staff knew people's needs well and showed concern for their wellbeing in a caring and meaningful way but were less confident in agency staff. Comments included, "There are some good carers but unfortunately the agency staff don't seem to care so much, permanent staff are good, they are very good with my [Person]," and "My [Person] can be difficult to manage, and staff do the best they can. They are clean, clothes are clean, mostly [Person] is happy, overall, we are happy."
- People, and relatives did feel staff treated with people with kindness and respected their privacy and dignity.

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

- People told us, and records showed they were able to express their views and be involved in making decisions about their care and support. For example, we heard a relative speaking with the manager about sourcing a physiotherapist privately to help with their [Person's] mobility.
- People had been consulted on their likes and preferences of meals. From this their choices had been used to create a new menu.
- Minutes of residents meeting showed people had been involved in discussing their mealtime experience, access to drinks and snacks, and available activities, however it was noted only two people attended the recent meeting in January 2022, consideration needs to be given to obtaining the views of people who remained in bed.

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

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

- People experiences of receiving care responsive to their needs varied. One relative told us, "[Person] has been there a short time, I had to dig for information, they were discharged from hospital in the evening to a fairly empty room, not a good time to turn up, there was only one member of staff on duty who said that it was too late for supper, fortunately [Person] did not want anything."
- Another relative told us, "The last few weeks [Person] has been going downhill, they have three nominated carers who they know well, and they are checked on regularly. The staff are giving them special foods and drinks and bed bathes as it upsets them getting up out of bed, they are doing everything to keep them calm."
- Relatives told us they had contributed to the initial planning of their family members care and support, but there was mixed feedback about being involved in follow up reviews of care. Comments included, "I was very involved in the care plan at the beginning, but there have been no reviews or been asked to attend a review since," and "Care plan, I have spoken to someone about this, but not recently."
- Development of care plans for people new to the service, needed to improve. For example, although an initial assessment had been completed, not all elements of a person's care plan had been completed to ensure staff had access to the most up to date account of the person's needs. However, we observed staff had familiarised themselves with the preadmission assessment, and were observed to regularly engage with the person, asking questions about how they wanted their care provided.
- The mental health team had been involved where a person living with dementia on occasions was distressed during personal care. Observational charts listed their behaviours, with continence management at night being one of the triggers. There was no documented evidence to reflect the person was being supported to manage their continence at night to relieve anxiety.
- Despite input from the mental health team, there was no care plan or risk assessment in place to guide staff on how to support this person to minimise their distress and safely manage their personal care.

Care planning needed to improve to ensure people receive person centred care and treatment appropriate to their needs and personal preferences. This was a breach of Regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

● Information in people's care records showed the provider was complying with the Accessible Information Standard by identifying and recording people's communication needs with a disability or sensory loss. One relative commented, "My [Person] wears hearing aids, recently someone from the hospital came to see them to check about having new hearing aids."

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

● We observed a lack of social engagement and activity in the service. Although activities were advertised on a notice board, the only activity observed was a person doing a jigsaw puzzle.

● The vast majority of people using the service were in bed and spent periods alone in their room and described being isolated and lonely. One relative told, "[Person] needs constant conversations, needs people around them, staff are not getting them up or talking to them, they need stimulation. With all the agency staff they have no relationships, the permanent staff are fantastic, so nice."

● People's care records referred to people having low mood and not wanting to get up or take part in activities. There was little to entice those people who were able to, to get up to increase their mood, and reduce their sense of isolation.

● Staff told us staffing levels did not allow time to do activities. Comments included, "Staffing levels don't help things here. I think if we had more staff and they had more time to spend with people, when people want to chat, it would help things improve," and "Often you can't sit and chat for half hour as you have to get on and do things. More staff always helps doesn't it."

Improving care quality in response to complaints or concerns

● The provider had systems in place to acknowledge and respond to complaints about the service.

● Review of the concerns and complaints register reflects there had been one complaint made since the service registered in July 2021. This showed the complainant was not satisfied with the response provided from the previous manager. The compliant had been reinvestigated and a letter of apology sent to the complainant.

End of life care and support

● No people were reported to be on end of life care at the time of the inspection.

● Relatives told us; the home should be commended for the end of life care provided to their family members. Comments included, "Our [Person] has been there for eight years, they keep them alive there, they are totally bed ridden but has no bed sores," and "Wonderful staff, my [Person] went there seven years ago for end of life care for 13 weeks, and they are still here and that is a recommendation."

● Some peoples care records contained an end of life Peace Plan. This sets out people's wishes to help health care professionals deliver the best care to people with life limiting illnesses. One relative told us, "My [Person] and I wrote a Peace Plan on their end of life care. The manager has got a copy, and the doctor is aware and rang me on Friday to confirm it is in place."

