Care Quality Commission

Voyage 1 Ltd
Moorfields Lodge
Inspection report

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Ratings

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

Overall summary

We carried out this inspection at Moorfields Lodge on 23 October 2014. Moorfields Lodge is registered to provide accommodation and care for people with learning disabilities. The home is a large Victorian detached house in Haworth, close to the village amenities and within easy reach of Keighley Town centre. On the date of the inspection 4 people were living in the home.

A registered manager was in place. 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.

Feedback regarding the quality of the service was positive from people, their relatives, and care professionals. They all told us the service met people's needs and encouraged them do as much as they could for themselves. They also said the service was good at dealing with any risks which emerged.

Summary of findings

We found a choice of meals was on offer based on people's preferences. People told us the food is nice with good portions. We found people's healthcare needs were met and care professionals told us they have good communication with the service.

Systems were in place to ensure medicines were safely managed. The premises were maintained to an appropriate standard to keep people safe.

People and their relatives reported staff were caring and respectful and treated them well. This was confirmed by our observations on the day of the inspection.

Staff we spoke with had a good understanding of the Mental Capacity Act (MCA) and how to ensure the rights of people with limited mental capacity when making decisions was respected. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

We found care records were person centred for each individual. People's plans included specific information staff needed to be aware of before working with that person. Plans had people's likes and dislikes as well as any of their history. This helped staff get to know people using the service and build up a professional relationship with them.

Relatives and staff told us the registered manager was very helpful and said they believed they would take concerns seriously. Systems were in place to continuously improve the quality of the service. This included a programme of audits and satisfaction questionnaires. We saw complaints were appropriately recorded, managed and responded to.

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?

Good

The service was safe. The service had a safeguarding policy in place. Staff told us they were aware of the policy and knew how to act appropriately.

We saw sufficient staffing levels to respond to people's needs and to keep people safe. Staff told us they felt there were enough staff on shifts to deal with anything that could happen. The service also had an on-call system for emergencies.

We saw risks were assessed appropriately. People had risk assessment without matching care plans. People's risk assessments indicated how to reduce the overall risk.

Is the service effective?

Good

The service was effective. We saw staff files included information on training and induction. The service had a computerised training system in which showed what courses people had completed.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The manager had sought and acted on advice where they thought people's freedom was being restricted. This helped to ensure people's rights were protected. Staff we spoke with had a good understanding of the Mental Capacity Act (MCA) and how to ensure the rights of people with limited mental capacity when making decisions was respected.

We saw people were given options during mealtimes. We looked at the menus and saw a balanced diet was provided. We observed practice during lunch time and saw people had sufficient food and drink of their choice.

Is the service caring?

Good

The service was caring. We observed staff treating people with dignity and respect. We saw people were offered choices and were allowed to refuse options. Relatives told us they felt their family members were treated with respect.

We saw staff knew peoples likes and dislike and had built up professional relationships with people using the service.

Is the service responsive?

Good

The service was responsive.

Reviews were completed on an annual basis unless someone's needs changed when they were edited and reviewed to show the change in needs.

The registered manager told us they were always trying new activities to see if people enjoyed something. One keyworker told us one person wanted to do swimming and this now happened on regular basis.

We saw people were offered choice where they could not make an independent decision. Staff told us they supported people to make choices for themselves.

Summary of findings

Is the service well-led?

Good

The service was well led. We saw the service had systems in place to manage and learn from complaints or shortfalls.

The manager told us they had a system in place to relay changes in policies and procedures to all staff. We saw a checklist had been ticked to indicate the policy change had been mentioned to staff.

We saw staff meetings were held on a monthly basis. From these meetings the manager drew up an action plan. The action plan stated the date the action was to be completed and who was responsible for its completion.

Moorfields 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014. The inspection was unannounced. At the last inspection in December 2013 the home met all the national standards that we looked at.

We visited the home on 23 October 2014. The inspection team consisted of one inspector.

We used a number of different methods to help us understand the experiences of people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with two people who used the service, two relatives, two members of staff and the registered manager. We spent time observing care and support being delivered. We looked at three people's care records and other records which related to the management of the service such as training records and policies and procedures.

