Voyage 1 Limited

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

Summary of findings

Overall summary

Moorfields Lodge is registered to provide accommodation and care for people up to five people with learning disabilities. The home is a large two storey Victorian detached house in Haworth, close to the village amenities and within easy reach of Keighley town centre. We inspected the service on 20 July 2017. At the time of the inspection there were four people living in the home.

At the last comprehensive inspection in October 2014, the service was rated 'Good' overall, and each of the individual domains. At this inspection we found the improvements had been sustained and rated the service as 'Good' overall and in each of the five domains.

Why the service is rated good.

People were safe living in the home. Safeguarding procedures were in place which were well understood by staff. Following safeguarding incidents, appropriate action had been taken to investigate and learn lessons. Risks to people's health and safety were assessed and clear and detailed plans of care put in place. Staff were knowledgeable about these plans giving us assurance they were followed. Medicines were safely managed and people received their medicines as prescribed.

There were sufficient numbers of staff deployed to ensure people received prompt care and support and access to a range of activities. Robust recruitment procedures were in place to ensure staff were suitable to work with vulnerable adults. Overall, we concluded staff had the right skills and knowledge to care for people. Staff received a range of training relevant to their role. Some relatives felt some staff required further training in autism, we saw further training was planned in the coming months.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum 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. Staff sought consent before supporting people.

People's healthcare needs were assessed and detailed plans of care put in place. People had access to a range of health professionals and the service sought to reduce people's distress to a minimum when planning health interventions.

Staff were kind and compassionate and treated people well. We saw staff interacted positively with people, using an appropriate mixture of verbal and non-verbal communication techniques.

We saw good positive relationships had developed between people and staff. Staff knew people well and their individual likes and preferences. However some relatives said staff turnover was a barrier to relationships being maintained over a longer period of time.

People received good quality care that met their individual needs and preferences. Detailed care planning took place and staff were familiar with people's care needs. People were supported to achieve goals to build their independence and confidence. This included participating in a range of activities.

Staff and relatives said the registered manager was approachable and they felt able to raise any concerns or complaints with them. We found a positive and inclusive culture within the home which revolved around giving people choice and control over their daily lives.

Systems to check, monitor and improve the service were in place. People's feedback was sought through informal and formal means and used to make improvements to the service.

Further 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? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place 20 July 2017. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was returned to us in a prompt manner.

We spent time observing care in the communal areas observing care to help us understand the experience of people using the service who could not express their views to us. We looked around the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included two people's care records, staff recruitment records and records relating to the management of the service.

We spoke briefly with two people who used the service, three relatives, three support workers, the deputy manager, the registered manager and another manager who worked for the provider. We also received feedback from a health professional who work with the service.

Good

Is the service safe?

Our findings

Relatives we spoke with told us they were confident people were safe living in the home. One relative said, "We know [person] is okay when we leave them there." During observations of care and support we observed people's body language and saw people looked comfortable and relaxed in the company of staff. Staff all told us they were confident people were safe and would be happy for their own loved ones to live in the service. Staff had received training in safeguarding and understood how to identify and report allegations of abuse. Staff had access to a confidential whistleblowing hotline where they could raise concerns and information throughout the premises also reminded staff on who they could approach. Where safeguarding incidents had occurred, we found they had been correctly reported to the local authority and Care Quality Commission and appropriately investigated. Following one recent safeguarding incident we saw robust measures had been put in place by management to protect people. There was a low number of safeguarding incidents with no concerning themes or trends.

Risks to people 's health and safety were assessed and detailed risk assessments put in place to help keep people safe. This included risks associated with behaviour whilst in the community and using transport. Whilst risk assessments were generally appropriate, one person's epilepsy risk assessment needed more information recording on what to do if they had a seizure. Staff and management had a good understanding of the risks each person posed and were able to describe in detail the procedure and measures needed to keep people safe. This provided us with assurance that people were kept safe. The service took positive risks to help people live fulfilling lives. For example in ensuring people could always access the community and working with one person to support them to have a television in their room despite previously damaging items. This was supported by a clear plan. We saw the plan was working well with the no recent damage occurring.

