

# The Percy Hedley Foundation

# Moor View

## Inspection report

Northern Counties Site  
Tankerville Terrace  
Newcastle Upon Tyne  
Tyne and Wear  
NE2 3AH

Date of inspection visit:  
31 July 2018

Date of publication:  
23 August 2018

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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

The service was inspected on 31 July 2018 and was an announced inspection. Moor View 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 home provides accommodation for up to thirteen people with a learning or physical disability. On the day of our inspection there were ten people using the service.

Moor View has three locations across the same site. The largest Tyne House service, and two smaller services of Moor View and West Cottage that have all been adapted to meet the needs of the people living there. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager had an office at Tyne House but was a regular presence at all three services on site.

Moor View was last inspected by CQC in February 2016 when the service was rated as Good. At this inspection we found the service remained Good and met all the fundamental standards we inspected against.

We saw that medicines were not being stored according to NICE and Royal Pharmaceutical Society guidelines. Guidance stated that medicines stored at room temperature should be at 25 degrees or below to maximise their effectiveness. On the last three weeks of recording prior to our visit, the temperature had exceeded 25 degrees each day and on one day had been 33 degrees. The registered manager had already raised this as an issue with the provider via her quality checks.

We discussed that risk assessments should ensure that any restrictions put in place such as straps for wheelchairs should be fully documented with the risk identified and measures to reduce the impact. Other risk assessments around the environment were in place.

We saw people's medicines were administered to them in a safe and timely way by competent staff.

Family members told us they felt their relatives were safe and there were sufficient staff to meet people's needs. Following recruitment, there was now a stable staff team and we saw that people were supported consistently.

Checks were made to ensure the environment and equipment was well maintained and safe.

The records we viewed and interviews with staff showed us that people's health was monitored and referrals were made to other health care professionals where necessary, for example: wheelchair services and other specialist healthcare professionals.

Staff told us they felt well supported in their role; they received an induction and training. Staff members spoke of good team work.

People had choice and control of their lives and staff supported them in the least restrictive way; the policies and systems in the service supported this practice.

Staff were aware of the importance of supporting people with good nutrition and hydration. Relatives we spoke with told us people with specialist diets were well supported. We saw that people were encouraged to shop for and prepare their own meals with staff support where they were able.

People had access to healthcare services, in order to promote their physical and mental health. We saw that people were supported to have annual health checks and to attend health screening appointments.

The premises were homely and suitable for people's needs. People were involved in decisions about the decoration and the provider had taken steps to make the environment more accessible in response to changes in people's needs.

There were detailed care plans in place, so that staff had information on how to support people with their routines. We discussed with the registered manager to ensure the detailed monthly reviews were linked to outcomes within the care plans to show how the service supported people to achieve their goals and aspirations.

People were able to take part in a range of activities of their choosing and which were meaningful to them. People were supported to play an active role in their local community, which encouraged their independence.

There was a complaints procedure in place, should anyone wish to raise a complaint. There were opportunities for people to raise concerns through meetings and discussions with the staff team. Staff knew how to access advocacy services' if they needed them.

There was a quality assurance system, which enabled the provider to monitor the quality of the service provided.

We received positive feedback about the registered manager, staff and the service as a whole. Comments from relatives, staff and other professionals indicated there was a positive, person centred culture within the service.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Moor View

## 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 was a comprehensive inspection and was carried out by one adult social care inspector.

This inspection took place on 31 July 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location was a care home for younger adults who are often out during the day. We needed to be sure that they would be in when we visited.

Before the inspection we reviewed other information we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send to CQC within required timescales. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we met with six people who used the service, most people had very limited verbal communication so could not respond to questions we may ask. Everyone we observed appeared happy and could make their needs known to staff. We spoke with the registered manager, deputy manager and three support workers. We also spoke with three relatives of people who used the service. We looked around the service and viewed a range of records about people's care and how the home was managed. These included the care records of three people, including their medicine administration records (MAR). We reviewed four staff recruitment files, training records, and records in relation to the management of the

service. We observed how staff interacted with everyone who lived in the home.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe.

Relatives we spoke with told us they felt the service kept their relatives safe. One relative we spoke with said, "I have never had any concerns. I can go on holiday and know [Name is safe]." We observed staff using safe working practices when supporting people with moving and handling support and when supporting people to eat and drink.

