

Moat House Care Home Limited

Moat House

Inspection report

New Road
Burbage
Hinckley
Leicestershire
LE10 2AW

Tel: 01455633271
Website: www.adeptcarehomes.co.uk

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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

Moat House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Moat House is registered to accommodate 101 older people; at the time of our inspection, there were 95 people living in the home.

At our last inspection in January 2016, we rated the service good, however, we rated responsive as requires improvement due to not all pre-admission information had been completed. At this inspection, we found that improvements had been made. The evidence continued to support the rating of good, and there was no information from our inspection and on-going monitoring that demonstrated any serious risks or concerns.

This inspection report is set out in a shorter format because our overall rating of the service has not changed since the last inspection.

The inspection took place on the 8 and 12 March 2018 and was unannounced.

People's individuality was respected and they were cared for by a staff team who were friendly, caring and compassionate. Positive relationships had been developed between people and staff and people were treated with empathy and kindness.

People's care and support needs was monitored and reviewed to ensure that care was provided in the way that they needed. People or their representative had been involved in planning and reviewing their care; plans of care were in place to guide staff in delivering consistent care and support in line with people's personal preferences and choices. End of life wishes were discussed and plans put in place.

People received safe care. There were risk assessments in place, which ensured that any identified risks were mitigated, and people could live as independent a life as possible. Staff were appropriately recruited and there were sufficient staff to meet people's needs.

People were protected from the risk of harm. Staff knew how to recognise harm and were knowledgeable about the steps they should take if they were concerned that someone may be at risk.

People were supported to take their medicines as prescribed. Medicines were obtained, stored, administered and disposed of safely. People's health and well-being was monitored by staff and they were supported to access health professionals in a timely manner when they needed to.

The care that people received continued to be effective. Staff had access to the support, supervision and training that they required to work effectively in their roles. Development of staff knowledge and skills was encouraged. People were supported to maintain good health and nutrition.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. There was a variety of activities available for people to participate in if they wished to and family and friends were welcomed to take part in events at the home.

The service had a positive ethos and an open culture. People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored through the regular audits carried out by the management team and provider.

The service was well run by a registered manager who had the skills and experience to run the home so people received high quality person-centred care. The registered manager led a team of staff who shared their commitment to high standards of care and vision of the type of home they hoped to create for people.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may receive.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service has improved to good.

People's needs were assessed before they came to stay at the home and were continually kept under review to ensure that all their individual needs could be met.

People were encouraged to take part in activities and pursue their interests.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

Is the service well-led?

Good ●

The service remains good.

Moat House

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 unannounced comprehensive inspection took place on 8 and 12 March 2018 and was undertaken by two inspectors and three experts-by-experiences. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We planned for the inspection by reviewing information the provider had sent us in the Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service including statutory notifications. A statutory notification is information about important events that the provider is required to send us by law.

We sought feedback from commissioners that monitored the care and treatment of people using the service. We also contacted Healthwatch for their information about the service. Healthwatch is a consumer organisation that has statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

As part of this inspection, we spent time with people who used the service talking with them and observing support; this helped us understand their experience of using the service. We observed how staff interacted and engaged with people who used the service during individual tasks and activities. 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.

During our inspection, we spoke with 18 people who used the service, 20 members of staff, which included

six care assistants, a senior care assistant, two care co-ordinators, two activities co-ordinators, a senior cook, two housekeepers, a maintenance person, a compliance manager, a training manager, a hospitality manager, the registered manager and nominated individual. We also spoke with 10 people's relatives and friends who were visiting at the time of the inspection and a health professional.

We reviewed records relating to the care of nine people, medicines records and storage, the minutes of resident meetings and staff meetings. We also reviewed three staff recruitment records, staff training records, management audits and health and safety checks completed by the provider and arrangements for managing complaints.



Our findings

People were being cared for safely. There were risk assessments in place, which gave staff clear instructions as to how to keep people safe. For example, assessments had been undertaken to identify any risk of people falling. Advice had been sought from the local authority's Falls Prevention team and appropriate controls had been put in place to reduce and manage the risks.

People told us that they felt safe within the home. One person said, "I have been here a long time and I have always felt safe." A relative said, "It's a very congenial and happy place. The staff are fantastic".

