

National Schizophrenia Fellowship

Moultrie Road

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

About the service: Moultrie Road is a care home that provides personal and nursing care for up to seven people with mental health conditions. At the time of the inspection five people lived at the home. The accommodation was established over two floors. On the ground floor there were bedrooms and bathrooms, a shared communal lounge, a dining room, storage areas and laundry areas and a communal kitchen. On the second floor there were bedrooms and bathrooms.

Moultrie Road also provides personal care for people living in their own homes in the community. Four people were receiving personal care in the local community through a supported living scheme.

People's experience of using this service: Moultrie Road was clean and comfortable with plenty of room for people to live. People told us they felt safe with staff who visited them in their own home.

People's safety had been considered and risks were managed to maintain people's safety. Staff had received training in relation to safeguarding and knew how to protect people from harm. Medicine was managed safely. The risk of any infection spreading was reduced by the maintenance of good hygiene practice.

The provider delivered person-centred care. People's needs were assessed in detail to ensure the service could be tailored to meet their individual social, care and health needs. People's outcomes and long-term goals were considered, to ensure people achieved those goals. People were supported to have choice and control of their lives, and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Health care had a focus to ensure people's ongoing wellbeing and concentrated on improving people's health.

People enjoyed living at the home and told us staff were kind and respectful of their choices. People were treated kindly and compassionately by staff. People were supported to express their views and make decisions about the care and treatment they received. Staff respected people's privacy and dignity.

People were supported to take part in activities of their choice. Information was provided in a range of formats to support people's understanding. People could access spiritual support to meet their religious beliefs. The provider had a complaints policy and process in place; people told us they would feel comfortable raising complaints. When people reached the end of their life, the provider had policies in place to meet their wishes and preferences.

The service was well led. The provider had quality monitoring arrangements through which they continually reviewed, evaluated and improved people's care. People, stakeholders and staff had an opportunity to shape the service. The provider invested in staff development to ensure people received care from experienced and caring leaders.

We found the service met the characteristics of a 'Good' rating in all areas. For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection: Good. The last report for Moultrie Road was published in June 2017.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services. At this inspection we found the service continued to be rated as 'Good'.

Follow up: We will continue to monitor the service to ensure it meets its regulatory requirements. More information is in the 'Detailed Findings' below.

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 remained Safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained Well-led.

Details are in our Well-led findings below.

Moultrie Road

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

Inspection site visit activity started on the 21 February 2019 when we initially visited the service, and ended on 1 March 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures for people who lived at Moultrie Road, and for people who were supported in their own homes.

Service and service type: Moultrie Road is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Moultrie Road also offered people personal care in their own homes, CQC only regulates the care people receive in these circumstances, so we did not visit people in their homes.

The service did not have a registered manager at the time of our inspection. On the second day of our inspection visit a newly appointed manager had begun working at Moultrie Road, and were planning to apply to CQC to become the registered manager. 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.

Notice of inspection: The inspection was unannounced on the first day. We returned to inspect the service a week later for a second day, so that we could be sure of meeting the newly appointed manager, the provider, and the lead nurse.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injury. We sought

feedback from the local authority and professionals who worked with the service. We assessed the information we require providers to send us annually that gives us key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection visit: We reviewed four people's care records, some from both services, to ensure they were reflective of their needs, and other documents such as medicines records. We reviewed records relating to the management of the whole service such as quality audits, people's feedback, and meeting minutes. We met four people who lived at Moultrie Road, and spoke with two people who used the supported living service to gather their feedback. We also spoke with two care workers, the newly appointed manager, a mental health nurse, the nominated individual, and the quality assurance manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Moultrie Road and when staff visited them in their home. There were policies and procedures in place for staff to follow to keep people safe from harm. The safeguarding policy described the different types of abuse vulnerable people might face and included information for staff to follow in case they suspected abuse. All staff had read this policy as part of their induction. Staff had also completed safeguarding training. This meant staff knew how to keep people safe from potential harm or abuse.
- We saw detailed records were kept of safeguarding concerns and alerts and where necessary, information was shared with the local authority and the Care Quality Commission (CQC). Concerns had been investigated fairly and in a timely manner. This demonstrated the provider acted appropriately when there were safeguarding concerns.
- There were easy read posters throughout the service so people knew about abuse, that it was not tolerated, and that they should talk to staff if they had concerns. This showed that the provider thought about how to communicate with people about keeping safe.

Assessing risk, safety monitoring and management

- People had their health needs monitored, and risks to their health and behaviour were regularly assessed by staff with the right level of competency and skills to keep them safe. Nursing and permanent care staff knew people well, including their mental health needs and their likes and dislikes. Staff had developed a good understanding of the risks to people, members of the public and themselves, and understood the steps they needed to take to reduce those risks. For example, risk assessments included what may trigger feelings of anxiety in people, how to reduce the risk of these triggers and their escalation.
- People were encouraged to stay as independent as possible, ensuring risk assessment procedures did not unnecessarily restrict people's freedom to go out alone, and develop their skills.
- Environmental risks were managed to ensure people were cared for in a safe environment at Moultrie Road. For example, electrical and water testing.