We saw that medicines were not being stored according to National Institute of Clinical Excellence (NICE) and Royal Pharmaceutical Society guidelines. Guidance stated that medicines stored at room temperature should be at 25 degrees or below to maximise their effectiveness. On the last three weeks of recording prior to our visit, the temperature had exceeded 25 degrees each day and on one day had been 33 degrees. The registered manager had already raised this as an issue with the provider via her quality checks.

We found appropriate arrangements were in place for the safe administration of medicines. We checked medicine administration records and observed people being given their medicines. Staff had received training in the safe handling of medicines and had regular checks to ensure they remained competent to administer medicines.

People who used the service had basic risk assessments that did not always fully describe potential risk. For example, a healthcare professional had advised for one person to use a leg strap on their wheelchair to prevent them banging their legs together. This was a restrictive practice. We did not see a risk assessment to show how this risk could be managed safely. One of the senior care team addressed this on the day of our inspection.

There were sufficient numbers of staff on duty to keep people safe and contingencies were in place to ensure that staff knew peoples' needs. People and their relatives told us there were always staff available when they needed them. New staff had been recruited to ensure there was a consistent staff team and agency staff usage was reduced. We observed that there were enough staff on duty to support people.

The provider had safe recruitment procedures in place which were thorough and included necessary vetting checks before new staff could be employed. For example, Disclosure and Barring Service checks (DBS) and references. These are carried out before potential staff are employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

We saw that the provider had policies and procedures explaining how staff should respond to whistleblowing and safeguarding concerns. Staff told us they knew how to recognise abuse, what action to take and how to report their concerns. Staff had received training in safeguarding and told us they were confident that the registered manager would act on any concerns they raised.

Risks to people's safety in the event of a fire had been identified and managed. For example, fire alarm and fire equipment service checks were up to date, fire drills took place regularly and people had Personal Emergency Evacuation Plans in place. Electrical testing, gas servicing and portable appliance testing records were all up to date. Equipment was checked and serviced and water temperatures were checked. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

The service had not had any recent accidents, incidents or safeguarding concerns, however, we saw that systems were in place to log these should they occur. We saw some historic accidents/incidents had been logged and followed up in keeping with the provider's policy. We also saw that staff meetings and handovers were used to discuss any practice issues and ways of learning from these.

Staff protected people from the risk of infection by following the provider's infection control procedures. We observed staff wearing personal protective equipment, such as gloves and aprons when delivering care. Relatives told us the service was clean and tidy and we observed this to be the case during the inspection.

# Is the service effective?

## Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective.

Relatives told us they felt staff had the skills and knowledge to carry out their roles. One relative told us, "The staff are well trained and tuned into people's needs." We observed people smiling and engaging with the staff team supporting them.

The registered manager explained they carried out assessments to ensure the service could meet people's needs and to ensure the mix of people at the service would live together. Staff also worked to support people in transition by working with them in their current placements. People also visited for tea and other short visits so they could familiarise themselves with the service and staff team.

New staff underwent an induction, which included spending time with other experienced staff; shadowing them to enable them to get to know the people, they were supporting. Staff told us, and we saw records to demonstrate, they were up to date with their training, including training to meet the specific needs of people living in the service, such as epilepsy and dysphagia (swallowing difficulties).

Staff told us that they felt well supported and that the registered manager and senior team were available on a daily basis if they needed to talk with them. We saw that staff had formal supervision meetings; supervision is a one to one meeting between a member of staff and their supervisor.

We discussed this with the registered manager who agreed that they should record significant conversations between staff and management as a way to monitor staff satisfaction, performance and development. We saw that the provider had started a new process for annual appraisals and supervisions for the forthcoming year, which the registered manager had started to conduct. This meant that staff felt supported and the provider was taking actions to ensure records reflected this.

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. We checked whether the service was working within the principles of the MCA.

People's care files had guidance for staff about asking for people's consent and we observed that staff asked for people's permission and agreement before assisting them with any support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Systems were in place to ensure appropriate DoLS applications were submitted to the assessing authority

and to monitor when these were granted.

We saw people were supported in relation to their nutritional needs. We saw pictorial menus and staff told us people were encouraged to choose menu items. Care records showed that people's weights were monitored and guidance was given to staff about people's dietary needs and preferences. One relative we spoke with said, "They follow [Name] special diet."

The service was designed to be as homely as possible and therefore any signage was kept to a minimum. The bathrooms and bedrooms were adapted to make them accessible, but consideration had been given to making these as minimal and as unobtrusive as possible. The home contained many personal items chosen by the people who lived there and photographs of people who used the service taking part in leisure activities.

