

R V Moat House Limited

# The Moat House

## 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

This inspection took place 15 August 2016 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience.

The Moat House is a service providing personal care and nursing. It also provides care for people living with dementia. It is registered for 72 people. On the day of our inspection 62 people were using the service.

There was 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 2008 and associated Regulations about how the service is run.

People felt safe. Staff had received training to enable them to recognise signs of abuse and knew how to report any concerns. People had risk assessments in place, which had been reviewed, to enable them to be as independent as they could be.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service to ensure appropriate staff were employed to provide care for people.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received a comprehensive induction process and on-going training. They were well supported by the registered manager and senior staff and had regular one to one time for supervisions. Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff gained consent before supporting people. People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people.

People were able to make choices about the food and drink they had, and staff gave support when required. People were encouraged to have a healthy balanced diet. Special diets were catered for.

People were supported to access a variety of health professional when required, including opticians and doctors.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in a variety of activities. Specific activity staff were employed who arranged a number of activities for people to participate in.

A complaints procedure was in place and accessible to all. People knew how to complain.

Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement where necessary.

## 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 were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

### Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

### Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

**Is the service well-led?**

**Good** ●

The service was well led.

People and their relatives knew the registered manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

# The 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 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 15 August 2016 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in November 2013.

During our inspection we observed how staff interacted with people who used the service. We observed lunch, medication administration and general interactions.

We spoke with seven people who used the service, two relatives of people who used the service, the registered manager, two deputy managers, a regional manager, one nurse, three care assistants and the chef.

We reviewed nine people's care records, eight medication records, six staff files and records relating to the management of the service, such as quality audits.

# Is the service safe?

## Our findings

People told us they felt safe. All of the people spoken with responded positively when asked if they felt safe. No one had any concerns in respect of their safety and security. A comment in a compliments card stated, 'I have popped in to see my mother. It is lovely to see her feeling safe.'

Staff were knowledgeable in their responsibilities regarding safeguarding people. One staff member said, "If I had an issue I would safeguard it straight away, regardless of whether it was management or whoever. I would document and record everything, dates and times. I would not have an issue in raising a safeguarding." The deputy manager said, "We have a good relationship with safeguarding, even if it is just to check things out." Safeguarding records evidenced that action had been taken to raise safeguarding's with the local authority when appropriate. Body maps were completed when required and statements taken from staff when needed as part of safeguarding investigations. Where safeguarding's identified that further action needed to be taken, this was done, for example obtaining interventions from District Nurses or GPs.

Staff told us they were aware of the provider's whistleblowing policy and would feel confident in using it. A staff member said, "I would whistle blow and have done before, not here."

Within people's care plans were individual risk assessments. These had been developed with input from the person, staff and other professionals if required. They covered a variety of subjects including, moving and handling, use of electric wheelchair and tissue viability. Risk assessments were used to promote and protect people's safety in a positive way. Staff told us they were reviewed on a regular basis and updated when required.

There was a business continuity plan in place which detailed the process staff should follow in the event of an emergency, alternative places where people could be evacuated to and guidance for staff to follow to keep people safe. People had individual Personal Emergency Evacuation Plans (PEEPs) in place. These would be used to assist staff and the emergency services in the event of an evacuation of the premises.

Accidents and incidents had been recorded and were routinely monitored to identify any trends which may occur. They were also checked to ensure the correct support was obtained and notifications were submitted to authorities such as the safeguarding team if required.

Staff told us there were enough staff. On the day of the inspection there were sufficient staff with differing skills mix on duty to support people with their needs and requirements. We observed staff attending to people's needs in a timely manner. We saw the staffing rotas for the month and they reflected the staff on duty. Most staff generally worked on the same units, but some staff liked to work in all units. One staff member said, "I like to work in different units, as people are different in each one." A nurse said, "We do use agency staff but they are the same ones on a regular basis. This helps as they know the people and other staff and how the home runs."

The service had robust recruitment processes in place. Staff told us they had to provide references and have

their Disclosure and Barring Services (DBS) check in place before they were able to start working. Staff files we viewed contained evidence of DBS checks, a minimum of two references, a full employment history along with personal identification, interview ratings and a clear photograph to identify the staff member. Where needed the provider had checked the right to work status of the staff member and obtained professional Personal Identification number (PIN) numbers to check nurses were registered to work.

People's medication was safely managed. All residents with medication needs stated that their medicines were brought round at the same times (give or take a few minutes) every day. One person who used the service said that this was a comfort as "I don't have to worry whether or not I have taken my medication, it's all done for me". A relative said, "The nurses took time getting to know how a person accepts medication best". Medicines were stored correctly in locked trollies in locked medication rooms. Each person had a medicines profile which contained personal information and the Medication Administration Record (MAR) chart. We checked eight MAR charts and they had been completed correctly. We carried out a stock check on two PRN medications and three controlled drugs. These were all correct. Unused or out of date medicines had been recorded and disposed of following correct procedures.



# Is the service effective?

## Our findings

People received care and support from staff who were knowledgeable and had the required skills to carry out their roles. We observed staff transferring a person from their chair into a wheelchair using a hoist. This was carried out effectively with the staff reassuring the person and explaining each step.

