

# Cumbria County Council

# Moot Lodge

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Moot Lodge is a residential care home providing personal care for up to 19 people. At the time of the inspection there were 10 people accommodated there.

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

People and relatives praised the care, kindness and respect shown by staff. People said they enjoyed living at the home and felt part of the local community.

People said they were safe and comfortable with staff. Staff knew how to report any concerns and said these would be acted upon. The home was clean, warm and comfortable. Parts of the accommodation were ready for decoration and there were plans for this.

There were enough staff to support people and they were quick to respond to calls for assistance.

People's needs were assessed to make sure the care they needed could be provided at this service. Staff were very knowledgeable about each person and how they wanted to be supported.

People said the meals were good and there were plenty of choices. Staff worked closely with other care professionals to support people's health needs. Staff provided sensitive and compassionate care to people when they were at the end stages of their lives.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service promoted this practice.

People received personalised support that matched to their individual preferences. There were sufficient activities and engagement with the local community to support people's social inclusion.

People and relatives commented positively on the way the service was run and the approachability of the registered manager and staff. Staff said it was a friendly place to work and they felt supported.

The provider checked the quality and safety of the service. In some cases, audits identified actions but these were not always completed or signed off. We have made a recommendation about this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 2 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Moot Lodge

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Moot Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

#### During the inspection

We spoke with four people who used the service and three relatives about their experience of the care

provided. We spoke with six members of staff including the registered manager, supervisors, care workers and the chef. We also spoke with a visiting health care professional.

We reviewed a range of records. This included two people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data updates.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place to protect people from potential abuse. People said they felt safe. Their comments included, "I trust them absolutely" and "I have no concerns and I feel safe here."
- Staff completed training in safeguarding adults. They understood their responsibility to report concerns and were confident these would be acted upon.
- Information was available for people, visitors and staff about safeguarding people. There were no current safeguarding concerns.

Assessing risk, safety monitoring and management

- The service had systems in place to protect people from avoidable harm.
- Risk assessments identified the individual risks to each person. These were well managed as strategies were in place to minimise those risks.
- Checks and servicing were carried out to the building and equipment to make sure it remained safe for use by people and staff.

Staffing and recruitment

- There were enough staff to support people. Staffing levels had recently been improved to make sure the service was safe at night.
- People said staff were quick to attend to them when they needed assistance.
- Overall, the provider's recruitment process minimised the risk of unsuitable staff being employed. A full employment history was not evident for a small number of staff. The registered manager said they would check these at the interview stage of the recruitment process in future.

Using medicines safely

- Staff managed people's medicines in a safe way.
- Staff were trained to support people with their medicines and their competency was regularly checked.
- The medicine storage room was above the recommended safe temperature. The supervisor explained they had already identified this and there were plans to address it.

Preventing and controlling infection

- The home was clean and free from odours.
- Staff used appropriate aprons and gloves when necessary to prevent the spread of infection.

Learning lessons when things go wrong

- The registered manager monitored accidents and incidents to see if improvements could be made to keep people safe.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they came to the service to make sure the right care could be provided.
- Information about people's need and abilities was used to develop individual plans of care.
- Care was delivered in line with best practice guidance.

Staff support: induction, training, skills and experience

- Staff received training that was relevant to their role. All staff undertook health and safety training. Care staff also had opportunities to complete a care qualification.
- New staff completed induction training and the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge and skills that should be covered if staff are new to care roles.
- Staff said they were "well supported" by the supervisors and the registered manager. They received individual supervision and annual appraisals.

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

- People were supported to maintain good nutritional health. They said the quality and choice of meals was "very good" and "always fresh". There were kitchenettes on two floors, so staff could get drinks and snacks for people whenever they wanted.
- Catering staff were very knowledgeable about people's individual dietary needs and preferences. The cook used moulds to present softened food in an appetising way. Staff followed the guidance of nutritional specialists where necessary.
- Care staff and catering staff communicated about people's nutritional well-being and checked whether they had eaten well each day. Staff monitored people's weight and kept their nutritional well-being under review.

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

- People received consistent, effective and timely care. People said they received good assistance from staff to access local health care services, including the neighbouring GP and dental surgery.
- Staff had a proactive approach to seeking health care advice and support for people. A health professional commented, "We have a good working relationship and they call us whenever needed. We can absolutely rely on them to provide good care."
- Relatives described staff as "calm and professional". One relative commented, "They're committed to their

job. I've seen them stay back late at night after their shift to assist someone who was waiting for medical assistance."

