

Voyage 1 Limited

Moorfields Lodge

Inspection report

80 West Lane
Haworth
Keighley
West Yorkshire
BD22 8EN

Tel: 01535649230
Website: www.voyagecare.com

Date of inspection visit:
05 March 2020

Date of publication:
23 April 2020

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

Moorfields Lodge is a small residential care home providing personal and nursing care to four people with learning disabilities and autism at the time of the inspection. The service can support up to five people.

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.

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.

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

The ethos of the organisation was to enable people to have as much independence, choice and control as possible. We saw many examples of people leading the life of their choice and being able to influence that daily. Relatives told us without exception, how caring and respectful the registered manager and staff were not only to people living in the home but also their relatives. Staff went above and beyond to ensure people were able to communicate their wishes and 'have a voice'.

People's care records were detailed and personalised to meet individual needs. Staff understood people's needs and responded when needed. When people were not able to be fully involved with their support plans, family members and friends supported staff to complete and review people's support plans. People's preferences were sought and respected.

People had staff support to access activities and holidays. This was flexible and provided in response to people's choices. Staff knew people's communication needs, they had received training in how to support people with different communication needs.

People were supported by a service that was well managed. Records were accessible and up to date. The service was audited, and action taken to address any areas identified that needed improving. Relatives were complimentary of the management of the service with one commenting; "You couldn't ask for a better place." Staff were committed to providing good outcomes for people.

People's known risks were assessed and managed to reduce the risk of avoidable harm. Staff knew how to

keep people safe and how to report any concerns relating to people's safety. Staff had good knowledge of people's preferences and used these to support people safely.

Medicines were managed safely, people received their medicines when needed. Staff received an induction and ongoing training and felt supported by the registered manager. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Infection control measures were in place to prevent cross infection. Systems were in place to deal with concerns and complaints.

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

Rating at last inspection - The last rating for this service was good (published 23 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Moorfields Lodge

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

Moorfields Lodge 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three relatives about their experience of the care provided. We spoke with three members of

staff including the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who visited the service. The staff of Moorfields Lodge sent testimony following the inspection of their experiences of working for the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents were minimised as staff were skilled in their approach. Staff had in-depth understanding of people's needs and preferred communication methods. This meant incidents in this service were rare.
- Staff were aware of safeguarding responsibilities and had confidence in managers to address any concerns.
- Relatives we spoke with all said they felt their loved ones were safe and we observed people were very comfortable in the presence of the staff.

Assessing risk, safety monitoring and management

- Risks were identified, assessed and recorded in people's care plans. They included what action staff needed to take to keep people safe. If relevant, risks were assessed and managed in consultation with health professionals and these were regularly reviewed.
- Each person had a Personal Emergency Evacuation Plan (PEEP) in place. This informed staff of the safest way to evacuate a person from the building in an emergency.
- Regular health and safety checks of the environment were completed. Service agreements and certificates were all in date.

Staffing and recruitment

- Enough suitably qualified and trained staff were deployed to meet people's needs and keep them safe. Staff were proactive at providing support when needed.
- Safe recruitment processes were being used in line with the provider's recruitment policy to ensure staff employed were suitable to work with vulnerable people.

Using medicines safely

- People were safely supported to take their medicines at the right time, by staff whose competency was regularly assessed.
- Staff had access to national guidance in relation to safe management of medicines and people's individual medication needs. They followed safe practices and appropriately completed medication administration records (MARs).

Preventing and controlling infection

- Staff received training and had access to relevant guidance and information to ensure effective infection prevention and control.

- The service was visibly clean and well maintained. One relative told us "It's so clean, they always have it spot on."
- The home had scored 99.24% on a recent NHS infection control audit.

Learning lessons when things go wrong

- We saw that the management team regularly reviewed information when things did not work well or there were shortfalls in the service. There were systems in place to monitor and review accidents and incidents, medicines and other processes in the home.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs and choices about their care were clearly reflected in their care plans. Relatives told us that they were fully involved and listened to with regard to people's care.
- Assessments included expected outcomes based on people's individual needs and choice. The service worked closely with other health and social care professionals to complete assessments; this helped to ensure effective planning of people's needs and choices.
- The service provided people with support to achieve their intended outcomes whilst ensuring their needs were met. People had developed in confidence, independence, communication and social interaction.
- The registered manager outlined the transitional processes for coming to live in the home, and if someone moved into a more independent setting. These were personalised and adapted to the person's needs.
- Policies promoted equality and diversity. People were treated fairly, and characteristics protected by law, such as religion were considered.

