

The Percy Hedley Foundation

Moor View

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 visited Moor View on 23 February and 6 March 2016 and this was an unannounced inspection. This meant the provider and staff did not know we were going to visit.

Moor View had recently extended to add an additional unit and new people had moved into the service. Since, August 2015 Moor View has comprised of three care homes located on the site of the Percy Hedley College and School grounds. The service provides care for up to 13 people with physical disabilities, who may also have learning disabilities. One home is an adapted and extended two storey house; one home is a semi-detached house: and the other is a flat, which is located in the school building.

The registered manager has been in post since January 2013. 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.

At the time of the inspection 11 people lived in the service and we met nine of the people who used the service. People had limited verbal communication but were able to let us know that they were very happy with the service and found it met their needs.

We found that the registered manager and staff consistently ensured people were supported to lead an independent lifestyle. Staff readily identified triggers that would lead people to become distressed or indicate that their health was deteriorating.

Staff were aware of how to respect people's privacy and dignity. We saw that staff supported people to make choices and decisions.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create plans to reduce the risks identified as well as support plans.

There were systems and processes in place to protect people from the risk of harm. We found that staff understood and appropriately used safeguarding procedures.

We saw that people were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control and first aid as well as condition specific training such as working with people who have learning disabilities.

The staff we spoke with understood the requirements of the Mental Capacity Act 2005 and were ensuring that where appropriate this legislation was used.

Staff shared with us a range of information about how they as a team worked very closely with people to make sure the service enabled each person to reach their potential.

People and the staff we spoke with told us that there were enough staff on duty. We found there were sufficient staff on duty to meet people's needs.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We saw that the registered manager had an effective system in place for dealing with people's concerns and complaints. We found that people felt confident that staff would respond and take action to support them.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety, and relevant infection control procedures were followed by the staff at the home. We found that action was taken to minimise known risks.

The registered manager had developed a range of systems to monitor and improve the quality of the service provided. We saw that the registered manager had implemented these and used them to critically review 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 was safe.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Staff could recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the registered manager.

Appropriate systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Is the service effective?

Good 

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff understood the requirements of the Mental Capacity Act 2005.

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good 

This service was caring.

Staff were extremely supportive and tailored the way they worked to meet each person's needs.

We saw that the staff were empathic and effectively supported people to deal with all aspects of their daily lives.

People were treated with respect and their independence, privacy and dignity were promoted. Staff actively supported people to make decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced identifying how the support needed was to be provided. These plans were tailored to meet each individual's requirements and reviewed on a regular basis.

People were involved in a wide range of everyday activities and led very active lives.

The complaints procedure was accessible. We found that relatives were regularly contacted to check if they were happy with the service.

Is the service well-led?

Good ●

The service was well led.

The service was well-led and the operational manager and registered manager were extremely effective at ensuring staff delivered services of a high standard.

We found that the registered manager was very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found the registered manager to be very supportive and felt able to have open and transparent discussions with them.

There were very effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the home had an open, inclusive and positive culture.

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 checked 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.

An adult social care inspector completed this unannounced inspection of Moor View on 23 February and 6 March 2016.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits.

During the inspection we met with nine of the people who used the service. We also spoke with the registered manager, a senior support worker and five support workers.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We also looked around all of the homes. We observed the meal time experience and how staff engaged with people during activities. We looked at three people's care records, the most recently employed staff member's records and the training records, as well as records relating to the management of the service.

Is the service safe?

Our findings

The people we met had limited verbal skills but could communicate their views via assistance from staff and communication boards. People told us that they were happy and liked the staff and they thought the home met their needs.

We found that staff were dedicated to ensuring that the home provided a safe environment and would raise matters if they felt there were concerns. We found that relatives were routinely consulted by the staff and they felt the home was a safe and supportive environment.

Staff told us that they regularly received safeguarding training. We saw all the staff had completed safeguarding training in the last year. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. We saw that abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings.

Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had up to date safeguarding and whistleblowing policies in place that were reviewed on a bi-annual basis. We saw that these policies clearly detailed the information and action staff should take, which was in line with expectations. Staff told us that if they felt matters were not being looked into in a timely manner staff that they would not hesitate to raise them with the provider and external parties.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. Staff could clearly talk about what they needed to do in the event of a fire or medical emergency. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

We confirmed that checks of the building, fire alarms and equipment were carried out to ensure people's health and safety was protected. We found that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT), which checks that items such as televisions are safe. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We reviewed people's care records and saw that staff had assessed risks to each person's safety and records of these assessments had been regularly reviewed. Risk assessments had been personalised to each individual and covered areas such as using hoists, eating and bathing. This ensured staff had all the guidance they needed to help people to remain safe.

We found that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS), which checks if people have been convicted of

an offence or been barred from working with vulnerable adults. These checks were carried out before staff started work at the home.

Through our observations and discussions with staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was the case. During the day all of the people went to various activities and were supported by other teams of staff. When people were at homes three senior support workers and eight staff were on duty during the day and at least one waking staff member was on duty overnight in each house. The registered manager worked during the week as an additional supernumerary staff member.

