

Cumbria County Council

Moot Lodge

Inspection report

Moot Lodge
Market Place
Brampton
Cumbria
CA8 1RW

Date of inspection visit:
14 February 2017

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05 June 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced, comprehensive inspection took place on 14 February 2017. We last inspected the service in August 2015 when it was rated overall as 'Good'. Following that inspection the provider, Cumbria County Council, was re-registered in October 2015. This is the first inspection since the re-registration process was completed.

Moot Lodge is a care home registered to provide accommodation for up to 19 older people requiring personal care.

There was a registered manager in post on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used this service were safe. The staff knew how to identify if a person was at risk of abuse and the action to take to protect people from harm. Risks to people's safety had been assessed and measures put in place to manage any hazards identified.

People had access to external health care services which ensured their health care needs were met. These included GPs, district nurses, dentist and opticians. Staff had completed training in safe handling of medicines and the medicines administration records were up to date. Protocols were in place for the receipt and disposal of all medicines that came into the home.

We found that people's rights were protected because the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards (DoLS) were being followed.

People were treated with kindness and respect. They were included in planning and agreeing to the support they received. The care staff knew the people they were supporting well and respected the choices they made about their care. The staff knew how people communicated and gave them support to make and express choices about their lives.

There was a complaints procedure in place that outlined how to make a complaint and how long it would take to deal with. People were aware of how to raise a complaint and who to speak to about any concerns they had. The registered manager understood the importance of acknowledging and improving areas of poor practice if people found the need to make a complaint.

There was an appropriate and detailed internal quality audit system in place to monitor the quality of the service provided.

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.

Staff had been recruited following a thorough recruitment process and they were clear about their responsibility to promptly report any concerns or safeguarding issues.

There were sufficient numbers of staff to ensure that people had their needs met promptly and safely.

Medicines were managed appropriately and the records were up to date.

Is the service effective?

Good ●

The service was effective.

Staff training was up to date and staff received training appropriate to their roles within the staff team.

There were systems in place to assess people's personal care needs and we saw evidence that people's needs were regularly reviewed so they continued to receive appropriate care.

People's rights were protected because the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were being followed.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and respected their privacy and dignity.

Information was available on how to access advocacy services for people who needed someone to speak up on their behalf.

The people we spoke to expressed satisfaction with the service and felt they were well cared for.

Is the service responsive?

Good ●

The service was responsive.

People had their care and support needs kept under review. Staff responded quickly when people's needs changed, which ensured their individual needs were met.

The management and staff at the home worked well with external agencies and services to make sure people received care in a consistent way.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

The service was well led.

There was a registered manager in post and staff were fully supportive of their aims, values and vision of the service.

Notifications of accidents and incidents required by the regulations had been submitted to the Care Quality Commission promptly by the registered manager.

Quality assurance and audit systems were used to monitor and assess the service's performance and to drive a culture of improvement.

Good ●

Moot Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 February 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted social workers from the local authority who had dealings with this home.

During our inspection visit we spoke to five of the people who lived in the home, the two supervisors on duty, three support workers, a domestic and the cook. We spent time with the registered manager and discussed the running of the service with the operations manager by telephone following the inspection visit. We observed care and support in communal areas and looked at the care records for four of the people who lived in Moot Lodge. We also looked at records, including those relating to management of medicines and a range of records pertaining to how the home was managed.

We contacted a member of The Care Home Educational Support Services (CHESS) team to ask for their comments with regards to the care and support provided by the staff at Moot Lodge.

Is the service safe?

Our findings

During our inspection visit we spoke to five people who lived in Moot Lodge and asked them if they felt safe living in the home. They all told us they felt very safe and one person said, "I have felt safe here since the day I moved in. It is better than being by yourself especially at night". Another person said, "I have always felt safe and have no worries about that at all".

The registered provider had policies and procedures in place with regards to safeguarding vulnerable people. Staff were confident about their responsibility to keep people safe and one of them told us, "I would not hesitate to speak to either the supervisor or registered manager if I saw anything I was not happy about. I know the matter would be dealt with immediately".

The staff we spoke to said that they had completed safeguarding training and the training records we looked at evidenced this. They were all able to describe the different forms of abuse and were confident if they reported anything untoward to the registered manager or the senior staff this would be dealt with immediately.