Accidents and incidents were recorded and investigated by the registered manager to reduce the likelihood of a re-occurrence. Following any incidents of behaviours that challenge, liaison took place with the provider's behavioural therapist who was able to provide expert advice. Incident debriefs took place with staff to allow reflection on the incident to promote learning. Relatives told us that following incidents staff were good at communicating and were "straight on the phone" to inform them of what had happened and also what they were putting in place to improve safety. We saw physical restraint was used as a last resort with non-physical intervention such as distraction and re-direction encouraged and promoted.

Safe staffing levels were maintained to ensure people's safety and wellbeing as well as to enable people access to regular stimulation. People had contracted hours of support agreed with the local authority. Discussion with staff, managers and relatives revealed no concerns over staffing levels and everyone said people always received their allocated hours of support. During the inspection we saw the home was appropriately staffed and staff were vigilant in ensuring people were supervised in line with their plans of care. Whilst the home had recently experienced a number of support worker vacancies, cover had been provided from existing staff working extra hours. The majority of these posts had now been filled and new staff were completing their induction.

We reviewed staff files and found safe recruitment procedures were in place to ensure new staff were of suitable character to work with vulnerable people. New staff were required to complete an application form and attend an interview. Successful candidates had to await the results of references and a Disclosure and Baring Service (DBS) check before starting work. New staff confirmed the required checks had been carried out in line with the providers recruitment policy. Following induction, new staff were subject to a six month probation period to ensure they remained suitable for the role.

The premises was safe and suitable for its intended purpose. People had access to three communal lounges where they could spend time as well as a spacious dining room and kitchen. There was also a large garden area with a pleasant view. The variety of communal spaces available allowed people the opportunity to spent time either with others or alone. Whilst the building was safely maintained, we did identify the carpets in the hallway and one of the bedrooms were worn, stained and required replacing. Discussions with the registered manager revealed that new carpets had been ordered and were awaiting fitting by the service's approved contractor.

Features were installed on the building to ensure it was kept safe. For example window openings were restricted to reduce the risk of falls and the temperature of hot water outlets regulated to reduce the risk of burns. Regular checks took place on building including to the gas, electric and water systems to ensure they remained safe. A fire risk assessment was in place, detailing how the service reduced the risk of fire. Clear personal evacuation plans were in place which provided staff with guidance on how to safely evacuate each person. Staff had received fire evacuation training and drills had been carried out to help ensure staff were confident on how to do this.

The service had achieved a five star rating from the Food Standards Agency. This is the highest rating that can be awarded and showed that food was stored and prepared in a hygienic environment. We found the building to be clean and free from odour. Infection control procedures were in place and staff had access to personal protective equipment (PPE).

Medicines were safely managed. All staff received training in medicines management and had to be signed off as competent following observation and questioning before they were able to administer medicines. We observed a person centred approach to medicine administration with people provided with their medicines individually at a time that suited them. We spoke with the deputy manager about people's medicines. They demonstrated an in-depth knowledge of the medicines management system, including the amount of medicines left in stock. This gave us assurance that there was good oversight and monitoring of the medicines system.

The support people needed with their medicines had been assessed and people had clear medicine profiles in place providing staff with guidance on how to support people safely. Medicine administration records (MAR) were well completed clearly showing the support people had been provided with. Stock balances of medicines were checked daily to ensure all medicines were accounted for. We checked a selection of stock balances which matched with what records stated should have been present. This evidence provided us with assurance people had consistently received their medicines as prescribed. Medicines were stored securely within locked cabinets.

Where people were prescribed "as required" medicines protocols were in place to support their safe and minimal administration. For example one person was prescribed Lorazapam which is used to treat anxiety. Staff demonstrated that giving this was a last resort to manage anxiety, and non-pharmacological techniques to calm the person's distress were preferred.

Good

Is the service effective?

Our findings

Overall we found staff had the right skills and knowledge to care for people effectively. Relatives we spoke with were generally positive about the staff that provided care and support. One relative said, "They are effective, they are good at managing behaviour and nipping it in the bud before it escalates." Staff demonstrated a broad range of knowledge about the people and topics we asked them about. It was clear staff understood people and how they liked to be cared for. This assured us that effective care was provided. Staff told us they felt well supported by management. They received regular supervision and appraisal both to address any performance issues and help ensure their developmental needs were met.

Staff received a range of training which was provided in face to face sessions by dedicated training staff. New staff received a comprehensive induction. This included an introduction to the building and fire procedures, a period of shadowing existing staff and a range of induction training. We spoke with a new member of staff who confirmed this process had been followed. We saw they were being slowly introduced to people who used the service in a managed way to reduce any anxieties or distress. Staff new to care completed the Care Certificate. This is a government recognised scheme which provides the necessary training to equip people new to care with the necessary skills to provide effective care and support Staff described the training and support as "really good."