Staff told us they had completed an induction when they started. The induction included a general orientation to the service, along with completion of core training courses and competency based questions to test staff knowledge. One nurse told us they had worked for two months as a care assistant to get used to the service as her nursing qualification had been obtained overseas. They felt that it had helped them. A fairly new staff member told us they were in the process of completing the care certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Staff told us that the training they received was very good. One staff member said, "We have outside trainers come into the home and they are very good. We have our own training room." Another said, "I am doing the care certificate. [Name of deputy manager] is my assessor. I am really enjoying it as it is nice to learn about the legal side of things." Another staff member said, "If we want something more the management will look into it for us." The registered manager kept a training matrix which we viewed. This showed staff attended a variety of training including, moving and handling, safeguarding and more specialist subjects including behaviour that challenges and dementia training. This ensured that staff were kept up to date with best practice.

We saw records that showed staff received regular supervision. One staff member said, "I love it, I feel able to go and say things. I have regular supervisions and appraisals". Another staff member said, "I have regular supervisions. They are useful as they tell us what we are doing well, and how we feel. If we are struggling with anything they will help us".

We observed staff gain consent from people before they assisted with any support. We heard lots of examples of choice being given and people's decisions respected. One staff member said, "I know people here have DoLS, we have key pads to keep them safe but we still give them choices, respect their decisions. I'm a big believer in choices." Another staff member said, "Everyone has mental capacity, so every day we give them a choice, do it step by step." People had signed forms in their care plans giving consent to personal care or medication administration and for the use of photographs. Staff knew which people required support to make decisions and were given time to take in the information and make a decision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. 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. We found that applications had been submitted for some people but had not yet been assessed by the local authority.

People told us they enjoyed the food. They expressed satisfaction with the meals on offer and said that if it were not to their taste or liking they would always be offered another alternative. Meal times were relaxed, with staff taking time to sit with people and pass the time of day and assisted with eating of meals when required. We saw that choice was offered to people and they were given appropriate support and prompting to take an adequate amount of dietary intake. The atmosphere was relaxed and people were talking amongst themselves and with staff. Menus were on each table, on the dementia units, pictorial images were used to enhance people's understanding of the food options on offer. The food was served in a pleasant manner and was appropriate in portion size. There were snacks and drinks available around the service for people to have when they wanted. We saw people had been referred to dieticians or the Speech and Language Therapist (SALT) team when required.

We spoke with the chef who told us they kept a log of individual people's tastes, likes and dislikes. When a new person was admitted to the service they met with them and completed documentation to help with meal planning. They were aware of who needed specialist diets. For example one person was on a weight loss programme and others required their meals to be fortified to assist with weight gain. One person needed a gluten free diet. The chef explained that they tried to make the same meal for that person as others just using specialist ingredients.

People were supported to have access to additional health care if required. On the day of the inspection we saw a doctor had been called as the nursing staff were concerned about one person. Within care records we saw people had been seen or referred to doctors, district nurses, opticians and dermatologist to ensure that their general health and well being was maintained.

## Is the service caring?

### Our findings

Everyone we spoke with said staff were respectful and caring towards them. One relative said, "Kindness is evidenced by all members of staff". Another said, "Putting mother in a home was the hardest decision I've made, but I know this is the best place for her and I can sleep easy".

We observed staff interacting with people in a friendly and caring manner. There was chatting and laughter and people appeared to like this and were responding in a positive way. Staff took time when communicating with people and did so in a respectful way. We saw that staff recognised people's individual likes and dislikes and supported people with their needs. We saw that staff members regularly updated people's files to evidence their changing support needs, likes and dislikes.

One relative said, "Staff go the extra mile". They went on to give two specific examples which showed staff had gone out of their way to provide additional support. It was obvious from our observations that staff knew people well. They were referred to by their name of choice, and spoke about things of interest. One person who used the service asked "Have we won any more medals yet". Referring to the Olympics. Staff responded by saying they were unsure so should they put the TV on so they could see if the Olympics was on and they could find out. People had been involved in their care plan development, and were involved in their daily plans and choices. People or representatives where required had signed in their care plans.

Residents and relatives meetings were held regularly. This provided a forum for people who used the service to talk about things they would like done within the service and things that they would like to do. We were told these were open and frank and no issues were 'out of bounds'.

All of the people we spoke with made comments regarding the respectfulness of staff. A staff member told us, "I would make sure the curtains are closed, cover their private parts when washing them and give them choices and an explanation of what I am doing." We observed people being treated with dignity and respect, for example, staff getting down to eye level and speaking in hushed tones when asking if they needed the toilet.

There were a number of places around the service where people could go to have some quiet time. Some people chose to spend a lot of time in their rooms. Rooms were personalised to people's tastes and preferences, they were able to bring in small possessions to enhance their stay in the service.

People said that friends and relatives were able to visit when they wanted and could stay as long as they wished. On the day of our inspection we saw visitors arriving throughout the day. They were greeted by staff and assisted to find their relative if required. Staff told us that visitors were welcomed and people were encouraged to visit.