We looked at the recruitment records for staff. We saw that safe systems were used when new staff were recruited. All staff had obtained a Disclosure and Barring Service (DBS) check which demonstrated they were not barred from working in with vulnerable people. The registered provider had obtained evidence of their good character and conduct in previous employment by seeking references from previous employers.

The registered manager understood her role and responsibility with regard to safeguarding and notifying CQC of notifiable incidents. She had ensured that notifiable incidents were reported to the appropriate authorities where necessary although there had been no adult protection issues to report since the re-registration of this service.

During our inspection we spent time in all the areas of the building including people's rooms, with their permission. We saw that people were relaxed in the company of the staff and other people who lived there. We spoke to people in the communal areas and in the privacy of their own rooms. We saw meaningful and relaxed interactions between the staff and people and there was a stress-free atmosphere throughout the home.

There were 15 people living in Moot Lodge on the day of our inspection visit and we found that the staffing levels were appropriate to meet the assessed needs. There were three support workers and two supervisors on duty as well as the registered manager and two members of night staff on duty through the night. We asked the staff if they thought there was enough staff to provide an appropriate level of care and one said, "We can manage but as peoples' needs increase it would be helpful to have an extra member of staff. We would be able to spend more quality time with the people we support".

We spoke to the registered manager and the operations manager about the staff numbers and they confirmed that there had recently been an increase in staff hours and recruitment of new staff was

underway. The registered manager confirmed that there would be no admissions to the service until the new staff were in post.

Risk assessments were in place covering all aspects of daily living within the home. These were reviewed each month with the support plans unless there was a change to a person's needs, when they were reviewed and updated immediately. We saw, in the support plans, there were tools to monitor mental health needs and directions for staff to support people whose behaviour may challenge the service. This demonstrated all aspects of people's needs were recognised, understood and met in the most appropriate way and kept people safe.

There was an up to date fire risk assessment and we looked at records that confirmed all fire safety equipment was serviced under annual service level agreements. Fire drills were undertaken and the fire alarm system was tested every week.

We looked at the records for the receipt, administration, storage and disposal of medicines and found everything to be in order. Regular audits or checks were completed on the medicines administration records (MAR) and these were signed by the supervisor concerned. Checks were completed daily to ensure the records were completed correctly to ensure all the tablets and liquids held matched the records. There were clear protocols for giving 'as required' medicines in place and variable doses for medicines were clearly recorded on the medicines administration record (MAR). This helped to make sure that people received the medicines they needed appropriately. For example if people needed their medication first thing in the morning the night staff were responsible for giving this. All staff who administered and recorded medicines had received appropriate training.

We spoke to a member of the domestic staff team and asked them about working at Moot Lodge. They said, "It is a lovely place to work and the staff team work well together and support each other. We always have plenty of cleaning materials to keep the home clean". One of the supervisors had delegated responsibility for infection control and regular audits were completed to ensure cleanliness was maintained at all times.

The service had contingency plans in place in the event of foreseeable emergencies and personal emergency evacuation plans were in each care plan should people ever need to be moved to a safer area in the event of an emergency. There were clear notices within the premises for fire procedures and fire exits were kept clear.

Is the service effective?

Our findings

People told us they received effective care from the staff who supported them. We asked people if they thought the staff were well trained. One person told us, "I think they must be well trained because they always know what they are doing".

People were supported to maintain their healthcare needs. Records were kept of GP or district nurse visits and the outcome of the visit. We saw from the care plans that other external healthcare professionals were accessed for advice. These included dietitians and the speech and language therapist. Chiropody, optical services and dental care were also available.

The Care Home Educational Support Services (CHESS) team held monthly clinics at Moot Lodge to discuss the support of people with mental health needs including dementia and provided support to the staff in meeting those needs. We were told, "The staff are very good indeed and contact us when they need help and advice. They are very responsive to our advice particularly in the formulation of the appropriate care plans. I have no concerns whatsoever". The supervisor on duty told us, "Although we have a monthly clinic with the CHESS team we can always contact them in between times if we have a query or need extra advice".

We saw throughout, our visit, people were given choices about how they wanted to spend their time during the day. People told us they were always asked where they wanted to sit or if they preferred to stay in their own room. One person told us, "It was my choice I moved in here and have not regretted it since". Another person said, "I do stay in my room as that is what I prefer to do. I am not so good on my feet and I like my own company. The girls respect my decision to stay in my room but the door is always open and they pop in as they walk past".