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and when safeguarding notifications had been made these had been appropriately investigated. We saw that any lessons learnt were shared with staff through supervision and staff meetings and training in safeguarding was regularly refreshed. One member of staff said, "If there are concerns about peoples safety, the local safeguarding team can be called; they are there to help us. I have done my on line safeguarding training, and we always talk about safeguarding at supervision. There's a no blame culture here – you just tell the management and they deal with it."

Staff recruitment processes protected people from being cared for by unsuitable staff and there were sufficient staff to meet the needs of the people. There was a skill mix of staff, which meant peoples diverse needs were met by a staff team who were knowledgeable and able to deliver care safely. Throughout the day of the inspection, people were responded to in a timely way. One person said, "There is always plenty of staff, if I ring my bell they come quickly."

Staff were visible and people were not left unattended in communal areas. There were regular checks on people who preferred to stay in their rooms and everyone had access to a call bell. One person said, "They look in from time to time which I like". The electronic care plan system alerted staff if someone had not had any interaction with staff, this ensured that throughout the day people were not left without contact with someone in the home.

Medicines were safely managed. There were regular audits in place and any shortfalls found were quickly addressed. We saw that people received their medicines at the prescribed time and medicines were safely stored. Staff were observed explaining what medicines people were taking and ensuring that they had sufficient fluid to take them with. Staff undertook training in the administration of medicines and their competencies were tested regularly.

People were protected by the prevention and control of infection. We saw that all areas of the home were clean and tidy, and that regular cleaning took place. Staff were trained in infection control and used personal protective equipment such as disposable gloves, aprons and hand gel when appropriate. The home had a five star food hygiene rating.

The provider had ensured that environmental risk assessments were in place and there were effective systems in place to monitor the health and safety of people, which included regular fire tests and maintenance checks. There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the registered manager so appropriate action could be taken. The time and place of any accident/incident was analysed to establish any trends or patterns and monitored if changes to practice needed to be made. Any lessons learned from incidents were discussed and action plans put in place to ensure similar incidents did not happen again.



Our findings

People's needs were assessed prior to them moving into Moat House to ensure that the provider was able to meet their care and support needs. Thorough assessments of needs were completed and individual plans of care developed to guide staff in providing personalised care to people.

People had consented to their care where they had the mental capacity to do so. People were encouraged to remain independent and make decisions about their care and their day-to-day routines and preferences. One person said, "I choose what time I get up and what time I go to bed." Another person said, "I think that the staff are very good, they are respectful and ask my permission whilst carrying out my personal care."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes 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. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been requested. Staff had received training in relation to MCA and DoLS and there was an up to date MCA Policy in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were able to choose where they spent their time, such as in their own room or in communal areas and could move freely around the home.

Moat House was a purpose built home which had been adapted and equipped to meet people's diverse needs. It was well maintained and free from hazards. There was accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. People had been encouraged to personalise their bedrooms; people had brought in personal items from their own home when they had moved in which had helped them in feeling settled in the home.

People received care from staff who were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and the training programmes were based around current legislation and best practice guidance. People told us that they thought all the staff were well trained. One person said, "The staff are very well trained. I am full of admiration for them as it's a hard job."

Staff training records showed and staff confirmed with us that training such as manual handling, health and safety, safeguarding and pressure area care was regularly refreshed. Staff had regular supervision, observed practice and annual appraisals. This gave staff the opportunity to discuss working practices and identify any training or support needs.

There was equality and diversity policy in place and staff received training on this. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We saw that referrals to a dietitian and speech and language therapist had been made when required and advice followed.

There was a choice of meals each day and alternatives were available should anyone wish for something different. There were snacks and drinks available throughout the day. People told us the food was good. One person said, "The food is very nice, good choices; you don't have to have what's on the menu". The senior cook told us that all meals were cooked from fresh and adjustments made to cater for anyone with specific dietary needs.

Any change in people's health was recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals. People had regular access to healthcare professionals and staff sought the appropriate advice when needed. One person told us, "I had an eye test last month. The doctor comes in on Tuesdays and Thursdays and the chiroprapist every eight weeks."



Our findings

There was a warm, friendly welcoming atmosphere around the home. People looked happy and relaxed and we observed positive relationships between people and staff. One person said, "The staff are great, I couldn't ask for any better. They are quite respectful." Throughout the day of the inspection we observed family and friends welcomed as they visited their loved one. One relative said, "Visitors are made welcome; I can help myself to everything; tea, coffee."

People's individuality was respected and staff responded to people by their chosen name. In our conversations with staff, it was clear they knew people well and understood their individual needs.

