

# Cumbria Care Moot Lodge

## Inspection report

Market Place, Brampton CA8 1RW  
Tel: 0169772643

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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** 

### Overall summary

This unannounced inspection took place on the 15th April 2015. During our previous inspection on 21 August 2014 we found the provider met all the standards we inspected.

Moot Lodge is a care home registered to provide accommodation for 19 people requiring personal care. The home is located in the market town of Brampton and overlooks the market square. The home is close to local shops and public transport routes.

The home has a registered manager in post. 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 and associated Regulations about how the service is run.

We found that the service was safe. There were systems in place to manage risks, safeguarding matters and medication and this ensured people's safety. Staff were aware of their responsibilities to keep the people they supported safe at all times.

We saw that the ordering, administration and disposal of medicines was well managed.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty

# Summary of findings

Safeguards (DoLS), and to report on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. Some staff had completed training in MCA and DoLS and were hoping to pass on their knowledge to the other members of the staff team.

The manager and supervisor were aware of the processes to follow when supporting people who had limited or no capacity to make important decisions without assistance.

We saw that healthcare needs were met through the local GP surgery and the district nursing team. Other external health care professional's advice was sought when this was required.

People were protected from the risks associated with nutrition and hydration. People spoke positively about the choice of food available. Where people were at risk of malnutrition, referrals had been made to the dietician or the speech and language therapist for specialist advice.

Staff were recruited safely and there was sufficient staff on duty to meet the needs of the people who lived in Moot Lodge.

Staff training was up to date and staff were given the opportunity to discuss their training needs during meetings with their line manager.

We saw the staff approached people they supported in a kind and caring manner. People told us the staff, "Were wonderful and very caring". People were given time to do things at their own pace.

Each person who lived in the home had an individual, personalised plan of care. We found that the care planning and review processes were centred on the individual and detailed how they wanted their care to be provided.

There was a complaints procedure in place with detail about how to make a complaint on display.

The registered provider had a policy and process in place to evaluate and monitor the quality of the service provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service is safe.

Staff had been recruited safely and there were sufficient staff on duty to provide appropriate care and support.

Where specific risks were identified appropriate management plans were developed to reduce the assessed risk.

The administration and recording of medicines was well managed and staff had completed the relevant training.

Good



### Is the service effective?

The service is effective.

Suitable arrangements were in place that ensured people received good nutrition and hydration.

People were supported to maintain good health and had access to appropriate services which ensured people received ongoing healthcare support.

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

Good



### Is the service caring?

The service is caring.

People and their relatives were complimentary about the care and support provided by the support staff.

Staff were knowledgeable about the people they supported and treated people in a dignified and caring manner.

People were given opportunities to choose how they wished their care and support to be provided.

Good



### Is the service responsive?

The service is responsive.

People's care needs were thoroughly assessed and care plans were based on the information gathered during the assessment process.

Advice was sought from external health and social care agencies that ensured all assessed needs were met appropriately.

There was a system in place to receive and handle complaints or concerns raised.

Good



### Is the service well-led?

The service is well-led.

Good



# Summary of findings

There was a registered manager employed in the home. The staff were well supported by the registered manager and there were systems in place for staff to discuss their practice and to report concerns.

Team meetings took place that gave staff the opportunity to discuss the provision of care and support provided.

There were systems in place to evaluate and monitor the quality of the service people received. People who used the service were asked for their opinions about their care and support.

# 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 checked 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 15th of April 2015 and was unannounced. The inspection was carried out by the lead adult social care inspector.

We did not receive a Provider Information Form (PIR) as one had not been sent to the provider for completion. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the

information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We looked at the information we held on safeguarding referrals, concerns raised with us and applications the manager had made under Deprivation of Liberty Safeguards (DoLS). We planned the inspection using this information.

We spoke to six people who lived in the home, five visitors, two members of the staff team, the supervisor on duty and we spent time with the registered manager.

We also spent time looking at records, which included looking at five people's care plans and risk assessments to help us see how their care was being planned and delivered. We looked at the staff rotas for the previous four weeks, staff training and supervision records and records of medicines administration.