● Not all people's care records reviewed contained a copy of a completed Peace Plan. Further work is needed to ensure this aspect of their care is documented to ensure they have a comfortable, dignified and pain-free death in accordance with their wishes.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

● The service was not consistently well-led. Governance arrangements were not always reliable and effective in identifying risks to people's welfare and safety. For example, the bed rails audit had not identified the issues we found in relation to the risk of entrapment.

● A range of audits had been completed; however, they were not robust. They had not been used to analyse what had worked well, or where improvements were needed. For example, the home visit feedback sheet completed in March 2022 by the area manager had identified five care plans all needed to be re written, however the care plan audits had ticked 'all okay', despite the area managers findings, and our findings of risk assessments being incorrectly scored at this inspection.

● A monthly infection control audit completed February 2022 identified the need for closer clinical waste bins to bedrooms, no labels of dates in items in fridges, dirty pillows left in sluice, no racks in sluice, PPE discarded inappropriately in bedroom en-suites and near outside waste containers. We found the same issues, at the inspection, which had not yet addressed.

● The area manager had completed two separate impact assessments to assess the quality and safety of the service. These had been used to develop a home improvement plan setting out the priorities for improving the service, and action needed to address them.

Whilst the provider has governance systems in place, these are not yet well-embedded into the running of the service or being used effectively to drive the required improvements. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● People and their relatives told us the change in provider, and further changes in management had continued to make them feel unsettled about the lack of leadership. Comments included, "Someone needs to co-ordinate things on the floor, a sort of a Matron," and "It is too early to comment, but I have not been impressed with any of the managers, they need to go around more and not stay in their office. I would say that it is distant management."

● A new manager was appointed in December 2021 and was in the process of making an application to CQC to become the registered manage. The previous registered manager resigned and cancelled their registration in November 2021. One relative commented, "Had contact with the new manager a few weeks

ago on funding, they phoned me to introduce themselves, they seem alright."
● Not all people and their relatives were clear who the manager was. Some referred to the administrator or previous manager. One relative told us, "Manager I don't know who, but I speak to reception, carers and nurses, they are lovely, they seem very caring."
● Staff told us, the service was beginning to improve under the new company, and manager. One member of staff commented, "I find this new company better. The company before didn't take control, like a ship with no captain. We have much better leadership now. We have rules now and the manager gives us direction. I think that means we can look after people better. If we have a problem, we can go to management now, we didn't have trust before but now we do."
● The manager told us, "Staff did not previously have effective leadership, and lacked confidence. It has taken some time to build up confidence in their own ability. The staff who stayed when the new company took over are dedicated workers and want to help improve The Moat House."
● Staff told us they felt respected, valued and supported by the manager. One member of staff commented, "The manager is trying to make up for all previous management. I think they are doing well. I know I can go to them if I have a problem."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● We received mixed responses from people and their relatives about communication from the provider, manager and staff. One relative told us, "Management can be less communicative, three months ago I did say after one scenario with [Person] communication could have been better, but generally speaking, we would not want them anywhere else." Another relative commented, "It has changed hands and with changes of staff, the senior carer is my main contact, who tells me how [Person] is, any changes, they are good and tells me as it is."
● A continuing theme was the poor signal and bad reception which caused difficulties for people when contacting their family member and the service. Relatives also felt there was a long delay in calls and access to the home, particularly at weekends. One relative told us, "It is difficult to get through on the phone, and also got bad mobile reception. I emailed the manager and things started to get sorted."
● There was a limited approach to obtaining the views of staff, people who use services, external partners and other stakeholders. The manager confirmed surveys were being sent out at the beginning of April 2022 to obtain feedback about the service.
● Minutes of meetings showed a range of staff meetings were being held to discuss issues across the service, including IPC, health and safety matters, roles and responsibilities, professional conduct, supervision and leadership.

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 provider had systems in place to comply with duty of candour regulations. These showed the provider was committed to openness, transparency and candour to ensure any notifiable safety incidents were reported, disclosed and acted on.
Working in partnership with others
● The manager was aware of their responsibilities to report concerns to the local authority. They had worked well with the local authority to take immediate action to address the concerns raised in a timely manner.
● The manager had worked well with other professionals to improve outcomes for people regarding weight loss and had improved analysis of falls.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care and treatment plans must contain appropriate information to ensure people receive personalised care that is responsive to their needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were at risk of harm because systems were either not in place or robust enough to keep people safe and manage risks to their health and welfare effectively.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not always reliable and effective to drive the required improvements.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of staff were not always available to meet people's care and support needs.