Staffing and recruitment

- There were sufficient numbers of trained and skilled staff at Moultrie Road to assist people with their care and support needs in the community, and in their own homes.
- The home was registered to provide nursing care to people. On the first day of our inspection visit there was no nurse on shift at Moultrie Road. The nurse was at another home in the provider's group, and had been on annual leave for three days prior to our inspection visit. No nursing cover had been arranged in the absence of the nurse. The nurse worked at Moultrie Road Monday to Friday, for approximately eight hours a day, and did not work weekends, evenings, or nights. The provider explained that 'on call' nursing cover was available in the nurse's absence from one of their other homes, to provide advice by telephone.
- The provider assured us they had completed a detailed assessment of people's needs, to ensure nursing

and health needs could be met by the level of nursing care available at Moultrie Road. People who used the community service, and received personal care in their homes, did not receive nursing care.

- The provider was working alongside the commissioners of the service to monitor the level of nursing support in place, to ensure adequate nursing arrangements continued to be available to support people safely.
- Staffing levels during the day usually consisted of two care staff to support the five people at Moultrie Road and one of those members of staff also visited four people in their own homes. These staffing levels were supported on Monday to Friday with the presence of the manager and the nurse. Some people regularly went out in the community alone, which meant two staff were sufficient to support people with everyday tasks. At night however, only one member of staff was in the home. This member of staff was awake at night which meant they were readily available if people required their support.
- The provider had recently recruited several permanent members of staff to reduce their reliance on temporary, or part time staff, and to increase their flexibility at holiday times.
- The provider had completed robust checks to ensure staff were suitable for their role. These included checking their references and completing checks with the Disclosure and Barring Service (DBS). Nursing staff had their registration checked with the Nursing and Midwifery Council (NMC). This meant the provider recruited employees suitable for working with vulnerable people.

Using medicines safely

- Each person at the service had their own medicines care plan. These plans contained important information and documentation about people's health and the medicines they required. .
- We checked people's medicines and some medication administration records (MAR) and found staff recorded and logged people's medicines correctly and in line with the provider's policies and best practice guidance.
- Staff were trained to administer medicines and their competency was checked by trained nurses to ensure their understanding of processes and procedures. We spoke with staff and were confident they knew how to administer medicines and knew what to do if there were administration errors. This meant people were supported to receive their medicines in a safe way.

Preventing and controlling infection

- There were effective measures in place to ensure risk of infection was prevented and/or minimised. Staff understood the principles of infection control. Colour coding was used to identify the usage of some cleaning materials, and kitchen utensils, to prevent cross contamination. The service had been awarded a five-star food hygiene rating.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. There was an accident and incident policy and accidents and incidents were recorded and shared with the provider. The provider and management team analysed incidents and shared learning across the organisation to prevent future occurrences. For example, a recent incident had prompted the provider to change their dependency assessment tool. Following a recent medicines error, the provider was reviewing shift patterns to reduce staff fatigue, which may have been a contributing factor to the error.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental 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.
- The provider ensured people could express their consent and share their wishes in accordance with the MCA. Where people needed assistance to express their wishes, give their consent, or be involved in discussions about their health, they were offered support by legal representatives and advocates to express their views.
- Staff had received training and understood their responsibilities around consent and mental capacity. Staff told us they sought verbal consent from people before providing care and support.
- The new manager understood their responsibilities to protect people's rights and knew what to do when someone did not have the capacity to make their own decisions, so they were made in people's best interests.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed with the person, health professionals and mental health specialists before they came to live at Moultrie Road, or support was provided to people in their own homes.
- Assessments included information on people's physical and mental health needs, and how they wanted their support to be provided to them.

Adapting service, design, decoration to meet people's needs

- The provider focussed on delivering a service which supported people to achieve their goals and reach their potential. Staff focussed on each individual, gathering their input into what they would like to achieve over the short and longer term. For example, one person wanted to ultimately live independently. The service had been adapted so people had the opportunity to move from full time care at Moultrie Road into a supported living service, when they were ready to live more independently.
- People were involved in decisions about the premises and environment at Moultrie Road; they could decorate their room how they liked. We saw one person's room, where they had decorated it with pictures and possessions that were important to them.

Staff support: induction, training, skills and experience

- Staff told us they received an induction when they started work which included working alongside an experienced member of staff. The induction was based on the 'Skills for Care' standards providing staff with

a recognised 'Care Certificate'. Skills for Care are an organisation that sets standards for the training of care workers.