## Is the service responsive?

### Our findings

Staff told us they knew the people in their care but used their written care plan to confirm there had been no changes. They also had a handover between shifts to pass on information to ensure continuity of care and support. This ensured there was a clear effective channel of communication between staff.

Staff confirmed that before admission to the service people had a thorough assessment. This was to ensure that the service was able to meet the person's current needs, expected future needs and that they would fit in to the home with the people already living there. This information would be used to start to write a care plan for when the person moved in. Care plans we looked at showed this had taken place.

Care records contained evidence of people's involvement in the review process. Needs were assessed against a dependency tool to ensure they were placed on the right unit with the requisite staff number. Preferences and routines were accounted for along with preferences for carer gender, any cultural or religious requirements which impacted upon care. Care plans were evaluated on a regular basis and detailed steps staff needed to take to support people to meet their needs.

The registered manager explained that the service was on an adjoining complex to the provider's retirement village. This enabled people who lived there to use the service for short breaks and respite and some people had moved in to the service on a permanent basis. This helped people get used to the service and staff to get to know them before they moved in.

People we spoke with confirmed they had been involved in any changes and updates to their care plans. The regional manager told us they had recently looked at the care plans the provider used as they realised they were a large document and they wanted to make them easier for staff and people to use. They had also looked at the possibility of changing to electronic care plans, but these would be discussed with the staff before being introduced.

During our inspection we observed positive interactions between staff and people, who used the service, and that choices were offered and decisions respected. For example, what people wanted to eat, where they wanted to sit and what they wanted to do. We observed one person had become confused and upset about where they were. Staff knew how to approach them and provided reassurance so that they could be settled. People were able to freely walk around the service and staff stopped and chatted to them. Whilst we were speaking with one person who used the service a member of staff came in response to the call bell the person had rung. The person requested a further cup of coffee which the staff member said they would fetch. He was also reminded by the staff member that there was a church service that morning and asked if he still wished to give the reading? He did and it was arranged for them to go to the service.

Two people we spoke with told us that they enjoyed and took part in many of the activities that were on offer. They particularly enjoyed the film mornings and the trips out. Outside entertainers visited the service to provide musical entertainment. The service employed three staff specifically to provide activities. Doll therapy and a large pram was available for people to use, along with other tactile items, including a

typewriter and hats and trunks. There were games and magazines around on small tables for people to pick up and enjoy. These were positioned in places which could be easily accessed by the people who lived in the service.

We saw that the service had a complaints policy and procedure. We found that although there had been some complaints made, that these had been responded to in accordance with the provider policy and that formal letters had been given, along with meetings held where this was appropriate. Lessons were learnt from those complaints that had been made and action taken to make improvements where this was needed. For example, one complaint had led to a review of someone's care and others to safeguarding's being raised.

There was also a large number of compliments which had been received. Comments included; 'We really appreciate your care and support at this time. 'Would highly recommend your home as a caring and dedicated place to go.' And 'I hope you realise what an enormous difference you make to people's lives.' 'Sensitive, professional, unfaltering attentiveness, tirelessly given.' This showed people were able to give praise and were happy with the service.

## Is the service well-led?

### Our findings

There was a registered manager in post. People told us they knew who the registered manager was and told us that they saw her on a daily basis. During our inspection we observed her interacting with people who used the service and staff; there was a good rapport between them all. On the day of the inspection the registered manager was on leave, but when the provider informed them we were in the service they felt they wanted to come in to meet us and support the deputy manager.

Staff told us that they received support from the manager. One staff member told us, "The manager is definitely approachable, 1000%". Another told us, "I love it here, I wouldn't change it". We were also told that they could speak to the deputy manager or seniors if they needed to. They said there was an open culture in the service.

A staff member told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

The service carried out a number of quality audits. These included; medication, maintenance checks on the service, gas and electrical and equipment used to transfer people with. In the kitchen, cleaning schedules were maintained and fridge/ freezer temperatures were monitored.

Deputy Manager said, "We have provider visits and a mock inspection which identified areas for improvement". They went on to tell us the provider had carried out a mock CQC inspection to help identify any areas for improvement. This was based on the outcomes which are inspected by the Care Quality Commission (CQC). From this report they had produced an action plan and had carried out some improvements. For example, food to be labelled on individual units and daily notes to have more detail and to be timed and dated. The regional manager told us they had carried out a monthly provider visit. We saw their report and where actions were required we saw they had been recorded and actions had been completed to drive future improvement.

We found satisfaction surveys had been sent out. There were a number of positive comments within these including; 'Wouldn't go anywhere else', 'The staff are good and friendly and look after me well', and 'Comfortable and friendly.' Where there had been comments the registered manager had developed an outcome and had recorded what had been done. For example, one suggestion was better biscuits, the chef then ordered premium biscuits alongside cakes baked on site on a daily basis. This demonstrated that the provider listened to people's feedback and acted on it to make improvements.

Staff told us they had regular team meetings. We saw records of minutes for all staff meetings. Suggestions had been put forward and acted on. They had been held frequently. This ensured staff were kept informed

of any decisions regarding the service and were given an opportunity to voice their opinions.