Staff understood the importance of promoting equality and diversity, respecting people's religious beliefs, their personal preferences and choices. People were fully involved in making decisions about how they wanted their care and support provided. People said staff supported them to make their own decisions about their daily lives.

Staff spoke politely to people and protected people's dignity; staff knocked on bedroom doors before entering and checked with people whether they were happy for them to enter. One person told us, "The carer's close the curtains and the door when they attend me to do personal care." A relative said, "They [the staff] close the door to [relative] room and treat them as a person."

If people were unable to make decisions for themselves and had no relatives to support them, the provider had ensured that an advocate would be sought to support them. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Visitors were welcomed throughout the day. There was an area in each of the lounge/dining rooms where people and their visitors could make themselves a drink and speak in private if they did not wish to stay in their rooms.

Our findings

At the previous inspection in January 2016 'responsive' was rated as requires improvement because not all pre-admission information had been completed. At this inspection, we saw that improvements had been made and sustained and the rating has now improved to good.

People received care and support that was responsive to their needs and staff were committed to providing individualised support. People had care plans that detailed the care and support they needed; this ensured that staff had the information they needed to provide consistent support. People and their relatives told us that they had been involved in developing the care plan. One relative said, "They [Registered manager] did a well-being assessment when [relative] came in; they discussed their needs, I did a résumé of their life, their likes, dislikes and profile of them. We have also discussed end of life wishes."

There was information about people's past lives, spiritual needs, hobbies and interests that ensured staff had an understanding of people's life history and what was most important to them. This enabled staff to interact with people in a meaningful way. The plans were reviewed regularly and any changes communicated to staff, which ensured staff, remained up to date with people's care needs.

People were encouraged to take part in activities both as part of a group or individually. One of the activities coordinators explained to us that they tried to provide different activities each day and to look out for new things for people to try, such as in door golf. Activities were held in different parts of the home, which ensured mobility and movement for people, moving about even if not going out. They were mindful that Moat House was people's home so they did ensure that activities took place in designated places so as not to invade people's space.

We saw people take part in a music and movement session, a quiz and a knit and natter group. There was a 'pub' people could spend time in with their families, a cinema and a choir. People told us there was plenty to do. One person said, "I can't do the things I used to do at home, but they have a lot of activities here which keeps me busy." A relative said, "It is good that they bring people from all floors together for stimulating activities or events."

People's spiritual needs were met. A local faith minister visited regularly and people were supported to practice their religious beliefs.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Staff had

received training in end of life care and where possible people were able to remain at the home and not be admitted to hospital. The home liaised with other agencies such as the district nurses to support people with their final wishes.

People were encouraged to raise any concerns or complaints. People and their relatives said they knew who to speak to at the service if they had any complaints. We saw that there was a clear complaints policy and procedure in place, complaints received had been dealt with appropriately and were logged and monitored.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

Our findings

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 spoke positively about the registered manager and the staff. One person said, "I know who the manager is, she and her team are very approachable." Another said, "I see the manager around, she seems to know what she is doing. My daughter talks to her if she needs to." People's overall view was that the home had a nice atmosphere and was well run.

We saw that there were procedures in place, which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equalities, diversity and human rights. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

There was a culture of openness and transparency demonstrated by the provider's proactive approach in encouraging people and their families to feedback about the service and listening to staff. We read one comment from a recent survey 'The family are very pleased to see [relative] encouraged to participate in activities and be supported. We are impressed by the increase in the range and variety of activities offered.'

There were regular meetings with the people living in the home and their relatives. One relative said, "Details of residents meetings are in the lift. There are some in the afternoon and the following month in the evening. I went to one a couple of months ago; it was standing room only. They discussed telephone changes and new dishwashers for the lounge areas."

Staff attended team meetings. The minutes of the meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints.

There were effective systems in place to monitor the quality of the service. The provider spent time at the home and monthly audits were undertaken, which ensured that the systems in place to monitor the standards and quality of the service were being managed effectively. If any shortfalls were found an action

plan was put in place for the registered manager to address the issues raised. This would further enhance the well-being of the people living in the home.

The provider strived to look at ways to improve the service. There was a refurbishment programme in place to enhance the environment and furnishings within the home.

The Care Quality Commission (CQC) had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Moat House. It is a legal requirement for providers to display their CQC rating. The rating from the previous inspection was displayed for people to see.