# Is the service safe?

## Our findings

We spoke to five people who lived in Moot Lodge and they all told us they felt safe living in the home. Two people said, “I have always felt safe here ever since I moved in” and “I come here often for a holiday while my family are away. I wouldn’t come back if I didn’t feel safe”. Another person said, “I am not afraid at all and it is nice to know there is someone around through the night”.

Visitors said, “I have no worries about my relative’s safety. She is always relaxed when I visit so that tells me she has no worries”.

The registered provider had policies and procedures in place to make sure people were protected from unsafe care and the risk of abuse. We saw, from the training records, that staff had completed training in safeguarding vulnerable adults. We spoke to two members of staff and the supervisor and they were all knowledgeable in recognising the signs of abuse and the process to follow in reporting such signs. One member of the staff team said, “I understand perfectly what my role is in keeping people safe. I have no experience in actually having to report any incidents but I would not hesitate in telling the manager if I saw anything I was unhappy with”.

We saw, from the care and support plans we looked at, that assessments of risk were undertaken when people were admitted to the home. Where specific risks were identified appropriate management plans were developed to reduce the assessed risk. These included risks from falls and the risk of malnutrition. We saw that all risk assessments were reviewed each month when the care and support plans were reviewed.

Accommodation was situated over three floors with lounge and dining facilities on the first floor and lounge facilities on the ground floor. The large dining room was on the lower ground floor. We looked at the staffing levels over all the floors and found there were three support workers on duty plus the supervisor and the registered manager. There was, however, a short period in the afternoon when there was only two support workers plus the supervisor and registered manager on duty. The registered manager confirmed that, ideally, there would be three support

workers plus the supervisor on duty all day, every day. This was proving difficult as she was waiting for permission from the organisation’s senior management to advertise in order to fill the staff vacancies. Staff confirmed that they were working extra hours to fill the vacancies and ensure people were kept safe.

We asked people if they felt there was sufficient staff to provide support and they said, “I know there are times when the staff are very busy but if we ask for help they do come as quickly as they can”.

The registered provider for the service had systems in place to ensure staff were only employed if they were suitable and safe to work in a care environment. We looked at three staff files, some quite new to the home, and found that suitable checks had been completed before any applicants were offered a position within the organisation.

We looked at the receipt, administration and disposal of medicines. We saw they were stored correctly and safely in a locked trolley within a locked cupboard. We saw that the medicines administration records (MAR) were correctly completed and the amount of tablets corresponded with the records. Regular audits or checks were completed on the medicines records and we saw the supervisors signed in red when they had completed these audits.

We saw there were protocols in place to record when ‘as and when required’ medicines were administered. These records were up to date. We saw there was a ‘stock control book’ in place. The supervisor explained this avoided the possibility of overstocking on medicines particularly those prescribed to be given ‘as and when’

We looked at the handling of medicines liable to misuse, called controlled drugs. These were being stored, administered and recorded correctly by two members of staff. We saw that the staff administering the medicines had received appropriate training to do so and that they gave people the time and the appropriate support needed to take their medicines.

We observed part of the lunch time medicines round and found that medicines were administered by the supervisor and another member of staff acting as a ‘second checker’.

# Is the service effective?

## Our findings

People who lived in Moot Lodge and their relatives were all very complimentary about the care and support provided by the staff team. One person told us, “These girls are wonderful and because I often come here for a holiday they now know me very well. I wouldn’t be better looked after anywhere else”. One relative said, “My relative has been in the home for four years and I can’t find fault with the care. I know the doctor visits when requested and she sees the optician and dentist”.

We spent part of time in the main dining room observing the staff serving lunch. After discussions with people who lived in the home it had been decided to change the time of the main meal during the day from lunch time to late afternoon/early evening. We spoke to staff and people who lived in the home about these changes and they all agreed the change to the timings of the main meal was an improvement. They all said that they enjoyed their main meal later in the day.

