

Moorlands Rehabilitation (Staffordshire) Limited

Harewood Park

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

We inspected this service on 17 November 2016. This was an unannounced inspection and was the first inspection of this service under our current inspection process to provide a rating for this service.

The service was registered to provide support and nursing care for up to 37 people who may have a learning disability or mental health condition. There were 34 people living in the home at the time of our inspection. Seven people lived in a cottage adjacent to the main service and were being supported to gain life skills to enable them to live independently.

The service had a 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.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for, to protect them from harm.

The staff were friendly and professional in their approach and spoke confidently with people. People were happy with the support they received from staff who had the knowledge and skills to provide safe and appropriate care and support. People could make decisions and chose how to spend their time; staff knew how to act if people did not have the capacity to make decisions and where restrictions were placed on people, applications had been made to ensure these were lawful.

Staff ensured that people were supported to maintain their dignity and respected their right to privacy. People were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed. People's preferences were considered and incorporated into their support plans. There were regular reviews of people's care to ensure it accurately reflected their needs.

People were supported to eat meals of their choice in a pleasant sociable environment. People's health and wellbeing was monitored and the support of healthcare professionals was sought whenever specialist advice was required.

People, staff and external professionals were happy with the way the home was managed. People were involved in giving their views on how the service was run and there were systems in place to monitor and improve the quality of the service provided. When people or their relatives raised concerns or complaints there was an investigation followed by a detailed response.

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.

People were kept safe and the risk of harm was minimised because the staff knew how to recognise abuse and respond to allegations or incidents. People received their medicines as prescribed and medicines were managed safely. There were enough staff to provide care and support to people when they needed it; necessary recruitment checks had been carried out to demonstrate staff were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training and supervision so they knew how to provide support for people. People made decisions in relation to their care and support and staff understood when restrictions to people's liberty were required, how to safely support them. People were supported to eat and drink what they liked and their health was monitored and responded to.

Is the service caring?

Good ●

The service was caring.

People were listened to and staff cared for them in a way they preferred. People's emotional needs were recognised and responded to by a staff team who cared about the people they were supporting. Staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and supported to have a social life and to follow their interests. People could raise concerns and staff knew what to do if issues arose.

Is the service well-led?

Good ●

The service was well led.

People and staff were involved in giving their views on how the service was run. The management team were approachable and there were systems in place to monitor and improve the quality of the service.

Harewood Park

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.

This inspection took place on 17 November 2016 and was unannounced. Our inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has a particular experience in this type of service.

We checked the information we held about the service and provider and 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. We also reviewed other information about the service such as notifications they are required to submit to the Commission. This included information about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We spoke with 14 people who used the service, five members of care staff, one member of the house keeping team and the registered manager. We gained the views of commissioners of the service, a psychiatrist and a GP. We did this to gain people's views about the care and to check that standards of care were being met.

We observed how the staff interacted with people who used the service. We looked at five people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People felt safe and were supported by staff to keep well. One person told us, "I know the staff are here to help us and they do a good job. Sometimes one of us can get upset about something but the staff are really quick to help." Another person told us, "I get on really well with people here. We sometimes have arguments but that's normal. I'm not worried here, it's nice to feel safe and protected as I'm not ready to live on my own. Here I get time to get back on my feet without having to worry about everything." People were able to have a key to their bedroom and personal property was protected. One person told us, "I can lock my room so all my things are safe. At night I chose not to be disturbed by staff and the staff don't unlock my door; I didn't want them checking me all night. I need to get some sleep."

People were supported by staff who recognised the signs of potential abuse and understood how to protect them from harm. Staff had a good knowledge of how to recognise the signs that a person may be at risk of harm and knew how to raise these concerns. One member of staff told us, "I did my first safeguarding training on my induction and learnt about what abuse was and what we should do. I'm a straight talking person and I'd definitely report anything that I saw and I'm confident the manager would support me." Another member of staff told us, "Communication is very good here. If there are concerns about people, or people need to be protected, then we know about it so we can take preventative action. We are here to make sure people are well and safe and that means we need good communication."

Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks. Staff understood how to support people and had an in depth knowledge of how to keep people safe. For example, some people were at risk of self harming and staff explained how people may behave or show signs of anxiety which could lead to this behaviour. One member of staff told us, "We have to see what's happening and interpret this; it's not just a case of glancing around. We have developed really good relationships with people and that helps us to recognise where people may need extra support." People were involved with the development of their support plan and had recorded their agreement with any intervention. One person told us, "I know there are consequences for some of the things I do but the staff sat with me and we talked about how they could help me when I think I might do something and hurt myself."

People received the care and support they needed in a timely way. People told us there was always a member of staff available if they needed support. One member of staff told us, "We work together well as a team. I know we all have our part to play but if something needs doing, then it's done to make sure people get the care they need when they want it." We saw staff were readily available to support people when they needed or requested it and staff were also available to go out with people and provide transport when they wanted to come home.

People were supported by staff to take their medicines at the right time and medicines were administered by nursing staff. We observed a member of staff administering medicines to people and saw they followed safe practices. Staff received training in the safe handling and administration of medicines and had their competency assessed. Information was available to identify where people needed 'as required' medicines

(PRN). One member of staff told us, "We have very clear guidelines with PRN medicines and have good support from the doctor and health care staff." One person told us, "I'm on mood stabilising drugs which help me to manage how I feel. The doctor comes here to visit me and we review my medicines and whether we think they are still working well for me." Another person told us, "The staff know me really well and are really supportive. If I'm feeling low they always seem to know. I can talk to them or ask for more tablets if I think that's what I need." We spoke with a visiting GP and psychiatrist who confirmed they were satisfied with how people's medicines were managed and this was reviewed to ensure it met their current needs.

People were supported by staff who were fit and safe to support them. Before staff were employed the registered manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. One member of staff told us, "I had a police check before I started working here. I couldn't start until everything was clear."

Is the service effective?

Our findings

People were supported by staff who were trained to support them safely. One member of staff told us, "When I started working here I had an orientation and an induction. If anything was bothering me I just spoke to the manager. All the staff team are really supportive so if there was anything I was worried about I could also ask any of the staff, and I still feel that way." When staff completed the care certificate they told us they had a mentor who could support them to complete this. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "It's nice to have developed a good relationship with your mentor. When you are new it can be difficult, having a mentor helps with the care certificate but also helps you settle into your new job."

The service also provided placements for student nurses to work with people. One member of staff told us, "Students have a supervisor and are observed working with people and given opportunities to develop the skills and competencies they need to qualify as a nurse. This is a good place to train and we deliver excellent care." One student told us, "The staff have given me lots of support and the information they provide me with is second to none." Another member of staff told us, "The qualified nursing staff are excellent. If people have a specific condition that we don't know about then they spend time with us and help us to understand. We don't always go on courses about but discuss it in the home. If there's anything at all we are uncertain of, then we can get more support."

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 were supported to make decisions on a day to day basis. We observed people decide how and where they spent their time and made decisions about their care and support. Where staff identified that people may not have capacity to make a specific decision, capacity assessments were completed. Staff understood that people's capacity may change, for example if they were unwell. One member of staff told us, "If we think people's capacity changes then we would do more than one assessment on different days. We want to make sure that we are making the right judgement about people's capacity."

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. The application 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. Some people were under a community treatment order (CTO); a CTO allows people to leave hospital and be treated safely in the community rather than hospital and may mean that people have to keep to certain conditions in the community.

Staff knew when people had restrictions and understood the impact this had for people. One member of

staff told us, "When someone has a DoLS or CTO where there are any restrictions, we are informed about this and a copy is in their records. We can see what restrictions there are and how we need to support people." Another member of staff told us, "Some people have restrictions and shouldn't go out alone. If they try to, we are not able to restrain them; we need to take action to make sure they are safe. This may be by going out with them. We don't have a locked door so if people choose to leave and are missing, we report this to the police as we need to make sure they are safe."

