

William Blake House Northants

The Moors

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

The Moors is a small residential home providing care and support for people with a learning disability or autistic spectrum disorder. The provider's ethos is based on the philosophy of Rudolf Steiner. This focusses on providing support to people with learning disabilities that promotes their ability to continually develop. At the time of inspection, they were providing personal care to four people.

At the time of inspection, the home was divided into two separate living spaces. In one area three people lived and shared communal space such as the lounge, kitchen and bathrooms. The other part of the home had been specially designed for one person to receive support from staff in their own private space comprising of a bedroom, bathroom, kitchen and lounge.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The service had a positive ethos and an open culture. The management team were approachable, understood the needs of people, and listened to staff. There was sufficient oversight in place to ensure people received a good service that met their needs and any improvements identified were made promptly.

Sufficient staff were available to meet people's needs. Improvements had recently been made to the deployment of staff, to ensure sufficient staff were employed to meet people's needs without staff working excessive hours. New staff had been recruited and were in their induction period at the time of inspection.

People were cared for safely and received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People had personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences.

Staff were appropriately recruited and had access to the support and supervision they required to work effectively in their roles. Staff had mostly received the training they needed to meet people's needs. People told us staff were well trained.

Staff were friendly, caring and passionate about their work; they treated people with respect and maintained their dignity.

Information was provided to people in an accessible format to enable them to make decisions about their care and support. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received.

There was no end of life care being delivered at the time of the inspection. People were given the opportunity to discuss their wishes for the end of their life.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 27 November 2018, and this is the first inspection.

Why we inspected

This was a planned inspection.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Moors

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Moors is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the service registered and sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

People were not able to communicate with us about their experiences of support due to their complex support needs. However, we spoke with three people's relatives on the telephone. We also spoke with eight members of staff including two support workers, a shift advisor, the registered manager, the quality lead, the operations manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and medicines records. A variety of records relating to the management of the service, including staff training, quality audits and minutes of meetings were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they had confidence in staff to keep people safe. A person's relative said, "We are quite happy that [person's name] is safe and well cared for. We trust them [staff]."
- Staff understood how to protect people from abuse and avoidable harm. They received training in safeguarding vulnerable adults; they were aware of the signs of abuse and the action they should take if they identified a concern.
- The registered manager was aware of their responsibilities for making safeguarding referrals and the requirement to notify the CQC.

Assessing risk, safety monitoring and management

- Support was provided in a way that maintained people's safety and welfare, while not unnecessarily restricting them.
- Individual risk assessments were in place to identify risks to people's health and safety, such as environmental risks, risks in the community and risks from individual activities. Plans were in place to reduce these risks. Most of these risk assessments were an accurate reflection of people's needs, however we saw that one person's nutritional risk assessment did not accurately reflect the support they were receiving. We discussed this with the management team who arranged for the risk assessment to be updated.
- A positive behaviour support plan was in place for a person who displayed behaviours caused by unalleviated stress and anxiety. This contained information of how to recognise early signs the person may be becoming anxious and things the person responded positively to.
- There were plans in place for emergency situations and each person had a personal emergency evacuation plan.

Staffing and recruitment

- Staff were allocated to work in different areas of the home. Due to problems recruiting staff for one area of the home there had not always been enough staff employed to cover all care shifts without some staff working excessive hours. We reviewed rotas and saw some staff had worked many consecutive days and overnight sleep in shifts with no day off. (When carrying out a sleep-in shift staff sleep at the home and are available to provide support to waking night staff in an emergency.) Working so many days consecutively did not allow staff enough time to rest between shifts. There was a risk this would have a negative effect on their ability to provide people's care safely and appropriately due to being excessively tired. At the time of inspection, the provider had recently recruited staff who were undergoing their induction.
- Rotas showed that people were receiving their allocated one to one hours and that on some days more staff were deployed to enable people to access extra activities. Staff meeting minutes showed that staff had

requested an increase to the extra staffing hours to ensure that people had access to sufficient activities in the community, particularly at weekends. The registered manager had agreed to review this.

- Most people's relatives told us they thought there were enough staff to meet people's needs. One person's relative said, "They [provider] has had problems recruiting and there were lots of agency staff, but it has improved."
- Staff told us planned staffing levels were normally achieved and when there was unplanned sickness absence, other staff were flexible and filled any gaps or regular agency staff were used.
- Processes were in place for the safe recruitment of staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work at the service.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines as prescribed. People's medicines were stored safely, and processes were in place for the ordering and supply of medicines. Staff completed people's Medication Administration Records, to confirm people had taken their medicine.
- When people were prescribed medicines to take 'as and when required', information to guide staff on when to administer them was available. Where people had been prescribed as required rescue medicines staff had received training to administer these. (A rescue medicine is a quick acting medicine intended to relieve symptoms immediately.)
- The registered manager regularly checked stock levels of medicines. However, only one recorded audit of medicines was available at the time of inspection. No concerns were identified in the audit, however there was a risk that areas of concern may not be promptly identified.