# Is the service caring?

## Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring.

Relatives were complimentary about the staff team and described them as kind and caring. They said, "The staff provide lots of positive interaction and chat," and "The staff are very tuned into [Name], lots of them have been there a long time."

The staff that we spoke with showed genuine concern for people's wellbeing. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach. We saw staff sought the individual's views and engaged them in conversations about their day. Staff spent time chatting, encouraging, laughing, and joking with them.

Staff treated people with dignity and respect. We saw that staff took care in the way people were dressed and presented. For example, ensuring they were dressed appropriately for the weather and styling people's hair. One relative told us, "They respect his routines and don't make him go out on a night as he likes to go to bed early."

Care records described people's individual preferences and the choices they had made. Care records also provided important information about what people liked or what may upset them. For example, "Staff to be aware of weather as I don't like going out for walks if it is windy" and "I don't like loud noises."

There was visual information for people to support them in their communication plan and one young person had a chart with symbols to enable them to communicate with staff about how they were feeling that day.

We found that staff supported people emotionally. There had been a recent sudden bereavement at the service and it was evident the whole staff team and management were still grieving for this person and their family. We spoke with other relatives who told us, "It was impressive how they pulled together to support all the other residents at this time of loss."

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining relationships. Relatives told us people were supported to maintain relationships that were important to them. Staff told us family and friends were able to visit, at any time.

Staff knew how to access advocacy services but at the time of the inspection this was not needed. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive

We found that care records clearly detailed people's needs in relation to their routines and support they needed to mobilise and uphold their physical health. The monthly evaluation documents provided a more holistic view of the person, their goals and aspirations. We discussed with the registered manager how outcomes for people rather than just their support needs could be incorporated more fully into plans. This would enable the staff team to work to a plan that not just met people's needs but also incorporated their wishes and aspirations into one document. Following our visit the registered manager told us they had arranged a senior staff meeting to look at how they could improve plans to make them more person centred and outcome focussed.

We saw that care records were reviewed and evaluated every month and a full review took place at least annually.

We found the provider protected people from social isolation. People had individual activity planners in place and these were evaluated with them, for example whether people had been interested and had enjoyed the activity. Staff told us that activities were based around people's needs and likes as well as encouraging people to be involved in the day to day running of the service such as food shopping. People were supported to spend time with their family and friends and we saw the service undertook social events each year where people's friends and families were invited and made welcome. Relatives we spoke with expressed to us that this was a helpful support network.

We saw that people and relatives were provided with a copy of the complaints procedure in an easy read format using symbols and clear language. Relatives told us that the staff and registered manager were always open to suggestions, would actively listen to them and took action, when needed, to resolve concerns.

We saw that complaints were responded to fully by the provider and registered manager and that lessons were actively learnt and shared with the staff team if improvements could be made.

The service had recently experienced the sudden loss of a person who lived at the service. We saw that people had plans in place where appropriate and that the service had provided support to people, staff and relatives in relation to emotional support.

## Is the service well-led?

### Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of good. At this inspection, we found the service continued to be well-led.

Relatives and staff spoke positively about the service and thought it was well run. We observed the registered manager spent time with people using the service and engaged very positively with everyone. Staff we spoke with felt that team work at the service was good saying, "We are a varied mix of ages and skills and that's good."

Relatives we spoke with told us the service maintained regular contact with them and that they could speak with the registered manager or senior team if they needed to.

The registered manager and staff team told us the service enjoyed positive relationships with other community professionals. One staff member told us about a district nurse, "She is amazing and so responsive, they have worked with us for many years and we have a great working relationship."

Staff members we spoke with said they were kept informed about matters that affected the service. They told us regular staff meetings took place and that they were encouraged to share their views. We saw records to confirm this. Staff we spoke with told us the registered manager and senior team were approachable and they felt supported in their roles. One staff member said, "I am very comfortable in saying how I feel. I suggested about an arts and crafts budget and I was listened to and we now have a budget."

We looked at the arrangements in place for quality assurance and governance. The provider had a structured approach to governance and quality assurance. The registered manager carried out monthly audits where they recorded their observations on the environment, staffing, records and feedback from people, staff and professionals. Any areas for improvement were recorded in a quality improvement plan which recorded any progress on a regular basis. Any accidents and incidents that involved staff and/or people who used the service were monitored to ensure any trends were identified.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law. We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.