When we looked at people’s care plans we found that they contained detailed information about their dietary needs and the level of support they needed to ensure that they received a balanced diet. Risk assessments such as the Malnutrition Universal Screening Tool (MUST) had been used to identify specific risks associated with people’s nutrition. These assessments were reviewed on a monthly basis when the care plans were reviewed and updated. Where people were identified as at risk of malnutrition, referrals had been made to the dietician or the speech and language therapist (SALT) for specialist advice. Weights were checked monthly or more often if people were at risk of losing weight.

People had access to appropriate health care professionals and support services to meet their individual health needs. The care plans and records that we looked at showed that people were being seen by appropriate professionals to meet their physical and mental health needs.

The registered manager provided us with a copy of the training plan and training needs log. We could see that training was monitored by the registered manager and dates for updates and refresher courses were shown on the training plan. These included planned updates for safeguarding adults, fire warden and fire training updates, food safety, dementia awareness and equality and diversity. This proactive approach helped to make sure staff training was kept up to date so staff had the right knowledge and skill for their roles.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We asked the registered manager if any of the people living in Moot Lodge were subject to a DoLS and she confirmed there was none.

The registered manager confirmed that in-house training in the MCA 2005 and DoLS had been completed by the supervisors. We spoke to the supervisor on duty and found she was aware of her responsibility with regards to the MCA 2005 code of practice.

The care plans we looked at evidenced where family members had Power of Attorney showing who had legal authority to make decisions on a person's behalf when they were unable to do so themselves. This could be purely for financial matters or for care and welfare also. The registered manager confirmed copies of the relevant documentation were held on file.

All newly appointed staff had completed an induction programme to become familiar with the organisation and the service in which they would be working. Staff we spoke to confirmed they had regular supervision with their line managers and annual appraisals were also in place.

# Is the service caring?

## Our findings

People told us they were very well cared for by all the staff at Moot Lodge. Comments included, “Staff are caring kind and considerate” and “I am well cared for and I see how the staff care for the other people”.

Relatives also told us they found the staff caring towards their family members. They said, “I can’t pick fault at all in the care given. I am more than happy with the level of support” and “I am very happy with the care. My relative came for respite and did not return home”.

We saw, during our visit, that relatives were also well known to the manager and staff. We were told there were no restrictions on visiting times and two visitors said, “We are always made welcome and can enjoy a cup of tea while we are here”.

People told us they were “treated like real people” by the staff who were always polite and knocked on their bedroom doors and waited to be invited in. We saw support workers speaking to people in a polite but friendly manner. We saw that staff assisting people who had mobility problems gave them time to move around the home at their own pace.

Staff had taken time to get to know the people they supported and it was obvious, from the atmosphere in the home, they knew them very well. Staff were able to tell us about people’s preferences and needs. They knew some of their life histories and were able to talk to people about their life before they moved in to Moot Lodge.

People told us they were involved in making decisions about their care and could discuss their care plans if they wanted to. All the relatives we spoke to told us they were involved in the care planning process. One relative said, “We did look at other homes and decided on this one. There has been a few minor things to sort out but everything is fine now. I find the care very good indeed”.

Support staff we spoke to had received training in end of life care and also one supervisor and one support worker had completed 'The Six Steps' palliative care programme that aims to enhance end of life care. This training enabled care staff at all levels to support and care for people who were in need of palliative care and nearing the end of their life.



# Is the service responsive?

## Our findings

Prior to moving in to Moot Lodge people's health, personal and social care needs were fully assessed to ensure the service was suitable and could meet their needs. Some of the people we spoke to had been admitted to the home for short periods of respite care before they moved in permanently. Other people we spoke to came to stay at the home for short periods on a regular basis. One person told us, "I regularly come for a couple of weeks at a time and I really enjoy my time here. All the girls [staff] know me now and look after me very well".

From the initial assessment of needs, completed by the registered manager, a support/care plan was developed with the help of the person concerned and a member of their family if this was appropriate. We looked at five support plans and found staff were provided with clear guidance on how to support people as they wished.

We saw that attention had been given to gathering individual and personal information under 'Story and Gifts' stating what mattered to people and what they had enjoyed doing before they moved in to Moot Lodge. Some people had chosen to give less information than others and that wish was respected. When we spoke to the staff they appreciated the personal history as they said, "This information helps us to understand people better and so helps us to provide care and support in the best way".