Preventing and controlling infection

- The home was visibly clean at the time of the inspection. People told us they thought the home was clean, one person's relative said, "Yes, [person's name's] bedroom is always clean when we visit."
- Cleanliness and infection control were reviewed as part of regular checks of the environment.
- Staff completed training in infection prevention and control and food hygiene. Staff understood their responsibilities to keep the home clean and minimise the risk of infection.

Learning lessons when things go wrong

- Staff said they were encouraged to report incidents and accidents and records we reviewed showed records were consistently completed.
- The registered manager reviewed all incident and accident reports, and these were passed to the operations manager for further analysis and action where required.
- Actions to reduce the risk of recurrence and themes were identified. For example, one person with a history of falls had moved into the home from another of the provider's services so they could have a downstairs room and reduce their risk of falls.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed a full assessment of people's care and support needs. This involved people's families where appropriate and any health and social care professionals already involved in their care.
- Support plans were implemented based on the findings of the assessment. These were based on nationally recognised tools where appropriate.

Staff support: induction, training, skills and experience

- Staff received training and support to enable them to provide safe and effective care and support. Training records indicated staff were mostly up to date with mandatory training and staff we spoke with confirmed this.
- Staff told us they were able to access additional training and their training needs were discussed at their regular supervision. One member of staff said, "I've done mandatory training including medicines, health and safety, food safety, autism and moving and handling. But, anything we want to do we ask and they [management team] get us on it."
- Where staff required specialist training to meet people's needs this was provided. For example, at the time of inspection staff had recently received bespoke training from a positive behaviour support specialist.
- The provider had a service wide training plan in place that included the implementation of training in Non-Abusive Psychological and Physical Intervention (NAPPI) and Active Support and Care Planning. (Active support is a way of providing assistance to people which focuses on making sure they are engaged and participating in all areas of life.)

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

- People were supported to eat a healthy, balanced diet and were able to choose varied meals from the menus. One person's relative told us, "[Person's name] likes the food and they [staff] do monitor that [person's name] is eating."
- Staff had a good knowledge of the dietary needs of each person using the service and worked with healthcare professionals as required to monitor and support people's nutrition. Information was recorded in care plans as to what support people required in relation to eating and drinking and whether people had any specific requirements.
- We saw that people and staff sat together at mealtimes and the social enjoyment of eating together was emphasised.

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

- The home was suitable and accessible to the people living there. The layout of the building ensured that

the environment offered plenty of personal as well as shared space. People had chosen how their rooms were decorated and this had been done to their personal taste and preference.

- Where required the environment had been designed with people's specific needs and safety in mind and creatively adapted to balance safety with a homely environment.
- The garden required some improvement and the provider showed us plans that had been created for a sensory garden. Work was due to start on this in Spring 2020 and a building that was to be a sensory room already in place.

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

- People received support to meet their health needs. Staff knew people well and were vigilant to changes in their health.
- People attended regular health monitoring appointments with a variety of healthcare professionals including GPs and specialist nurses.
- The service recognised the importance of oral health care. One person's relative told us their family member found it difficult to visit the dentist. Staff were supporting them to visit regularly before any treatment was needed to help them feel more comfortable with the dentist and the environment. People had oral health assessments, and these contained detailed information for staff in meeting people's oral healthcare needs; for example, where people were prescribed a specific toothpaste.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the appropriate applications had been submitted and some authorisations gained. There were no conditions on the authorisations in place.
- However, the management team did not have clarity on the status of all applications for DoLS authorisations for the people living at the service. The need to maintain an overview of this information was discussed and immediately sought from the appropriate authority, who confirmed applications had been submitted where required. We were satisfied the service was acting in people's best interests and people were supported to make their own decisions whenever possible.
- We saw evidence of the involvement of professionals in decision making to ensure decisions were made in the person's best interests. An independent advocate had attended the service to provide support and advocate for people.
- Mental capacity assessments were completed when people could not make decisions for themselves. Mental capacity assessments were not always decision specific, however associated best interest decisions did reflect the individual decisions being considered. The management team agreed to review mental capacity records.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People provided positive feedback about the caring ethos and the kindness and thoughtfulness of staff. A person's relative said, "The staff who work with [person's name] are very committed and dedicated, they want the best for [person's name]." Another said, "[Staff member] treats [person's name] like they would want to be treated."
- Staff spoke in a caring, respectful way about the people they supported. One member of staff said, "I love working here and give 110%. I work with people as if they were my relative."
- Staff acknowledged and respected each person, as an individual with diverse needs. People's relatives gave us examples of where staff were advocating for people to ensure they had full access to healthcare treatment and were not subject to any discrimination.

