

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Moat House

New Road, Burbage, Hinckley, LE10 2AW

Tel: 01455633271

Date of Inspection: 03 January 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
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<b>Care and welfare of people who use services</b>	✓ Met this standard
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<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
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<b>Safety and suitability of premises</b>	✓ Met this standard
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<b>Supporting workers</b>	✓ Met this standard
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<b>Complaints</b>	✓ Met this standard
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## Details about this location

Registered Provider	Moat House Retirement Home Limited
Registered Manager	Mrs. Tracy Heyes
Overview of the service	Moat House is a registered care service providing care for up to 59 older people. It is situated in Burbage, Hinckley, Leicestershire and can be reached by private and public transport. The accommodation is on the ground and first floor, which is accessible using the stairs or the lift.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We reviewed all the information we have gathered about Moat House, looked at the personal care or treatment records of people who use the service, carried out a visit on 3 January 2013 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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People told us they were well cared for and satisfied with the care received. People were treated with respect and involved to make sure their care and supports needs were provided in a manner that suited them. One person said: "The manager pops in to see me everyday to check whether everything is ok."

People had a range of assessments and care plans in place that detailed the care and treatment they needed. Records showed people's health and care needs were monitored and reviewed regularly.

People lived in safe and accessible surroundings that promoted their independence and welfare. All areas of the service was well lit and decorated to a high standard. One person said: "I use to have ensuite facilities at the old place but this is much nicer."

People were cared for and supported by trained staff that promoted their safety, independence and wellbeing. Staff maintained their knowledge and skills through regular training, updates, support and supervision.

People had opportunities to make comment or complain about the service. They were confident to raise concerns with the registered manager. One person said: "There's nothing to complain about although I would if it was necessary."

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment. People were encouraged to visit the service and look around to make sure their needs would be met. One person told us they were shown around the new service to choose the colours and furnishing for their bedroom once the new build was completed. They said: "I'd picked a room looking out onto the terrace but then changed my mind and chose this one. It's still such a lovely room."

People expressed their views and were involved in making decisions about their care and treatment. People said their views were taken into account in the way the service delivered the care and support they needed. We looked at the care records for six people which had detailed information about the individual's care and health needs and a record of their decisions made. In some instances relatives were consulted to ensure decisions made were in the best interest and wishes of their family member using the service. Each person had a document called 'my life story' that had a summary of people's needs, interests and information about the individual's life and lifestyle. Families were encouraged to add names to the family tree and other information such as important people, places and events. Staff found this information useful to prompt conversation.

People's diversity, values and human rights were respected. People understood their rights and were confident to complain. One person said: "I prefer to keep myself busy including shopping on line. Once I've finished this I've told the manager I'll put away the table decorations." Another person said: "What do you need to complain about, just look around you."

Staff maintain people's privacy and dignity. One person said: "It's so nice to have your own shower and toilet. I do like being pampered when having a bath and like to use my own creams." Staff understood their responsibilities with regards to respecting people's privacy and dignity. Staff said they would always ask and make sure the person was happy to be helped with any personal care tasks. Throughout our inspection visit we saw staff providing care and support in a manner that respected people's privacy and dignity. Staff offered people choices, were vigilant and aware of people's preferred daily routines. Staff

addressed people by their preferred form of address.

People were supported in promoting their independence and community involvement. We saw people received visitors and went out with relatives. A number of people had appointments with the on site hairdresser. Records for two people also for one person also detailed the arrangements in place

People told us they had regular residents meetings. This provided them with the opportunity to be involved in how the service was run and made decisions. People expressed their views about the service they received and had the opportunity to raise concerns. The topics discussed at the November 2012 meeting included the Christmas meal and entertainment, the newsletter and the bird aviary, amongst others. Action plan produced from the meeting was addressed by the registered manager and reviewed at the next meeting.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the records of six people which had their assessed needs. Each care plan detailed the individual needs and described how these needs were to be met. These included any arrangements to support a person who may experience poor health on occasions because of a diagnosis. For example, staff knew how to support a person with Parkinson's when they become physically unwell. Records showed that relatives and appropriate health care professionals were involved in the assessment and care planning process. In some instances relatives were involved to support the family to ensure their needs and wishes were known.