- Staff received relevant, ongoing refresher training for their roles. There were development opportunities for staff and some permanent staff had completed national vocational qualifications in health and social care. Nursing staff were supported to complete continuous professional development and re-validation. The provider maintained a record of staff training, so they could identify when staff needed to refresh their skills.
- The provider improved their staff training programme in response to learning and feedback. For example, the need for improvements in staff training and development in areas such as safeguarding and mental health conditions had been identified in the provider's own internal report of July 2018. Action plans and a new training programme had been implemented to make the improvements. This demonstrated staff were given the right guidance and knowledge to support people.

Staff working with together and with other agencies to provide consistent, effective, timely Supporting people to live healthier lives, access healthcare services and support

- Staff communicated effectively with each other. There were systems in place, such as daily care records and a communication book, to share information amongst staff. This meant that staff knew what was happening in people's lives and when changes had occurred that might affect how their needs were met.
- People had access to health professionals. Staff took people to regular hospital, dental and clinical appointments to maintain their physical and mental health. Where advice was provided from health professionals, care records were updated, and people discussed the advice with staff to ensure they understood how this might impact on their health.
- Staff considered people's feelings, and regularly checked if people were okay. For example, we saw staff check if people were anxious, felt well, or needed help with their daily tasks or plans. This meant staff could respond if people became unwell.

Supporting people to eat and drink enough to maintain a balanced diet

- People could make choices about what they ate each day, and met to decide on meal plans and menu choices for Moultrie Road. Four people lived in their own homes, and made every day independent decisions about what they ate.
- People at Moultrie Road had fridges and food storage areas in their room, which were accessible only to themselves. There was a communal kitchen where food stocks were kept for special occasions such as celebrations and the weekly Sunday lunch. Some of this food was locked away but the provider assured us there was available food for everyone at the home in accessible cupboards and fridges in the communal kitchen. This meant people could independently make themselves a drink or a meal when they wished to.
- The provider arranged specialist menus and events in the home to recognise cultural and religious festivals. For example, Christmas celebrations and Christmas meals, fish on Fridays, celebrations of Easter, Shrove Tuesday, Diwali and New Year festivals.
- One person was on a specialist diet to reduce their sugar intake at the time of our visit to Moultrie Road. The provider offered the person support in understanding what types of food contained sugar, and provided them with information on how too much sugar might impact on their health. The person told us, "They [staff] give me advice on what is not good for me."

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff communicated with people in a warm and friendly manner. One person said, "The staff are great. This is a nice place to be." These responses indicated that people were well treated and enjoyed the company of staff and each other.
- The provider respected people's equality and diversity, and protected people against discrimination. Staff were recruited based on their values and abilities. People and staff were treated equally according to the guidance on protected characteristics. Where people wanted to form relationships outside the home, this was supported.
- Staff knew about people's cultural and diverse needs and how this may affect how they required their care. For example, respecting people's spiritual needs or choice and the gender of the staff member providing their personal care. Staff had received training in equality and diversity and reflected how they used this knowledge to reduce any possible barriers to care.
- People were supported to receive care and support from others. When people needed support in their lives that was beyond the remit of the provider, the provider advocated for people and sought appropriate support. For example, people were supported to meet with clinical and welfare professionals, advocates and representatives that could help people to express their wishes. This meant that people's human rights were upheld.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care. Everyone could communicate well and make decisions about their care and welfare. We saw easy read documents, documents in picture format, and information was also available in different foreign languages where required. This meant people were involved, as much as possible, in making decisions about their care and treatment.
- People had monthly individual meetings with nursing staff at Moultrie Road to discuss their progress in achieving their personal goals, and to make decisions about how their care should continue to be delivered.

Respecting and promoting people's privacy, dignity and independence

- People had their own rooms and told us their privacy was respected. People had keys to their room, and could choose when they spent time alone.
- The service followed data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.
- Care records provided information about people's cultural and personal preferences, such as their religious beliefs and their sexual orientation. These personal preferences offered people an opportunity to engage in cultural or religious activities and maintain their sense of individuality and identity.