We did not send a Provider Information Return (PIR) to the provider. The PIR 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 contacted the local authority safeguarding team and local Healthwatch to ask them for their views on the service and if they had any concerns. Healthwatch works with local people to gather views and experiences they have had. As part of the inspection we also spoke with a health care professional who regularly visited the service.

Good

Is the service safe?

Our findings

We spoke with the registered manager of the service who told us they felt the service was safe and the people living there were protected from abuse or injury as much as possible. We spoke with two care staff who also told us the service was a safe place to live. For example, one staff member told us, "We minimise risk to people as much as we can." Staff we spoke with had a good understanding of procedures to keep people safe, for example the different types of abuse and how to escalate concerns to keep people safe. We found staff had received training in safeguarding vulnerable adults in order to give them these skills, to recognise and act on abuse. We conducted a short observational framework for inspection (SOFI) and saw the premises kept people secure and there was sufficient staff to respond to people when required.

Risks were managed appropriately to keep people safe. We looked at two people's care records and found risk assessments were in place. Risk assessments were created from people's care plans which identified areas of risk. These covered the key risks to a specific person, such as; nutrition, recognising emotional state and support to make good decisions. We saw risk assessments were very detailed and person specific. Plans included a rating indicating how severe a risk was and the staff response in order to reduce that risk. This showed us that risk management processes were adequate in assessing and managing risks. The service had a member of staff who was the 'safeguarding champion'. It was this person's job to keep staff informed of any changes in legislation and to make sure assessments were updated. Risks were communicated in a variety of ways to bring them to the attention to staff, including using daily handovers and through staff meetings. Staff told us they were well informed about any changes and they felt the service was effective in protecting people from harm.

Staffing levels were sufficient to meet people's needs. We asked two staff if staffing levels were sufficient to keep people safe. Staff told us they had good staffing ratios. For example, one staff member told us, "We always have at least three staff working, if someone calls in sick either the manager will help out or another staff will come in." Relatives told us they thought there was enough staff. For example, one relative said, "They always have enough staff on to deal with situations." During the inspection we observed care and found there was adequate staff to meet people's needs, for example in supervising communal areas and attending to people when they needed assistance. The registered manager showed us how they managed the rota system to ensure that experienced staff were always on each shift. This helped to ensure the staff team had an appropriate level of skill and knowledge at all times. The manager told us staff have an emergency number to ring out of hours to speak with a senior manager for advice. This showed us appropriate procedures were in place to keep people safe.

Medicines were managed safely. We found staff checked people's medication prior to supporting them to ensure they were getting the correct medicines. We saw people received their medication at the right time as directed by the doctor. For example, we saw one staff member responsible for administering medication getting 'as and when required' (PRN) pain relief for one person. The staff member checked to see when the last dose was given so doses were at least four hours apart. We looked at the Medication Administration Records (MAR's) and saw medication was signed for, indicating that people were receiving their medication and any refusals were documented. We observed staff asked for people's consent before administration and provided them with drinks as appropriate to ensure they were comfortable in taking their medication. Staff did not leave the person until the medication had been taken. Staff then returned to sign the MAR. We looked at a sample of 10 medications and found they were all in date and stored appropriately. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs.

We saw staff who administered medication had completed training so they were safe to administer medicines and reduce risk to people. The manager carried out competency assessments on staff to assess their ability when dealing with medication administration. We found no description in the protocol for one medication identifying when to take one tablet and when to take two tablets. The label from the pharmacist stated 'take one to two tablets'. We did observe one person who was in pain; this was recognised by staff and pain relief was offered which showed staff were aware of people's, "as required " medicines. We saw on 19 October 2014 one person's medication was not administered. We told the registered manager of this who showed us an incident report was filled out, the medication was returned to the pharmacy for

Good

Is the service safe?

destruction, the incident was logged on the computer and the staff member was spoken to in supervision. This showed us systems were in place to deal with errors and prevent mistakes from happening again.