Staff received regular updates in training. This included 'Managing actual and potential aggression' (MAPA) training, epilepsy, safeguarding, medication, communication and equality and diversity. Training was supported by competency assessments in topics such as medication and fire as well as direct observation of care practice to ensure staff retained skills. We saw these were meaningful, for example staff had failed competency assessments and had to resit them. Some staff had received specialist training from external health professionals within the council and local NHS trust. This included end of life care, Makaton, safeguarding and level 1 and 2 courses in nutrition, and autism.

Two relatives told us they thought some staff required more skills in caring for people with autism. We saw around 50% of staff had currently received autism training. The registered manager showed us plans to ensure all staff had received this training by September as part of service development to achieve autism accreditation with the National Autistic Society. Plans were also in place to provide additional intensive interaction training for staff. This teaches staff the advanced communication skills and assists in interpreting body language as well as understanding the structure of conversations. Our discussions with the registered manager gave us assurance this training would be provided.

People had access to a range of food to help ensure they maintained good nutrition. People were involved in the selection of meals and a menu was produced, ensuring it both met individual preferences whilst at the same time providing a suitably balanced diet. If people did not like the food on the weekly menu, alternatives could be provided. People were encouraged to be involved in the sourcing of ingredients from the shop and preparing of food to help promote their independence. During the inspection we saw people were provided were appropriate support to eat enough and keep hydrated. People's weighs were regularly monitored. Where weight loss was identified, we saw close liaison took place with external professionals to

investigate the causes. Their advice was recorded and used to update plans of care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Where people lacked capacity and it had been assessed that the accumulation of restrictions placed on them amounted to a deprivation of liberty, appropriate DoLS applications had been made. Applications had been made for all four people living in the home with one application recently authorised. We saw there were three conditions attached which the provider was either meeting or working towards. The other three applications made were awaiting assessment by the supervisory body. We saw care and support was provided in the least restrictive way possible with people encouraged to go out and maintain links with the local community. Physical restraint was used as a last resort, with distraction and diversion techniques prioritised.

Staff and management had received training in the Mental Capacity Act (MCA) and we saw the service was acting within its legal framework. Where people lacked capacity to make decisions for themselves, best interest processes were followed. For example with regards to finances or medical interventions.

Professionals and relatives we spoke with told us the service was very good at noticing changes in people's health and making appropriate referrals to health professionals. One relative said, "They are excellent at helping attend health appointments." and another relative said, "The joined up care with the health professionals has been great, the really handle medical needs well going above and beyond to arrange and co-ordinate things." We looked at their relatives care records and saw a great deal of thought and planning had gone into co-ordinating planned medical investigations and procedures over the summer period to help ensure a number of procedures could take place at once to reduce distress and disruption to the person. Advice from health professionals was recorded in plans of care to assist staff in providing effective care. Each person had a speech and language therapist assessment to help staff communicate effectively with people. The service also had access to a behavioural therapist who worked within the provider. They reviewed behavioural incidents and provided advice to help develop detailed behavioural care plans. People with learning disabilities should receive annual health checks to assess any deterioration in their health. We saw the service supported people to attend these checks in a timely manner.

Each person also had a health action plan, providing information on the support they needed help keep healthy. At the time of our inspection they were in a transition phase and being transferred to new documentation and as such were not yet fully populated. The registered manager told us they would prioritise this over the coming weeks. Hospital passports were also in place, a document summarising people's care and support needs which could be given to the hospital should they be admitted. This aimed to reduce distress and ensure people's care needs were known by hospital staff.

The building had been suitably adapted for people based on people's individual preferences and needs. For example one person did not wish to have curtains up in their room. Tinted film had been placed on their windows to ensure their privacy was still maintained. A sensory room was in the process of being created on

the top floor of the home to accommodation people's sensory needs.

Good

Is the service caring?

Our findings

Relatives spoke positively about staff and said they were kind and caring and treated people with dignity and respect. Nobody raised any concerns about the attitude or behaviour so staff. One relative said, "The key worker had been brilliant to him, very impressive." Another relative said, "People who work here care a lot and put a lot of effort in, they are very dedicated." With staff support we asked two people about their experiences at Moorfields. They both responded positively about staff.