Systems were in place to ensure people received drinks and varied meals at regular times. Meals were well presented and people told us they had a choice at meal times. Peoples' comments included, "We have a choice with food and I always get enough". We looked around the kitchen and saw it was well stocked with fresh, frozen, home baked and tinned produce. We spoke with the cook who was aware of people's different nutritional needs and special diets were catered for. They explained how people who needed to increase weight and to be strengthened would be offered a fortified diet and how they would be offered milkshakes, butter, cream and full fat milk as part of their diet. The cook told us they received information from the support staff when people required a specialised diet. Written information was available in the kitchen to inform any cook of the dietary preferences and specialised diets for people if the regular cook was not available. For example, diabetic and soft or pureed diets. There was also a copy of each person's nutritional risk assessment held in the kitchen.

People who were at risk of poor nutrition were supported to maintain their nutritional needs. This included monitoring people's weight and recording any incidence of weight loss. Referrals were also made to relevant health care professionals, such as dietitians and speech and language therapists for advice and guidance to help identify the cause.

The registered provider had a rolling programme of staff training and staff told us they received good training appropriate to their role. Staff training records showed all training was up to date. The supervisor on duty explained that staff training was organised through the provider's electronic system and that the registered managers always managed to access what they wanted when they wanted it. Training had been completed in living with dementia, safeguarding, fire warden and fire safety, medicines management, emergency first aid, an awareness of The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). More in depth training in the MCA and DoLS had been organised for this year and the operations manager confirmed that support workers were booked on the courses that had been organised. This training was in addition to that which the provider deemed as mandatory training which included moving and handling, health and safety and infection control. The day following our inspection the registered manager and other members of staff were attending training at the local hospice for training in the use of specific clinical equipment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive 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. The application procedures for this in care homes and hospitals are 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 were being met. Staff were aware of and had received training in the MCA and the related DoLS. The registered manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. The registered manager confirmed that five applications had been submitted and the service was awaiting the outcome of these applications.

Staff had a good understanding of the MCA and best interest decision making, when people were unable to make decisions for themselves. Records contained information about people's mental health and the correct 'best interest' decision making process, as required by the MCA. People's care records showed when 'best interest' decisions may need to be made. People were involved in developing their care and support plan, identifying what support they required from the service and how this was to be carried out. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interests'.

We saw, from the care plans we looked at, there was information held on file with regards to people who held Lasting Power of Attorney (LPA) for those who lived in Moot Lodge. It also stated if the LPA was in respect of finances or care and welfare or both. This information showed who had the legal authority to make decisions on a person's behalf when they could not do so themselves in respect of financial and/or care and welfare needs. The supervisor on duty confirmed that the provider ensured all details and copies of any LPA were held at the home and we saw evidence of this in people's care files.

Staff told us, and their personnel files showed, they received regular supervision from their line manager, to discuss their work performance and training needs. Staff comments included, "I do have supervision every four to six weeks". Staff also told us they were well supported to carry out their caring role. Staff said they could also approach the registered manager or any of the supervisors at any time to discuss any issues. Annual appraisals to review staff progress and work performance were also in place.

Is the service caring?

Our findings

People told us they were well cared for and that they liked living in Moot Lodge. One person said, "All these lassies are lovely. They really care about us here". Another said, "I am really well cared for and the girls are so polite and patient".

We spent time in the communal areas of the home and saw that the care staff knew the people they supported well and treated them with the utmost respect but at the same time put people at their ease with a warm and caring attitude. There was an understanding from the care staff of people's individual needs and the way in which people were able to communicate. We saw that staff gave people time to express themselves in their own way. People told us their privacy and dignity was respected at all times. One person said, "These girls treat me as though I am one of their own. Mind this home is like that, everyone looks out for each other.

People's written records of care showed that care plans were devised with the person who used the service or their relatives. This meant where possible, people were actively involved in making decisions about their care treatment and support.

The service had robust policies that referred to upholding people's privacy and dignity. In addition the service had policies in place relating to equality and diversity. This helped to ensure people were not discriminated against. We observed staff knocking on people's doors before entering their rooms and ensuring that people had a dignified meal experience.