Care and treatment was provided in a way that ensures people's safety and welfare. People told us they were satisfied with the care and support provided. One person said: "Well, I'm very satisfied with the care I get. They know how to help me when I'm not well." Another person said: "The staff are wonderful. I let them pamper me when I have a bath, which I prefer more than a shower." Staff were kept up to date about any changes in people's needs through handover meetings at start of each shift and had access to the care plans. New staff told us the care plans accurately detailed people's care needs and how they liked to be supported.

Relevant risk assessments were completed including one for moving and handling; falls assessment; malnutrition screening and pressure area care. Any equipment to be used to meet the person's need was listed, such as a hoist. The completion of these documents ensured there were arrangements in place to deal with foreseeable emergencies. For people assessed as being at risk of dehydration or malnutrition relevant recording charts were in place to record people's weights and their intake of food and drink. This enabled staff to closely monitor for any changes in their health and promptly seek medical support. The provider might find it useful to note that whilst people's fluid intake was recorded, the amount consumed was not added up to effectively monitored whether sufficient amount was drunk, which could affect a person's health.

People had access to health care appointments with regards to their physical and mental health. One person said: "We can see the doctor who comes here every week." Records showed people saw the doctor, community nurse and the chiropodist as and when required.

Records completed by staff were up to date and showed the care needs provided reflected the description in the care plan. Trained senior staff were responsible for monitoring needs and maintained accurate assessment of people's needs. Records showed people's wellbeing, health and safety was closely monitored for any changes, such as monitoring falls. Care plans and risk assessments were reviewed and updated on a monthly basis or sooner if necessary. This included any significant health issues or changes in medication. Where appropriate, relatives and health care professionals were involved at the review meetings.

**People should be protected from abuse and staff should respect their human rights**

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**Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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**Reasons for our judgement**

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People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People told us they felt safe and trusted the staff that supported them. One person said: "I feel quite safe here. I know the staff would come in an instant if I needed help." Another person said: "I like to keep the door open. The manager always pops in. There's always staff around or in the office opposite, in case I need anything."

Staff were employed upon receipt of satisfactory clearances and references. All staff received training in the safeguarding of vulnerable adults as part of their induction and had been updated annually. The staff training matrix viewed confirmed this. The provider had a safeguarding of vulnerable adults policy and procedure in place, which was included in the staff handbook. Staff spoken with showed a clear understanding of their responsibilities with regards to safeguarding and what they would do if they suspected someone was being abused.

Staff told us the service had a whistle-blowing policy in place. They had a good understanding of the policy and their responsibility to report concerns about poor practices or risk to people. Staff were confident that the registered manager and provider would take action, or would escalate concerns should they feel dissatisfied.

The deprivation of liberty safeguards were only used when it was considered to be in the person's best interest. Staff had received training in the mental capacity act and deprivation of liberty safeguards with regards to 'best interests' decisions where a person may lack capacity because of short term memory or dementia. Staff had a good understanding of how to look after people with dementia through recent training.

People told us they managed their own money independently or with the support from their family. The service had a facility to look after people's money, which was kept secure and appropriate records were maintained.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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## **Reasons for our judgement**

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The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. People who live at Moat House transferred to the new purpose built service in July 2012. All the bedrooms were single rooms with ensuite shower and toilet facilities. There were a number of communal lounges with dining area, bathrooms and toilets throughout the service. Some bedrooms looked out onto the garden terrace. There was level access to the garden, which had a bird aviary, fountain and chairs and tables for people to use. All areas were well lit and decorated to a high standard. Equipment such as wheelchairs and hoists were available, easily accessible and stored securely. Access to the upper floors is via the stairs or the passenger lift.

We asked people for their views about the premises. They explained they saw the new home being built and were informed of the progress of the development in order to make plans for the move. People visited the new service with their relatives to choose the bedroom they wanted; colours and furnishings. One person said: "I've had to get use to not having to switch the lights on because they come on automatically." Another person said: "I've always had ensuite facility in the old place, but this place is absolutely lovely. It's a bigger home but still very nice and the staff are absolutely smashing."