We observed care and support within the home and found without exception staff treated people well and demonstrated they were dedicated to providing kind and compassionate care. There was a person centred approach within the home with activities and daily routines based around people's individual likes and preferences. We saw staff providing gentle encouragement to assist people using a mixture of verbal and non-verbal communication techniques. Staff provided comfort to help calm any anxieties or distress.

Systems were in place to promote good positive relationships between staff and people. Each person had at least one designed key worker who worked closely with the individual and their families and was responsible for providing an overview of their care and support. Key workers were matched with people based on rapport, interests and other characteristics gained from people's one page profiles. Whilst we saw some good relationships had developed between people and staff, some relatives told us they were concerned about staff turnover and how this was a barrier to the development of lasting relationships. We noted there had been a considerable turnover of staff with six of the 16 current staff starting work in the last year. The registered manager told us that following a recruitment drive there had been an influx of new starters but they now hoped the stability of the team would be maintained. New staff were also being gradually introduced to people to reduce any anxieties.

Care plans focused on helping people maintain independence around the home for example assisting with shopping, and making drinks. During the inspection we saw people encouraged to make drinks and help out around the home. Staff demonstrated they were committed to this approach, citing examples of how they had increased people's independence. Independence and people's goals were reviewed on a monthly basis through key worker support meetings.

People were encouraged to maintain links with their families through regular contact. For example, the service assisted with transporting people to go and visit their relatives. In addition, they supported people to interact with parents via other means such as internet video chatting. Relatives we spoke with said the service was good at helping them maintain links with their loved ones. They said they felt involved and were always informed if there were any changes to their relatives condition or any incidents.

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. We saw the service was acting within the Equality Act and for example, made arrangements to support people meet their spiritual needs. We saw no evidence to suggest anyone who used the service was discriminated against and no one told us anything to contradict this

Staff supported people to make their own decisions and choices with regards to their daily living and routines. People's communication needs were assessed and clear plans put in place to enable staff to effectively communicate with people. These provided clear guidance on how people would communicate information and their individual choices. Each person had also been assessed by speech and language therapy to provide more detailed guidance to staff on how to communicate effectively with them. During the inspection, we saw staff interpreted people's speech and body language effectively to establish what people wanted to do or talk about. Tailor made communication techniques were used with people to promote choice and understanding. For example a picture book had been made up with symbols of foods, activities and other daily living choices. This was used to establish the person's needs and choices as they could not verbalise their choices.

A person centred approach was practiced within the home. People were able to get up and go to bed at a time they wanted, undertake activities that met their preferences and eat when they wanted to. We saw medicine support was provided around people's daily regimes. People were involved in important decisions, and had been supported to choose the décor and furnishings in the building.

The service supported people to access Independent Mental Capacity Advocates (IMCA's) where appropriate. For example one person had no family and as a result an IMCA supported them during care plan reviews and if any important decisions needed to be made.

Good

Is the service responsive?

Our findings

Relatives told us the service provided good quality care that met people's individual needs. One relative told us. "[Person] has really improved since being here due to the effort put in by staff." This view was also shared by health professionals we spoke with. One professional told us the service had worked really well to ensure one person was properly settled and well cared for.

People's needs were assessed prior to using the service. This was used to populate detailed plans of care which covered a comprehensive range of areas of care and support. These detailed people's preferred daily care regimes, described what a good day looked like for them, and what staff needed to do to make this a reality. Care plans covered people's healthcare needs, personal care, supporting them to make choices and social opportunities. We saw these contained a good level of detail which had been obtained through spending a lot of time with people and getting to know them well. A health professional told us they were impressed with how comprehensive and detailed care plans and the daily care notes completed by staff were. Staff we spoke with were familiar with people and their plans of care giving us assurance that care plans were routinely followed. Care plans were subject to regular review and people and their relatives were involved in annual review processes. Relatives we spoke with said the management of the service was good at communicating any changes in people's needs.

The service assessed people's spiritual needs and helped people access appropriate religious services if required. For example one person who lacked capacity had previously gone to church before they lived in the service. Through a best interest process, it had been determined that the person should be supported to access the church. Staff had reviewed the person's body language and concluded that they continued to enjoy the activity. This opportunity had led to them developing friendships with others in the local community.