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

- People were encouraged to be involved as partners in their care and staff provided the support they needed to make decisions for themselves, or to participate in decision making.
- People's relatives said they were consulted about their loved one's care. One person's relative said, "I feel involved in planning [person's name's] support. I've never felt that whatever I've asked is irrelevant, they [the provider] make me feel important as a [relative]."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We saw that people could spend time on their own and their bedroom was their own private space.
- Staff knocked on people's doors before entering and ensured they protected the person's privacy when supporting them with personal care. We saw that people were supported to take pride in their appearance.
- People were encouraged to be as independent as possible and were supported to engage in activities around the home.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We received positive feedback about the service and the way people's support was provided. One person's relative said, "They [staff] want the best for [person's name] and go the extra mile for them."
- We saw positive feedback that had been provided by social care professionals involved in people's support. One example of written feedback stated, '[Provider] always make an effort to consult me regarding not just issues involving [area of expertise] but also the life skills, like residents' wishes and beliefs and finding new avenues for the residents to enjoy their home and activities outside.'
- People received their support from dedicated teams of staff who knew them well and supported them to live their life as they chose.
- Care plans were reviewed when people's needs changed. However, some care plans had not been reviewed regularly and the registered manager was working to complete these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was made available to people in the format that met their needs and people's care plans contained information about people's communication needs. For example, pictorial information was provided to support people's understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with their family. Staff used technology to enable people to connect with family member's remotely and where people's families were geographically distant, supported people to visit them.
- Staff understood the importance of enabling people to pursue their interests and meet their social needs. During the inspection people's relatives told us about the activities people took part in and enjoyed. For example, going for walks, looking after animals on a local farm and holidays. One person's relative said, "[Person's name] has had two lovely holidays, they are so much happier than before [coming to live in the home]." A member of staff told us, "Our support is activity based, we do things together and through this people connect with themselves and the world and understand more about themselves and the world."
- Therapies to stimulate the senses and support relaxation were available to people. These included art therapy, massage, bath therapy and eurythmy, (using breathing techniques and rhythmic movements to

help relieve tension and stress).

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were unhappy and wished to make a complaint.
- People and staff were confident that if they did have a complaint they would be listened to and the issue addressed.
- There was a complaints procedure in place. The provider had received one complaint, this had been dealt with in line with their procedure.

End of life care and support

- The service provides support to younger adults. There was no end of life care being delivered at the time of the inspection.
- People were given the opportunity to discuss their wishes for the end of their life.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- There was a positive and open culture in the service. It provided people with a happy and homely atmosphere, where they were empowered, and their well-being was the central focus for staff.
- People's relatives and staff told us the management team knew people well and were available to them. One person's relative said, "We can have meetings with the managers whenever we want."
- Staff were proud of working for the service and of the quality of care provided. They spoke about providing a good quality of life for people and staff working well together as a team. One member of staff said, "I would 100% recommend the service, the staff team are amazing, staff go above and beyond."

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

- Staff were clear about their roles and responsibilities towards the people they supported and felt supported in their role. They had regular supervisions, which ensured they provided the care and support at the standards required.
- The management team carried out audits of the service to maintain the safety and quality of the service and drive improvement.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback about the service was captured through regular contact with people and their relatives. People's relatives told us the provider also requested their feedback in an annual survey. One person's relative said, "We do a survey and [provider] listens and makes changes as a result."
- Staff attended regular meetings to discuss the running of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were aware of the requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. People's relatives told us the service was open and transparent. One person's relative said, "The managers and the nominated individual are very open."

- Staff knew how to 'whistle-blow' and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Continuous learning and improving care

- The management team listened to people and staff and responded to suggestions for improvement. One person's relative said, "The managers are exceptionally supportive, if there's anything that needs doing they will do it"

Working in partnership with others

- The registered manager worked closely with commissioners involved in people's support to ensure people received appropriate care.
- Staff worked well with other organisations and had good relationships with other care providers such as local GPs and dentists. They collaborated with them to achieve good outcomes for people.