We saw people sat in the lounge or remained in their bedroom. They looked comfortable and relaxed, occupied themselves by watching television, reading or pursuing their interests. One person told us they enjoyed having their meals in quieter, more intimate surroundings where they could converse with the people sat at the dining table with them.

Staff told us they enjoyed working in the new purpose built service, which was spacious and fully equipped. They said the improvements also benefited as there was a designated carer's office and a treatment room on each floor and staff changing facilities.

We found the premises were kept secure and the exterior gardens were well maintained and accessible. The provider has taken steps to maintain the premises in good order and the servicing and maintenance of equipment. Training records viewed confirmed all staff received health and safety training. Staff were aware of their responsibilities to report faults or safety issues. A business continuity plan was in place in the event of any emergency that could affect the safety and wellbeing of people who live at Moat House.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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People who live at Moat House told us they were well cared for and supported by trained staff that knew how to support them. People felt staff were confident and competently supported them on a daily basis. One person said: "The staff are smashing, nothings too much for them." Another person who was new to the service said: "Initially I had to remind staff but I only had to tell them once what help I needed."

We observed the interaction between the people using the service and staff was positive. It was evident that people trusted staff and felt they were understood. Staff worked well as a team and created a calm atmosphere. Staff appeared enthusiastic about their role and showed a genuine interest in their work and the people they looked after. Several staff explained initially it took them longer to find their way around the new service and find bedrooms but felt it was a much better environment for all. Staff said they communicated well with each other to ensure people's needs were met on time. It was evident that the staff team was established and they had the same objective with regards to providing a quality service and lifestyle for people.

Staff were able; from time to time obtain further relevant qualifications. All staff had attained the national vocational training or the new diploma in health and social care. Training was linked to staff roles and responsibilities, focussed on provision of care and health and safety. Training included equality and diversity, moving and handling, administration of medicines, infection control and health and safety. The staff training matrix we looked at showed staff had completed the induction training and mandatory training. There was a training programme in place and delivered in-house or through external agencies. The registered manager and provider monitored staff skill mix and ensured staff received the annual mandatory training.

Staff received appropriate professional development. Staff told us that they received annual updates to keep their knowledge and skills up to date. Staff explained specialist training was provided to meet specific care and support needs and awareness training. These included dementia, mental health awareness and Parkinson's. Information was available to staff in the on-site training room. This showed the provider has taken steps to ensure staff working at Moat House were trained and had access to updates in training and information.

Staff told us that they had received annual appraisals and had regular supervisions with

the registered manager. Supervisions included observation of practice and meetings, which were used to discuss their approach to work, their responsibilities towards the people using the service and to identify training and development needs. Staff were well supported through regular staff meetings. The minutes showed the topics discussed included health and safety issues, care plans and recording, menus and plans for Christmas. Minutes included updates from previous meeting. Staff were kept up to date about the people they looked after through handover meetings at the start of each shift and the communication book. This meant staff could confidently support and care for the people using the service.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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People using the service told us that they knew how to make a complaint. People received a copy of the complaint procedure when they moved to the service and discussed at the residents meetings. People were given support by the provider to make a comment or complaint where they needed assistance. Advocacy service contact details were available at the service. One person said: "There's nothing to complain about, just look around you." Another person said: "I'm quite confident to complain if I need to but I would always do it diplomatically."

During our inspection visit we saw the interaction between the people using the service, their relatives and staff was positive. Staff responded promptly and politely to people's requests. People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

We asked for and received a summary of complaints people had made and the provider's response. The service had received 15 complaints since the last inspection of the service. Records showed the complaints were fully investigated and resolved, where possible to their satisfaction.

The registered manager told us the service had an ethos of continuous learning to improve the quality of service provision. As part of the provider quality assurance process, all complaints, concerns and incidents at the service were monitored and reviewed. This assured the provider that people received support that was safe and provided to an appropriate standard.

The service had received cards and letters of thanks and compliments. These were reviewed as part of the overall provider quality assurance process and provided a balanced view about the quality of service provided at Moat House.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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