People were supported to eat and drink and told us they had enough to eat. One person said, "The food here is always good and I like to have a good tea. If I'm hungry later then I can get a snack." Where people have specific dietary preferences, we saw food was prepared in accordance with their wishes. For example, one person told us, "I prefer to have poached fish instead of battered and the staff know this and it's always done for me." People were supported to learn to prepare and cook meals and one person told us, "Once a week I cook a meal for myself. It's up to me what I chose to cook. The staff help me to prepare and cook everything. I think I'm getting better and know If I move to my own place then I need to learn to cook for myself." People living within the cottage were independent and completed the shopping, preparation and cooking of all meals. One person told us, "We tend to take it in turns and cook for each other. It works out well this way and makes our money go further which is good too. We have to learn to be responsible for budgeting and cooking. It helps us to prepare for when we have moved out."

People were supported with their day to day healthcare and attended appointments to get their health checked. A GP visited the home and people were able to request to see them. One person told us, "It's good that they come here so if something's bothering me I can ask to see them without having to go to the surgery." People also benefited from the support of a visiting psychiatrist. One person told us, "We've gone through my tablets and seen if I needed them anymore. I can tell them what I'm feeling and talk to them about what's happening so I can feel better." We saw there was a range of other external health professionals involved in people's care, and people told us they had checks for their eyesight and visited the dentist. One person said, "I can make my own arrangements if I want to. It's up to me if I tell the staff but I like to so they know where I am and if anything is the matter." The care records included details of who people wanted any information shared with and they recorded their consent.

Is the service caring?

Our findings

People were happy living at the service and told us the staff helped them. People were positive about the staff and how they were supported and comments included; "I am very happy and content being here at this service the staff go above and beyond their duties to make us happy." "I find the staff very caring and compassionate," and "I describe my care as excellent and the staff are always there when you want a chat."

We observed staff interactions with people and we saw staff were kind and caring to people when they were supporting them. People were relaxed and comfortable with staff and one person told us, "The reason I am happy is that I'm being well looked after. The staff will go the extra mile and put a smile on my face." And "The staff are caring and are very good at their job. If we are upset or distressed they will always take time to speak with us." Observations and discussions with staff showed that staff clearly knew people's needs and preferences. We saw in people's support plans that their preferences for how they were supported were recorded, along with their likes, dislikes and what was important to them.

People were supported to have their privacy and were treated with dignity, and told us they felt staff were courteous. We observed people were treated as individuals and staff were respectful of people's preferences. Staff were mindful not to have discussions about people in front of others and they spoke with people respectfully. Staff enjoyed working in the home and one member of staff told us, "I always tell people, you live here. We come to work here so we can support them. What I like about it here is that people are like one big family." Another member of staff told us, "I'm very passionate about what I do. I don't do half a job. People here are like family to me."

People had choices about how they wanted to be supported and spend their time. For example, where people wanted to stay in bed and get up late, this was respected. People were able to choose how to dress and people had their own individual styles, they could wear makeup or grow a beard. One person told us, "I choose my own clothes and how I want to look." People could choose to smoke and there was a large covered area in the garden for them to use. One person told us, "We go outside and we call it the smoking shack. We take it in turns to clear it out. There's enough space in there and it's alright. We don't smoke inside the home because of the fire risk and we know this. I've never known anybody be silly about this." People had information about advocacy service should they need this to help make choices and decisions about their life. Advocates are trained professionals who support, enable and empower people to speak up. One member of staff told us, "Where people have chosen to have an advocate they've helped them to discuss what they want from us and how they want to be supported."

People were supported to be independent. People who lived in the cottage were learning about how to be independent and were making plans to move out to their own home. One person told us, "The cottage is more about becoming independent and getting ready for getting your own property. We do all our own washing, cooking, cleaning and even the ironing. I feel much more prepared for moving out than I did when I was in the main house. This has really helped." Other people in the main house were also provided support with living skills. One person told us, "I do all my own washing and ironing and the staff look after me when I'm bathing and showering. I want to go and live on my own and they are helping me to do this."

Is the service responsive?