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

- The home had sufficient assisted bathing and hoisting equipment to meet people's mobility needs. A relative commented, "They've got everything (my family member) needs to help them get around."
- A new passenger lift had just been installed so admissions to the home had halted whilst this work took place.
- The home was comfortable but would benefit from some decorative update. The registered manager stated a refurbishment plan was in place which was to start in the new year. This would include new flooring and cosmetic upgrade.

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 Act 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.

- People were involved in decisions about their care where they had capacity to do so. People who lacked capacity were supported by relevant representatives and decisions were made in their best interest.
- Staff followed the principles of MCA and DoLS. People were not unnecessarily restricted, so their rights were not compromised.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect. People and relatives praised the staff for their caring, kind attitude. Their comments included, "It's very good here. Staff are lovely, very friendly and helpful" and "I am very happy here. I chose to stay because it was so nice and friendly."
- Staff were warm and engaging with people and clearly knew them well. One person repeatedly told staff the same tale about where they lived when they were young. The staff listened attentively and asked questions appropriately every time.
- Staff said they "loved" working at the home. They said it was a small, friendly home and had a very family-orientated feel.

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

- People were involved in making decisions about their care. One person commented, "I choose how I spend my time, where I go and when."
- Staff involved people, and their relatives where appropriate, in day to day discussions about their care.
- The service assisted people to access advocacy services, whenever needed, to provide impartial support with any significant decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and independence were actively promoted by the provider and staff. Relatives told us people's dignity was upheld. They commented, "My (family member) always looks smart and I know they care for them."
- One person went out independently every day in the local town centre. Staff made sure they did this safely without compromising their abilities.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's individual needs were set out in care plans. The care plans were personalised and provided guidance to staff about how each person wanted to be assisted.
- Care plans were written with the involvement of people or relatives wherever possible and were regularly reviewed by staff.
- Staff knew people very well and were alert to any changes in their well-being. A relative commented, "All the staff know her – and she knows them. It's got a great community feel."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had arrangements to make information available in various formats including audio, large print or languages to meet individual communication needs.
- People said they had the information about the service in writing and understood this. There was no-one with diverse communication needs at the time of the inspection.

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

- Activities were provided on a daily basis to meet people's social needs. These included chair exercises, visiting entertainers and local school children. Some people preferred one-to-one reminiscence chats with staff.
- People were valued as members of their local community by the staff. The home was centrally sited in the market square and people said they really enjoy being part of the busy small town centre. Staff helped people to maintain good contact with local services and facilities, such as the library, shops and churches.

Improving care quality in response to complaints or concerns

- The provider had complaints system in place to respond to comments about care. People and visitors had clear information around the home about how to make a complaint. They were encouraged to make comments about the service.
- People and relatives said they had no complaints but knew they could raise anything if necessary. They commented, "If I was unhappy I would tell the [supervisors]" and "If I had any issues I could talk with the manager or staff – it's not a problem".

- There had been no complaints made about the service in the past year.

#### End of life care and support

- Staff provided sensitive care during the last stages of people's lives. Relatives who had experienced recent bereavement told us, "The staff have been so caring and compassionate towards my (family member) – we could not have asked for better care."
- Staff had training and experience in supporting people at the end stages of their lives. A health care professional told us, "The staff provide very good end of life support."
- People's end of life preferences were recorded so staff could respect their last wishes at that time.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a clear organisational structure and staff understood their roles. A team of supervisors had designated responsibilities for various areas of the service, including medicines and infection control.
- The provider had notified the CQC of any significant events that had occurred at the service, in line with their legal responsibilities.
- The provider carried out audits of the service, however identified actions were not always followed through. For example, annual health and safety audits repeatedly identified the same actions relating to safety records held by external contractors. Although the registered manager had requested the records, these had not been provided to the service.
- Senior managers also carried out audits. Any resulting actions were discussed at the registered manager's supervision but were not demonstrably rechecked or signed off as completed.

We recommend the provider reviews the audit system to make sure identified actions are completed and signed off in a timely way.

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

- The service had a positive, inclusive culture. People and relatives said the registered manager and staff were helpful and approachable.
- People said they could speak openly with any of the staff including management. They were encouraged to raise any comments or issues. The minutes of residents' meetings showed the registered manager had advised people "never to let anything worry or bother them, no matter how trivial".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities to be open and transparent if anything went wrong.

Working in partnership with others

- The service networked with other health and social care organisations to achieve positive outcomes for the people who used the service.
- The service had good links with local community services that reflected the needs and preferences of people.