Documentation was in place which detailed any behaviour people showed that challenged the service. We found plans were person centred and included specific information and words for staff to use to divert attention and calm a situation. We spoke with staff that had a good understanding of people's triggers and behaviours and knew the most recent information on de-escalation for the people using the service. During the inspection, we saw staff used techniques to divert and comfort people before anxieties could be raised. We spoke with a visiting health professional who told us staff always followed guidelines set in place. They told us communication between staff and the health professional was good and they felt people were safer because of the patience and commitment of the staff.

Safe recruitment procedures were in place to ensure staff were suitable for the role. We looked at two members of staff's files and saw how they were recruited. This included ensuring a Disclosure and Barring Service (DBS) check and two written references were obtained before staff started work. Staff then completed induction training during their probation period.

We found the premises to be safely managed. The home benefitted from three communal areas. This gave people a chance to have their own space when required. All people living at the service had their own bedrooms. We found the service was well maintained and free from clutter. Periodic maintenance and checks of equipment were in place, such as fire alarms, gas and electric.

Good

Is the service effective?

Our findings

Relatives we spoke with told us the service provided effective care. For example, one relative told us, “I have no complaints at all” and, “The staff have good communication with us. Staff know our relative in the home very well.” Relatives told us staff had appropriate skills and knew how to deliver effective care. For example one person said, “Staff all appear competent.” Another relative said, “They have brought our relative on a lot, they do all sorts of things now” and, “It’s as good as it can get.” One healthcare professional told us they were confident the service provided effective care for people. For example they told us, “Staff have good knowledge of the people living in the home” and, “I would recommend this service to other people.” We spoke with one person that used the service. They told us that the staff help them to achieve what they want to do. We also conducted a SOFI during the inspection. We observed as part of the SOFI staff asking for peoples consent before supporting them and we say people were respected when they declined something. We observed staff working in a professional manner and communicating with people effectively according to their needs. This showed us staff had the knowledge and training to support people effectively.

Staff training was monitored and attended when required. We spoke with the registered manager who explained the training all staff had to complete. They told us all staff initially had three months to complete all the training and they completed it again at regular intervals. We looked at the training matrix and saw 17 out of 17 staff had completed all mandatory training. We looked at the total number of courses staff should have completed collectively was 341. We saw 338 had been completed, leaving three courses out of date. The registered manager showed us bookings for refresher courses. The registered manager told us they received a reminder when someone’s training was about to fall out of date.

People’s nutritional needs were met. We asked people if they liked the food. One person told us, "Yeah” and another person said, “I like the food.” People were given options of what they wanted to eat. For example, we observed at lunch time one person say, “I want beans with lunch.” The staff member responded and asked the person to get the beans out. Another person said they did not want spaghetti and this was respected by the staff. Staff told us people could have food at a time that suited them, for example, we saw staff ask people if they would like lunch yet. During lunch we saw different people were eating different things, this showed us people had a choice of what they eat. There was a pleasant atmosphere at lunch with staff engaged with people in a friendly way and food was served and supported in an unrushed manner.

We looked at the menu which confirmed there was sufficient choice. The menu was completed with pictures so those with different communication methods could show their choice. We saw in one person’s care plan they preferred a soft consistency of food; staff were aware of this and took this into account when preparing meals. Throughout the day of inspection, we saw staff asked if anyone would like a drink and encouraged them to make it. We also saw people asking for a drink and being supported to make it. There was always a selection of hot and cold drinks available to people.

We looked at three care records and saw mental capacity assessments were in place detailing whether people had capacity to make decisions for themselves. Staff understood the main principles of the Mental Capacity Act 2005 (MCA) and how to protect people who lack capacity to make particular decisions, but also to maximize their ability to make decisions, or to participate in decision-making, as far as they are able to do so. The MCA is an Act of parliament in England and Wales. Its primary purpose is to provide a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The manager was aware of the recent DoLS Supreme Court judgement and had made recent applications for persons deemed at risk of being deprived of their liberty in order to keep them safe. We looked through one document and staff told us they were aware of restrictions on the person and why these were in place.

Staff we spoke with had a good understanding of people’s needs and support they required. For example people gave us information on how to support one person during a bath, how to support another person when out in the community and where they record people’s food and fluid intake. Staff told us they monitored people’s weights on a monthly basis to determine whether they were at risk of malnutrition or obesity.