People received regular activity and interaction to help ensure their needs were met. Relatives praised the activities and opportunities available to people. One relative told us that they thought activities had reduced the number of incidents of behaviours that challenge. Another relative said "The great range of activities available is something I really like about the service." People had weekly activity planners in place which provided a range of activities matched to people's preferences on a daily basis. This included trips out to a disco, swimming, shopping, walks and going out for lunch. People using the service accessed other facilities run by the provider. For example one person made use of a computer room at another local service and another person accessed a sensory room. A spare room in the house was currently being developed as a sensory room so this activity could be provided in-house in the future. Alongside regularly weekly activities, people were supported to go on holidays and trips out to places such as the coast. Earlier in the week two people had enjoyed a trip to Morecombe. Staff we spoke with told us they thought people had access to a good range of activities and staffing levels were almost always maintained to allow all activities to take place.

People had monthly key worker meetings. These provided a comprehensive review of the person, their health, activities and whether they had achieved their goals over the last month. Any concerns were noted

and discussed with management and people's families. This was a key mechanism to help ensure responsive care was provided. The service was always looking to enhance people's social activities through helping people to solve transport solutions and supporting positive risk taking whilst in the community.

Whist people's goals were set and reviewed the way care records were organised made it difficult to track and evaluate people's progress in achieving long term, independence increasing goals over time. We spoke to the registered manager about how it would be valuable to make this clearer to help evaluate overall organisational performance.

Relative said the registered manager was approachable and they felt able to raise any issues or concerns with them. The provider had a central complaints team to independently investigate any complaints away from the service. We saw no recent complaints had been received about the provider. However we were assured through our discussions with relatives and the manager that they would take effective action to address any concerns people raised.

Good

Is the service well-led?

Our findings

Overall relatives and the health professional we spoke with were very positive about the service and said it provided high quality care that met people's individual needs. One relative said "I would give it 8/10, the best we are going to get in the area."

A registered manager was in place. They along with the deputy manager were very knowledgeable about the service and the people that lived within it. We saw the management team practiced a person centred approach to care ensuring that the staff team worked around people and their individual preferences and routines. Relatives we spoke with were positive about the registered manager and said they were approachable and they felt able to raise any concerns with them. One relative said, "The manager has been spot on."

Staff told us morale was good and they enjoyed working at the service. Staff said they felt well supported by the management team One staff member said they "really enjoyed working at the service." Staff said they had good support from management.

Systems were in place to assess, monitor and improve the service. This included a range of audits and checks. A series of weekly and monthly checks were also undertaken by management and senior staff. For example checking people were weighed on time. Environmental and health and safety checks also took place.

The manager completed a quarterly audit book which assessed quality, against the Care Quality Commission standards to ensure a comprehensive range of areas were looked at. We saw these audits were effective in identifying and rectifying areas for improvement. In addition, the operations manager completed a quarterly audit to ensure the service was performing to the required standard. An annual service review was also conducted by head office. We looked a the last results from October 2016 we demonstrated a high performing organisation with a score of 92% overall. These audits resulted in the production of a consolidated action plan for the manager and staff to work through. We saw the registered manager was working through this action plan signing off actions as they were completed.

Any accidents and incidents which occurred were logged on an electronic system which allowed detailed analysis to take place for any trends or themes. If high risk or impact incidents occurred, staff from head office became involved to ensure the appropriate expertise was available to ensure the incident was managed appropriately and the required lessons learnt and shared. We saw an example where following an incident, changes had been made to the provider's ways of working on a regional level, to help prevent a re-occurrence.

Monthly team meetings were held. These talked through each resident and any changes needed to their care and support regimes as well as being a mechanism for addressing quality issues. This helped ensure any shortfalls in care and support were promptly identified. In addition, monthly management meetings were held. These were an opportunity to review and events that had occurred in the service, such as

incidents/accidents and safeguarding and share any good practice across the organisation.

We saw the management team were committed to further improvement of the service. For example the service was working towards autism accreditation with the National Autistic Society which would ensure staff received a greater level of training and support and allow the service develop expertise in this area.

Quality questionnaires were sent to relatives and staff on an annual basis. We looked at the results from 2016 which were mostly very positive. These had been analysed and clear actions had been put in place to address any negative comments, demonstrating a service committed to continuous improvement. Other methods were in place to seek people's feedback on the service, these included regular key worker meetings where people's needs and preferences were established to help improve their care experience.