When we spoke to the support staff it was clear they knew people well. They were able to tell us about people's preferences and what kind of support they required. There was information within people's care files that gave staff information about people's life histories in the section 'All about me'. This provided the staff with information to help build relationships with the people they supported.

The service had policies, procedures and training in place to support people who required end of life care. The registered manager told us staff had undertaken specific training for this.

We found that a range of information was available for people in the home to inform and support their choices. This included information about the provider, the services offered, about support agencies that could offer information and advocacy services that people could use. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. The registered manager confirmed that, currently, none of the people who lived in Moot Lodge needed an advocate as those who had limited capacity to make important decisions about their lives had family members to support them.

Is the service responsive?

Our findings

Prior to their admission to Moot Lodge people's health and social care needs were comprehensively assessed to ensure the service was suitable and able to provide the appropriate level of care and support. Some of the people who lived in Moot Lodge had previously been admitted for periods of respite care. When they eventually moved in on a permanent basis the support staff already knew their preferences and routines. Following the initial assessment a personalised plan of care was put in place with the involvement of the person concerned and family members if this was appropriate.

The service had in place clear and concise care plans that were easy to understand. Reviews of care plans were carried out regularly and involved the person receiving support or their relatives and health and social care professionals. The care plans gave clear instructions to staff about the support the person required and their preferences for how that should be delivered.

We saw evidence that confirmed that where possible people had been consulted with about their care plans as people had signed them. During the initial assessment of needs people had been able to express their wishes and preferences as part of the admission process and staff delivered the care and support in line with this information.

There were risk assessments in place that identified actual and potential risks and had the control measures to help minimise them. People's care plans included risk assessments for skin and pressure care, falls, moving and handling, mobility and nutrition.

There was evidence within the care plans that showed people had exercised their choice. For example some people's care plans recorded their preferred choice for how they wished to spend their time. Other people were encouraged to make choices as part of maintaining their independence.

Throughout our inspection we saw that people were given choices about how they lived their lives. Some people spent their days in the communal areas whilst other preferred the privacy of their own room. One person said, "I like to remain in my room and the staff respect this. I leave the door open and staff pop in to speak to me on their way past". Another person we spoke to in their room said, "I do go to the dining room for my meals but I stay in my room for the rest of the day. This is what I like to do and I never feel lonely".

At the time of our visit there were limited activities planned for people to take part in mainly due to the staffing hours available for this. However, the registered manager explained there were more activities planned for when the new staff were appointed and started work. She outlined the plans that included setting up a small coffee/tea shop and new equipment for the hairdressing room to make the experience more enjoyable.

The registered provider had a policy and procedure for recording complaints but there had been none to record since before the previous inspection. We asked people who they would speak to if they had any complaints and were told, "I would speak to any of the staff but I have never had reason to complain about

anything".

Is the service well-led?

Our findings

There was a clear management structure in place including a registered manager who had been in post for a number of years. They had previously managed other services on behalf of Cumbria County Council. The registered manager was supported by supervisors and an experienced team of support and ancillary staff.

The registered manager, supervisors and staff were clear about the challenges facing the service as they now provided care for people with increasing levels of complex needs. The underlying values of the service were clearly expressed and staff at all levels understood the importance of treating people with dignity, respect and as individuals.

The registered manager understood part of their role was to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities. Our records evidenced that all notifications were sent to the CQC as soon as possible after the event or incident. Records showed that all incidents which could be deemed as a safeguarding incident were reported to the local authority safeguarding team as well as to the CQC.

We saw evidence that individual staff supervisions were in place as well as annual appraisals. Staff we spoke to told us they had regular supervision with their line manager and were able to discuss their personal and professional development during these meetings.

Staff spoke positively of the support they received from the management team. One member of staff said, "I appreciate the support from the manager and supervisors. They are flexible with my hours which really helps me with my family commitments".

The quality of the service was monitored using the provider's formal tools such as quality audits. Evidence was available to demonstrate that audits were used effectively and enabled the registered manager to identify any shortfalls in a prompt manner. The operations manager completed their own audits or checks during their monthly visits. Where any issues had been identified, detailed action plans were put in place and their success evaluated, to ensure that the required improvements had been made. The provider also had internal quality auditors that completed full audits of each service within the organisation on an annual basis.