Staff support: induction, training, skills and experience

- Staff received the training they needed to do their job and received an induction when they started working at the service. Management also carried out regular competency checks of support staff abilities. One relative told us "They know what they're doing, they seem to have good training."
- Staff received regular supervision and staff told us that they were very well supported by the management.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. Where needed, people were supported with specific diets associated with their individual needs.
- Staff played an essential role in helping people to live healthier lives, which included eating well and stabilising weight, following moving into the service.
- People were encouraged to choose their own meals and staff used pictorial methods so people could easily make informed choices.

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

- People had prompt access to healthcare services and assessments when needed.
- Feedback from health and social care professionals was all positive about how the staff and managers worked in a collaborative manner. We were told "They have always worked well with myself, and in a professional manner."

- When other health and social care professionals were involved in people's care, any advice given was incorporated within their plans of care.

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

- Moorfields Lodge was homely and reflected the tastes of the people living in the home. People's rooms reflected their personalities.
- The home catered for five people but had deliberately not taken a fifth person as this would have a negative effect for people living in the home.
- The fifth room had been adapted into a sensory room which had been developed following the input from the people and staff.

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.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- We observed staff obtain consent for people's care and support.
- Where necessary, mental capacity assessments had been completed and the best interest decision making process was followed and documented.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- Staff treated people with the kindness and respect. The service invested time in getting to know people well and involving them in decisions about their care. We found positive evidence people were listened to and supported by staff to make choices about their care and support. For example, how they wanted to be supported when visiting family. The outcomes from this led to closer affectionate relationships that had not previously been there. One relative told us how they were now able to meet up and have lovely dining experiences that had not happened previously. The time and effort that had been invested by staff contributed to this happening. One staff member told us that this was moments that they lived for.
- People were supported by a small staff team who knew them exceptionally well. The majority of the staff team had worked with people since they had moved to the service. The familiarity between staff and people was evident in the way people interacted and trusted the staff supporting them. One relative told us "They have encyclopaedic knowledge of [person], and it shows." Staff knowledge of people was taken in to account when arranging support for people. For example, people were supported to go on holiday by staff who shared similar interests.
- We received consistently positive feedback about the caring nature of the service and staff's compassionate approach. Relatives and professionals referred to the trust, kindness, understanding and sensitivity to people's individual needs as reasons why they felt the service was exceptional. Comments included, "They understand [person's] needs so well. It's really important for someone who is non-verbal." Other comments included "I think they deserve outstanding, they work so hard for people" and "We are so very grateful [person's] at Moorfields Lodge, we are so very happy."
- We also received very positive feedback from professionals. One told us "They are very person centred and extremely professional. They have worked well with me as a representative of the local authority and have always been approachable. They work well with my service user and their family and have proven this over the time I have been involved with their service."

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

- Enabling people to communicate effectively and having information available in formats suitable to meet people's needs meant people were fully involved in all aspect of their care and decisions about the service. For example, for those who did not communicate in a conventional manner the staff and registered manager worked to understand people's actions and how this pertained to what choices were being made. One relative told us "All choices are given to [person], [person] is fully involved in care plans." Another relative said "I can tell that [person] is happy, [person] definitely gets her wishes, they're just amazing."
- People benefited from committed and compassionate staff. We observed people being supported in a

kind, patient and sensitive manner through appropriate communication methods but also with time. For example, when one person decided they were going to do an activity in the kitchen the staff gave them everything they needed to be able to complete their task in their own time and with very good humour.

- The registered manager and staff became the voice of the people living in the home and actively sourced advocates for people. This was shown to be very effective when one person was at risk of having an incorrect assessment of health that would have had a very negative impact on their life. This person is now living life to their fullest capability.
- The relatives we spoke with gave examples of how the registered manager and staff effectively supported people to live their lives to the fullest. One relative told us "They are only concerned about [person] being happy and not having a boring existence. [Person] is enjoying life and not cooped up."
- The registered manager and staff worked with a person, family and professionals and identified health needs not found prior to moving to Moorfields Lodge. The support given by staff to access appropriate medical interventions meant that this person was able to live their life as they chose, pain free, in their own home with a reduction in medication, becoming a valued member of the home and society.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. It was embedded in everything that the service and its staff did. For example, following the changes to data protection regulations the registered manager developed a new way of sharing newsletters with families so as to protect people's confidentiality.