Staff obtained the medicines for the people who used the service. Each person's medicines were kept securely. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. We found that staff were readily able to discuss people's medicines and found that people got their medicines when they needed them.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

Due to people's limited verbal communication staff translated what was being indicated by the people, who confirmed to us this was an accurate reflection of their views. People told us that the staff understood them and knew how to support them.

We saw that staff readily understood each person's communication and supported people to use word boards and assistive technology. People had used eye-laser technology to produce artwork as a means to assess whether this could be used to assist them use computer technology to speak. For one person this assisted technology was being developed and staff hoped it would soon be available for the person. We found that staff were very skilled at understanding what people were saying and could anticipate people's needs.

Staff had a very in-depth conversation with one person using word boards about their wishes in relation to their next holiday. The person wanted to fly to a country where they could then board a cruise ship and see the sights. Whilst we were there staff took steps to put this plan into action.

Staff told us that all of the people who lived at the home had complex needs and communicated in different ways so learning how to support them effectively was essential. We observed the way staff interacted with people and saw they were attentive and understood individual's communication needs. We saw staff constantly monitored people to ensure their needs were being met. Staff engaged with people in a friendly and supportive manner. From our discussions with staff we found that they had a very good understanding of each person's care and support needs.

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. 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. We found that staff had a good understanding of the MCA and what actions they needed to take to adhere to the code of practice.

We found that capacity assessments were only completed when evidence suggested a person might lack capacity. In line with the MCA code of practice, staff had explored all methods that could be used to support people to make decisions. By using communication boards and assisted technology they had found that the majority of the people had capacity to make all decisions relating to their care and treatment.

Recently new people had been admitted to the home and staff had formed the view that two of these

people may lack the capacity to make decisions. The registered manager had commenced formal capacity assessments for these individuals and staff had ensured their care records described the efforts that had been made support people to make decisions and provide the least restrictive options when delivering the individuals care.

No best interest decisions had needed to be made but the manager understood when to put them in place and how they were recorded. They understood that when people had been assessed as being unable to make complex decisions there needed to be records to confirm that discussions had taken place with the person's family, external health and social work professionals and senior members of staff.

At the time of the inspection none of the people were subject to a Deprivation of Liberty Safeguards (DoLS) order. The majority of people had the capacity to make decisions so would not need to be subject to a DoLS authorisation. The registered manager, when assessing the needs of the people who had recently transitioned from children's service, had incorporated into this the consideration of the needs for DoLS authorisations.

We met these people and they had developed a very strong therapeutic relationship with the staff and actively sought their support and assistance. We found that these two people could indicate when they were not happy with a situation but would listen to staff. Neither of the individuals objected to the support but, as the registered manager noted, both met the amended criteria as defined by the Cheshire West case for a DoLS authorisation. The registered manager was taking steps to obtain these authorisations. The registered manager was aware of the person's right to contest the DoLS and apply to the Court of Protection for a review of this order.

Staff we spoke with had an understanding of DoLS and why they needed to seek these authorisations. We found that they, in line with MCA guidance, had recognised that people may have disabilities but were able to retain the capacity to make decisions about their care. We spoke with three people who were not subject to DoLS authorisations and found these people were fully aware of their need to live in this type of service and that they needed the support from staff to complete everyday tasks.

We saw records that confirmed that staff encouraged people to have regular health checks and, where appropriate, staff accompanied people to appointments. People had hospital passports. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

We saw that where people had conditions that needed regular review, staff ensured this happened and that everyone went for annual health checks. When concerns arose staff contacted the relevant healthcare professionals. For instance, staff were in regular contact with people's community liaison nurses and when needed had asked these professionals to organise reviews with consultants.

We found that staff knew what people preferred to eat and ensured each individual had meals that they enjoyed but that were also varied. We heard that all of the staff were good at cooking and took pride in making healthy meals that people enjoyed. From our review of the care records we saw that nutritional screening had been completed for people who used the service. We found that the people were supported to remain within healthy ranges for their weight and when needed staff ensured referrals were made to the local dieticians and speech and language therapists.

Staff told us their training was up to date and the records confirmed that staff had a wide range of both mandatory and role specific training. We were told staff were required to undertake annual refresher training

on topics considered mandatory by the service. This included: safeguarding vulnerable adults, fire, health and safety, nutrition, infection control, first aid, medicines administration, and use of de-escalation interventions. Staff also routinely completed condition-specific training such as on epilepsy, dysphasia and communication methods. We found staff were aware of their responsibilities and had the skills, knowledge and experience to support people.

We found that new staff, when appropriate, completed the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. One of the support workers we met had recently started work at the home and told us about their induction, which had included refresher mandatory training and shadowing other support workers.

Staff we spoke with during the inspection told us the registered manager was very supportive. We found that the registered manager had ensured that the staff completed supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw records for the recent months showed that staff had received an appraisal and at least three supervision sessions. Also a plan was in place to ensure staff regularly received supervision throughout 2016.

Is the service caring?

Our findings

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. They were ensuring people led very active and engaging lives.

We found staff made sure the care and support was tailored to each individual's preferences. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found staff worked in a variety of ways to ensure people received care and support that suited their needs. People were clearly happy with the way staff supported them. We found that they directed when and how staff should provide their care.