Good

Is the service effective?

Staff and relatives told us they were good at accessing outside professionals. We saw evidence the service had regular contact with GP's, behavioural therapists and a Speech and Language Therapist. One relative told us, "I get invited to health professionals meetings" and," I know other professionals are involved in my relative's care." We spoke with one visiting health professional who told us staff had a very good knowledge of the people that used the service and follow their recommendations. The health professional also said there was good multi agency working which supported people that used the service. Information in relation to healthcare visits were also mentioned in the staff handover so staff were aware of any advice or key risks. This helped to ensure people's healthcare needs were met.

Good

Is the service caring?

Our findings

People we spoke with said they were happy with the care provided and could make decisions about daily life. One relative we spoke with said, “They speak to my relative as a person and they have got to know them” and, “Our relative is in good health and the staff do very well.” Another relative said, “We are very grateful our relative has a good life” and they said staff were always respectful.

Our observations found staff treated people with dignity and respect and displayed a caring manner. For example, we saw staff ask one person what they wanted to do for lunch on a certain day. Staff encouraged them to make their own decision and offered options so the person could choose.

We observed interaction between staff and people living in the home on the day of our visit. We found a relaxed atmosphere in the home, with people free to walk around and spend time as they saw fit. Staff reminded people if they had any appointments booked for that day. For example, some people were going to the theatre to see a musical the night of our inspection. We saw staff asked people regularly if they were okay and if they wanted anything else. Where people required privacy, for instance, to have a bath, we saw arrangements were in place to ensure they had privacy without disruption. Staff were patient and calm with people and left time for people to respond to questions.

Some people living at Moorfields Lodge had communication difficulties. We observed staff communicated clearly and care was taken not to overload the person with too much information. We saw picture cards were being used for options of activities and menu planning. We spoke with staff who told us they had developed individualised communication systems with people who lived at the home. This enabled staff to build positive relationships with the people they cared for. Staff were able to give many examples of how people communicated their needs and feelings.

The health professional we spoke with told us they thought the provider and the staff team had good values and beliefs. They said they would recommend the service to other people. Staff we spoke with told us they provided a high quality service. One staff member told us, "We provide a very good standard of care” and “People have a good quality of life here.” Another staff member told us they would recommend their service to other people stating, “I treat people how I would want to be treated.”

Each person had a member of staff who acted as their keyworker who worked closely with them and their families as well as other professionals involved in their care and support. Keyworker meetings were held on a regular basis to ensure the person was receiving coordinated, effective and safe care.

Good

Is the service responsive?

Our findings

People's care and support needs had been assessed before they moved into the home. We spoke with the registered manager about the pre-assessment process. They told us they always completed pre-assessments prior to people being admitted to the home. We saw these were in place which helped staff to meet people's needs as soon as they moved into the home. We found staff met people's individual needs. We looked through three care plans and saw they included personalised information such as people's like and dislikes interests and beliefs. People and their families told us they were invited to meetings about their care and the associated risk factors. Individual choices and decisions were documented in the support plans and reviewed on an annual basis or as and when someone's needs had changed.

We looked at support plans for three people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual support plan. The care plans were written in a personalised way created by the person, staff and relatives. For example one person's plan says they like to listen to a relative singing on a CD. The care plans included different sections on how to work with someone, their needs, likes, dislikes what activities they liked to do and what was important to them. We saw documents such as a 'one page profile', 'what's important' and 'a typical day'. Care plans were signed by the person and/or their relative indicating they were involved in the care plan process. People and their relatives told us they felt listened to by staff and were involved in decisions in relation to their care.

The staff we spoke with told us the support plans were easy to use and they contained relevant, personalised and detailed information about the care needs for each person and how to meet them. They had an in-depth knowledge and understanding of people's care, support needs and routines and described care needs provided for each person.