Each person now gets their own individual newsletter on a quarterly basis this goes to their own families so that people and their families can keep up to date with what their relative was doing and what was happening within the service.

- Due to the decision that had been made not to have a fifth person in the house, each person had private space in addition to their own bedrooms for when they wished to be alone. This gave people the ability to choose where they wanted to be depending on how they felt.
- To ensure people's opinions on their own lives were identified, the registered manager and staff spoke to every person who was involved in a person's life when reviewing their support. This included family, different friends in the community and various groups that were attended. This was so they could get a full picture of how the person was showing their emotions such as happiness, sadness or uncomfortable feelings. This meant a support plan was developed that was fully holistic and person centred.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; 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 had support plans in place, which reflected their current needs. People and their relatives were regularly involved in writing and reviewing their support plans. People had regular reviews with the healthcare professional and funding authority.
- Support plans covered all aspects of people's daily living, care and support needs. Support plans were personalised, and each person's preferred personal care routines were detailed incorporating their preferences and skills as to what they could do for themselves.
- Staff completed detailed daily records. Records included a log of personal care given, well-being and activities.
- People were supported to maintain relationships and partake in a variety of holidays, hobbies and interests.

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.

- People's support plans detailed their communication needs. They described how people communicated, and the best ways for staff to offer choices and provide support.
- Information was made available for people and others in easy read picture formats. For example, the provider produced easy read documents and people were given information in ways that were personalised to them.
- Assessments were based on personal needs. Assessments regarding people's mental health were comprehensive and covered their emotional wellbeing.

Improving care quality in response to complaints or concerns

- The complaints policy was available in an accessible format for people to understand.
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services.

End of life care and support

- At the time of the inspection, nobody at the service was receiving end of life care.
- The registered manager told us how they would support peoples wishes and we were provided with the providers end of life policy.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Relatives felt the culture in the service was person centred. A relative said, "They listen to us. It's important that we express things." Another said, "[Person] thinks of it as his home."
- A member of staff said, "The management is really good, they support and encourage me to do better." Staff also told us that the management team encouraged a culture of openness and transparency.
- There was a positive culture and atmosphere between management, staff, relatives and people. Staff, relatives and people told us the registered manager was approachable. Staff told us that management had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A relative confirmed this and said, "[Manager] is very accessible, always happy to speak to us."

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

- There was a clear management structure at Moorfields Lodge. Staff took on different responsibilities within the service. For example, there was a key worker system and some staff were responsible for daily, weekly and monthly checks.
- When things went wrong or there were incidents, the registered manager was open and transparent about these and informed relatives and commissioners as appropriate.
- The responsibility to uphold the duty of candour was understood by the provider and registered manager.

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

- The provider and registered manager had a robust quality audit system to monitor the service. Weekly and monthly audits for all areas of the service were in place. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the registered manager.
- Staff had access to a range of policies and procedures to enable them to carry out their roles safely. Records confirmed that staff adhered with these policies and procedures.
- The provider and registered manager understood the responsibilities of their registration. Registered bodies are required to notify CQC of specific incidents relating to the service. We found that notifications had been sent to us appropriately.

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

- Staff told us that they were able to share their ideas and felt listened to. We observed this throughout the inspection. A member of staff said, "I know exactly what I'm meant to be doing, it's very open here."
- Communication within the service was facilitated through staff meetings. Areas of discussions included medication, documentation and staff training. Feedback from the meetings was used to improve the service provision.
- We saw that there was ongoing daily interaction with people and that comfortable relationships had formed so people felt at ease.

Continuous learning and improving care; Working in partnership with others

- The management team kept up to date with best practice and developments. The management team had strong links with the community who they gained support and advice from.
- The management team had attended events in to help them learn and evolve as well as building a rapport with providers and registered managers outside of the organisation.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support. One staff member told us "We are only a small service however [provider] is a large company which gives us so many more resources. We have two other services in our village and a number of other services in the area and we all work as a network sharing advice and support."
- The registered manager and staff worked with funding authorities and other health professionals to ensure people received joined up care, relatives confirmed this.