We found staff embraced person-centred care principles and used these in every aspect of the support they undertook. We saw they had used these skills to find positive ways to support people such as going swimming, to arts and crafts and on holidays. When we visited, staff and people who used the service were working collaboratively to make decorations for a birthday party they were having at the home.

We found staff at the service were very welcoming. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively sought confirmation from people that they were happy with what was happening and took time to help people feel valued and important. We saw that staff understood the needs of the people and knew when they needed assistance or were getting frustrated.

We found that the staff could readily understand all the communication methods people used. Staff were able to tell us how people expressed their views via facial expressions and made their needs known. We observed that staff picked up on very small changes in people's behaviours. Staff had developed a range of ways in which they sought people's views. Staff could clearly detail how individual people expressed their agreement or disagreement to plans.

We found care records were very detailed and informative. The support plans and assessments clearly outlined each person's needs and were completely person-centred. We found staff worked in a variety of ways to ensure people received the support they needed. For instance some of the people had limited upper body movement and staff had found that they could access assisted computer technology both for drawing and speaking.

The environment was well-designed and supported people's privacy and dignity. All bedrooms were personalised. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. Staff discussed how they encouraged people to be as independent as possible and, to maintain a person's dignity, would leave individuals to bathe independently, if this was at all possible. We found the staff team was committed to delivering a service that had compassion and respect for people.

Is the service responsive?

Our findings

We found the registered manager was a strong advocate for people and critically reviewed the service to make sure staff followed best practice guidelines. They were committed to empowering people who used the service to live fulfilling lives and reach their potential.

We found the care records were comprehensive and well-written. They clearly detailed each person's needs and were very informative. We saw as people's needs changed their assessments were updated as were the support plans and risk assessments. During the inspection we spoke with staff who were extremely knowledgeable about the support that people received. They could readily outline what support plans were in place and the goals of each plan.

People were seen to be given opportunities to make decisions and choices during the day, for example, whether to go to concerts and to start to plan their holidays. Staff we spoke with told us that since the registered manager had come into post they had been encouraged to ensure the service delivered person-centred care and valued people's wishes. Staff felt the home had become far more effective at placing the people who used the service at the centre of all their work.

We observed that staff used this information to provide meaningful occupation for people and to organise outings and visits that people would enjoy. We saw that people were engaged in activities, which they told us they enjoyed. We found that people who used the service attended local art groups and educational facilities. People also joined in everyday activities such as going shopping and to local community events. People had one-to-one support when at home so were able to organise their evenings as they wished and told the staff what they wanted to do.

Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoy humorous interactions. We saw that staff gave explanations in a way that people easily understood. They were attentive, showed compassion, were patient and interacted well with the people who used the service. We saw that staff treated people with dignity and respect.

The registered provider had developed an accessible complaints procedure, which was on display. We also found that relatives were provided with a copy of the complaints procedure. Staff told us that they were very comfortable being advocates for people. We found the registered manager and staff were always open to suggestions, would actively listen to them and resolved concerns to their satisfaction.

We looked at the complaint procedure and saw it clearly informed people how and who to make a complaint to and gave people timescales for action. We saw that no complaints had been made in the last 12 months. The registered manager discussed with us the process they would use for investigating complaints and we found they had a thorough understanding of the complaints procedure.

Is the service well-led?

Our findings

We found people were routinely consulted and found they thought highly of the service, the staff and the registered manager. They thought the home was well run and completely met their needs. They found staff recognised any changes to their needs and took action straight away to look at what could be done differently.

Staff told us, "I love working here," "The manager made sure this a place where people enjoy everything you and I would" and, "I feel that we are giving people the best care possible."

We saw the staff team were very reflective and all looked at how they could tailor their practice to ensure that the care delivered was completely person-centred. We found the registered manager was the integral force ensuring the home was safe, responsive, caring and effective. We found that under their leadership the home had developed and been able to support people with complex needs lead ordinary lives.

The staff we spoke with described how the registered manager constantly looked to improve the service. They spoke to us about how as a team they discussed what went well and what did not and used this to make positive changes. For instance, staff told us that recently they had been looking at what other methods they could use to support people to communicate. Staff were very enthused about the eye-laser technology that had been sourced and believed this would really enhance people's lives and ability to fully express their views and opinions.

Staff told us that the registered manager was very supportive and accessible. They said they were a great support and very fair. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together.

The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. They ensured staff kept up to date with the latest developments in the field and implemented them, when appropriate, into the services provided.

We found that the registered manager clearly understood the principles of good quality assurance and used these principles to critically review the service. The registered provider had effective systems in place for monitoring the service, which the registered manager fully implemented. They completed monthly audits of all aspects of the service, such as infection control, medication and learning and development for staff. They took these audits seriously and used them to robustly review the home. We found the audits routinely identified areas they could improve upon. The registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. Strong governance arrangements were in place and these ensured the home was well-run.

Staff told us the morale was excellent and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that they were encouraged to share their

views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We found that this critical thinking meant the home was extremely person-centred and demonstrably assisted people to lead ordinary lives.