We saw the service was good at responding to people's changing needs by contacting the relevant health professionals such as district nurses or community matrons. For example, we saw records that indicated one person's behaviour triggered multiple incidents. The person was referred to a behavioural specialist who worked alongside the team on a regular basis. The care reflected this change and all further changes to the care plan made by the professional. On the day of inspection we saw staff made a further change to a person's care plan to reflect the visit from the health professional that day.

We spoke with the registered manager who told us people living in the home had access to a range of social activities. The handover sheet contained information on what people had been doing that day. We saw activities included bowling, dog walking, helping on a farm and swimming. One relative told us, "They do an awful lot." Staff told us they had keyworker meetings to identify what people wanted to do with their time and what goals they wanted to achieve. For example, one person wanted to try rock climbing. The service supported the person to try rock climbing and they decided after they did not want to do it again.

The registered manager told us if people wanted to give a comment or complaint, they were supported to do so. They told us any complaints were fully investigated by a senior member of staff not involved in any of the allegations. At the end of the complaints process, people were asked if they were happy with the outcome and this was recorded. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and we saw there was one complaint in 2014. The registered manager had followed the procedure and were monitoring the allegations and feeding back to the complainant. Relatives told us they had not had to make a complaint, but they said if they did want to complain, they had confidence it would be dealt with appropriately. One relative we spoke with said, "No complaints at all." Another relative said, "I would have confidence the manager would deal with any complaints."

The service sent out an annual satisfaction survey in August 2014 to professionals, relatives, staff and people that used the service. Professionals did not return any surveys. Families that returned the survey did not raise any issues and said they were happy with the service provided. Ten staff returned the survey and the general opinion was they were providing a good service and were responsive to people's needs.

Staff filled in a handover sheet each day. The hand over sheet included information on activities for the day and evening, visitors that were booked in, jobs to be done and

Good

Is the service responsive?

any notes for staff to be aware of. Updates for staff to be aware of were also included. For example we saw on the handover sheet for one day a note for staff to read and sign an updated policy.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission. People spoke positively about the registered manager. For example one staff member said, “The manager is very supportive” and a relative said, “They have a good manager in place.” Observations of interactions between the registered manager and staff showed they were inclusive and positive. All staff spoke of a strong commitment to provide a good quality service for people who lived in the service. They told us the registered manager was approachable, supportive and they felt listened to. During the inspection we saw the registered manager participated in care and support tasks and supported with activities. The manager was able to tell us in detail about daily life in the home. This showed us they had a good understanding of how the home operated.

Systems to monitor quality assurance were in place to see if the service was providing high quality care. For example, a professional, resident and relative survey had been conducted in August 2014 and the results analysed so the manager knew areas where the home was doing well and areas where improvements were needed. We looked at the result of this survey and saw 100% of residents were satisfied or very satisfied, indicating people were unanimously happy with the care received. We saw evidence action was taken where issues were identified such as the lack of signatures on medication records.

The registered manager told us they completed weekly and monthly checks. The manager completed a quality audit tool where they collated the information to produce an action plan. For example, the quality audit sheet identified some staff not always including people that used the service in conversations. This was entered into the action plan which said it would be covered in team meetings. We looked at the team meeting notes and saw the agenda item as per the action plan.

Policies and procedures were in place which included an employee handbook indicating the values of the organisation and the expectation of staff and their responsibilities. These helped to ensure staff worked to protocols to help them to provide a consistent level of care and support. People and relatives praised the staff team and said they had a good personal attributes. Updates of policies were given to staff via team meetings or handover. All staff had to read and sign to state they understood before the new policy was filed away.

Staff received supervision on monthly basis which ensured they could express any views about the service in a private and formal manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the registered manager or provider. Staff told us there was a culture of openness in the home, to enable staff to question practice and suggest new ideas. The registered manager told us they carried out competency checks on all staff to check they were working in the correct way and people living in the service were well looked after.

The registered manager told us they had an open door policy and people living in the home and their relatives were welcome to contact them at any time. They said people used this and it meant potential problems or issues could be resolved before they escalated.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified and to make sure appropriate action would be taken to reduce any risks to people who lived in the service. The registered manager confirmed they had identified some trends or patterns in the last 12 months and had accessed the full support of health professionals to deal with the situation.