- People were supported to maintain relationships with those that mattered to them. Friends and families could visit people at their home. Private areas were available for people to spend time together when needed or requested. Staff respected people's individual privacy in the home, by knocking on people's doors and asking their permission before entering their room.
- People were supported to be as independent as they could be in developing and maintaining their living skills. For example, by undertaking their own personal care where they could, doing household chores and laundry.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Everyone we spoke with felt the service offered all the care they needed with opportunities to continue to live life how they wished.
- Each person had detailed care plans, at a glance profiles, and records to show their needs and goals. Care plans covered topics from physical and health needs, domestic needs, activity engagement, daily routines, preferences and risk assessments. There were also plans for when situations arose such as safeguarding and positive behaviour support. Care plans were outcome focussed, this meant people's long-term goals and wishes were discussed, and staff supported people to achieve them.
- Care records were written with the person, their family members and professionals. Records were comprehensively reviewed and updated regularly. This meant care records were relevant and based around each person's individual needs and staff knew how to support them in the best way possible.
- Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people receiving care have information made available to them that they can access and understand. People had communication care plans to instruct staff on how best to communicate with them. Where people had specific disabilities that affected their communication, the provider used a range of techniques to communicate with people effectively.
- Aids were used to support people to communicate. People had smart phones, tablets and computers to access social media to network with family and friends.
- People's personal beliefs and backgrounds were respected by staff. We saw that people who practiced religion, were supported to do so. People's cultural choices were discussed with them, so that staff knew how to support them.
- People were encouraged to take part in organised group activities and events around Moultrie Road. Some activities and events were pre-organised. These included social events, seasonal and religious events, and trips out and about. Other people did things alone, such as played games and went out and about in their local community.
- We saw people were engaged in activities and hobbies on the day of our visit to Moultrie Road. One person said, "It's nice to play games with people here."

Improving care quality in response to complaints or concerns

- People were supported to raise concerns. A person told us if they had any problems, "I'd just say."
- The provider had a complaints policy and procedure that staff were aware of and these had been provided to people in an easy read format and large print. The easy read and different format information told people how to keep themselves safe and how to report any issues of concern or raise a complaint. The service had a complaints log, all complaints were responded to in a timely way.

End of Life care and support

- No one at the service was at the end of their life, or in need of end of life support. In a circumstance where people needed end of life support, the provider had policies and procedures in place to ask them about their wishes and to support them through this difficult time.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Plan to promote person-centred, high-quality care and good outcomes for people.

- The systems in place focused on the individuals using the service and sought to meet their needs and provide them with high quality care. These systems measured and monitored outcomes for people with a view to making improvements where possible and thereby making people's lives better.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our previous inspection the service had recruited a new registered manager, who began working at the service in February 2019. The newly recruited manager intended to register as the registered manager of the service as soon as practical, following their initial induction period. The new manager was supported in their induction by the previous interim manager, who was head of quality assurance for the provider. They planned to work alongside the new manager for several weeks of their initial induction. The new manager was also supported by a clinical lead nurse who had worked at the service for several years.
- Staff received regular supervision in line with the provider's policies. Supervision meetings with staff and their manager took place every few weeks.
- Staff were supported with spot checks of their work, onsite management support and regularly met with the clinical lead nurse or manager.
- Staff spoke with pride about the service. One staff member said, "It would be good to know some of the longer-term plans for the service, as the organisation is going through some changes at the moment." The provider told us, "Staff are kept up to date regarding changes at the service through local team meetings and staff briefings, as soon as decisions are made."
- The new manager understood their role and regulatory responsibilities. The latest CQC inspection report rating was on display. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments. The provider notified us of important events as they were required to. This demonstrated the management team was clear about their role and in being so, provided people with a good service.

Engaging and involving people using the service, the public and staff

- People were supported to complete surveys to capture their views and opinions of the service. Surveys were in an easy to read format where required.
- Evidence indicated people's feedback led to changes at the home, for example, plans were in place to improve activities and events at the service following feedback that this was an area that could be improved upon.
- Resident meetings were organised at Moultrie Road regularly, where people could attend if they wished.

These meetings demonstrated that people were supported to engage with each other and be involved with the running of their home.

- Staff meetings were held where topics were discussed including safeguarding, mental capacity, equality and diversity, expectations within employee roles, and any changes at the home or provider's other services. This showed staff were involved in shaping and understanding the service.

Continuous learning and improving care

- The provider completed various audits to assess the quality of care and support in place. These included audits for medicines, external pharmacy audits, infection control, health and safety and quality audits of the entire service by the provider's quality assurance team. All actions from audits were added to an action plan that the acting/registered manager and provider oversaw. These audits and action plan allowed the provider to monitor and improve care for the people using the service.

- The provider had an improvement plan for the service, which detailed what plans they had to continuously improve the quality of care people received. Improvements included, the development of staff training, the development of activities and events at Moultrie Road, and the redecoration of some areas, including the development of the basement.

- The provider learned from registered managers and senior staff at their other homes, and shared this learning across its service. They held regular meetings and briefings to share learning and best practice.

Working in partnership with others

- The service had links with external services, such as community groups and commissioners of services, that enabled people to engage in the wider community. These partnerships demonstrated that the provider sought best practice to ensure people received good quality care and support. For example, the provider worked with local colleges and local charities to provide learning and employment opportunities for people.

- The provider worked with local police services and developed documents and tools to ensure, if people went missing from their home, local police had relevant and up to date information to assist them in locating people safely.

- The provider invested in ways to improve their knowledge and their service, by sharing information across their group of homes and services. The registered manager joined local registered manager networks to share best practice and attended conferences and discussion forums.