Our findings

People were involved with a range of activities according to the interests. One person told us, "I like to go to the patchwork club. There's only a few of us that go there and I really enjoy it." Some people chose to spend time alone. One person told us, "I like listening to my music. It helps me to balance my moods." There was a large garden and a professional gardener visited the service each week and supported people to learn about and grow fruit and vegetables. One person told us, "I love doing the gardening and we also do hanging baskets and I enjoy making Christmas wreaths."

People went out alone or with friends, and one person told us, "I have a bus pass and If I want to go anywhere I can. I write my name on the board so all the staff know I've gone out. If I'm going to be late home though I'd take a taxi rather than use the bus." We saw people were responsible for their own personal money and went shopping. One person told us, "The shops aren't that far. I like to go out every day I get my own things. I always ask my friends if they want anything because not everyone wants to go out. It's nice to help others."

People were supported to develop their education and work skills and staff had supported them to look for a voluntary placement. One person told us they enjoyed having a job and working. One member of staff said, "We support people with what they want to do and achieve. Some people choose to work in a volunteer capacity and this is great work experience and helps them to learn the skills they need for work and gain confidence in their own abilities."

People were involved in planning and making choices about their care and support. We saw people had been involved in developing their support plan and signed these to evidence their involvement. Where people's needs had changed the support plans were adjusted to reflect their changing support needs. The reviews included all aspects of the person's care and support and what had happened in relation to the person's physical and mental health during the previous month. One person told us, "We can tell the staff what we want. We sit and talk about it and if we don't agree then we change it and I only sign it when I'm happy." Another person told us, "At my review we talked about starting a memory board with me so I could remember what I was doing and didn't feel so worried. I've found that this has really helped me and we talk about how I've been doing and I like doing it this way."

People knew what to do if they had any concerns. One person said, "If I wanted to make a complaint I'd prefer to raise it with my community nurse and then we could all talk about it together. I know if I wasn't happy with what they said I could take it further but there's never been anything I've needed to complain about." Another person told us, "We all have a copy of the complaints procedure and there's a copy on the notice board. The staff ask us if we are alright so we can tell them if anything is bothering us." We saw there had been a small number of complaints received by the provider who had investigated these and recorded the outcome of any investigation.

Is the service well-led?

Our findings

There was a registered manager in post and people knew who they were. We saw people responded positively to the registered manager when they were speaking with them and one person told us, "I can talk to them about anything, whatever is bothering me. They listen and try and help me; they're very nice." Another person told us, "They've been really positive about the future. I can get a bit depressed but they talk to me about what's happening which is good for me."

People who used the service, relatives and professionals who were involved with the service were given the opportunity to comment about the quality of the service. The results were analysed and used to make improvements within the service. Results of the survey were given to people and discussed at people's meetings. One person told us, "They ask me what I thought about this place and whether I was happy. I told them, this is my home. I like living here and everyone is friendly. I don't think they could do anything that would make things better for me."

There were meetings held for people who used the service so the provider could capture their views and get their suggestions and choices. One person told us, "We had a house meeting on Monday and we talked about what we all wanted to do for Christmas. We talk about what's bothering us too so we can sort it out." Staff were also provided with opportunities to meet together and one member of staff told us, "We have staff meetings and meet with managers individually. We can suggest different ways of doing something. For example, we raised that people needed more choice in their evening meal and some people didn't want a big meal. They listened and now people get a greater choice." This showed the provider listened to what people and staff had to say to make improvements within the service.

The staff worked well as a team. One member of staff told us, "We are all part of one team whatever our role. I certainly feel able to speak about what is good and what needs to be done here to make things better. We all want the same thing and work well together to make sure people received good support. I feel lucky to be working here." Another member of staff told us, "What makes things even better here is that it's always reinforced that this is people's home. We come to work here but they live here and we are reminded never to forget that. The manager and the staff are all here to support people and it isn't just a job to us."

There were systems in place to monitor the quality of the service in relation to the environment and the overall safety. Care audits were completed to review whether records reflected people's actual support needs and had been amended when needs had changed. Accidents and incidents were reviewed. When incidents had occurred these were analysed and the action plan identified the improvements that were made to reduce potential further harm. The audits demonstrated that the registered manager used this information to monitor service delivery and used them as a tool to drive improvements.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.