People's weight was monitored and referrals to a dietician or speech and language therapist were made if necessary. Emotional and physical needs were met and advice from the mental health team was accessed when required. We asked visitors if they felt the home was responsive to their relative's needs and were told, "The staff respond immediately if anything goes wrong and communication is very good. They keep in touch with me regularly".

Cumbria Care, the registered provider, had recently introduced a new method of recording the daily notes for people who lived in the home. Each person now had an actual daily diary in which was recorded everything that happened during the day. Members of the support team and the supervisor on duty wrote in the diary at the end of

their shift. We looked at five of these diaries and found they were comprehensive and reflected what had happened throughout the day. Details of GP visits were recorded as well as visits from other health care professionals.

We saw that, wherever possible, people had signed their care plans and were involved in the monthly reviews with the supervisors and key worker if they wished. Relatives told us they were also involved in the care review process. One relative said, "I look at my relative's care plan with her and we discuss it with the supervisor. I know I can also speak to the manager about this if I want to".

Moot Lodge did not have a designated activities organiser but one member of staff had a special interest in activities and had recently started to organise group activities for those wishing to join in. We observed staff spending time with people in the lounges having chats over a cup of tea or coffee. People also said, "I like sitting in the ground floor lounge as I can look out of the window and see what is happening in the town centre".

People living in the home told us they were able to follow their own faiths and beliefs. They told us that there were multi denominational religious services if they wanted to attend and that they could see their own priests and ministers if they wanted to.

We asked people if they knew how to complain and they said "I would speak to the supervisor or manager although I could speak to any of the staff". Another person said, "I have never felt the need to complain but I wouldn't be afraid to speak out if I needed to". We saw there were copies of the complaints procedure around the home for people to read.

Some of the people who lived in Moot Lodge preferred to remain in their rooms and staff respected their decision to do so. The staff did say they always needed to make sure people didn't become isolated so encouraged them to eat their meals in the dining rooms available on the first and lower ground floor.

Residents' meetings were held although the manager said that numbers attending varied. People were given the opportunity to make suggestions about activities, outings and the menus.

# Is the service well-led?

## Our findings

The home had a registered manager in place as required by their registration with the Care Quality Commission. She was very experienced in the care of older people and had been in post for some time having previously managed another care home within Cumbria Care.

People we spoke to thought the home was well managed and said the manager was very approachable. Relatives said they could approach the manager at any time if they had concerns about anything to do with the running of the home. We asked people if they knew the manager and they said, "Yes I see her when she is in the home and can talk to her if I want to".

The registered provider had processes in place to conduct internal quality audits at each of the services in the group. The last one at Moot Lodge was completed in December 2014. There were only two minor issues that needed to be addressed and the registered manager confirmed she had attended to these. We saw evidence of this during our inspection visit.

The registered manager was supported by an operations manager who visited the home each month to meet with the manager, staff, people who lived in the home and their relatives if they needed to speak to her.

The registered manager also attended regular managers' meetings organised by the registered provider. These meetings were used to discuss and monitor the quality of services provided throughout Cumbria Care and discuss any improvements that may be needed. Policies and procedures were also discussed during these meetings.

Cumbria Care, the registered provider, had systems in place to monitor the safety and quality of care provided by this service. A series of audits or checks were completed on all aspects of the service provided. These included administration of medicines, health and safety, infection control, care plans and the environmental standards of the building.

These audits and checks highlighted any improvements that needed to be made to maintain the standard of care provided throughout the home. Any improvements to the environment were the responsibility of the registered provider. Parts of the building were in need of re-decoration but the home was clean and smelt fresh on the day of our visit.

We saw that the care plan reviews were up to date and the supervisor on duty confirmed that each care plan was reviewed and updated where necessary every month, with people if they wished to be involved. The registered manager completed spot checks each month on a sample of care plans to ensure all the information was relevant and up to date.

Staff meetings were held that gave members of the staff team the opportunity to make any suggestions about the running of the home.

Meetings were also organised for people who lived in the home and their relatives although people we spoke to said, "I can speak to the manager at any time I don't need to go to a meeting to do that".