

National Schizophrenia Fellowship Moultrie Road

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 Moultrie Road on 22 March 2017 as an unannounced inspection. Moultrie Road is registered to provide accommodation to a maximum of seven people. It also provides personal care to people in their own homes, supporting people to live independent lives in the wider community. At the time of our inspection visit there were four people living at Moultrie Road. The service was supplying care and support to six people in their own homes.

A requirement of the service's registration is that they have 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. At the time of our inspection there was a registered manager working at the service. However, we were unable to speak with them on the day of the inspection visit.

At the last inspection on 8 January 2015 the service was rated Good. At this inspection we found the service remained Good.

Staff understood their responsibilities to protect people from the risk of abuse. The provider checked staff's suitability for their role before they started working at the service. The manager made sure there were enough staff to support people safely at the home and in the wider community. Medicines were stored, administered and managed safely.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks to people, whilst continuing to promote people's independence.

Care was delivered based on the individual needs of each person. People were included in planning how they were cared for and supported, and people were supported by a consistent staff team who had the skills and training to meet their needs.

The provider, manager and staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, and people's rights were protected in accordance with the Act. Staff offered people choice and respected their decisions.

People were supported to eat and drink enough to maintain a balanced diet that met their preferences and were referred to healthcare services when their health needs changed.

People were encouraged to maintain their interests and the relationships that were important to them and to take part in social activities. Staff knew people well and respected their privacy and dignity.

The manager and provider checked the quality of the service and acted to continuously improve it; people

and their relatives were encouraged to share their opinions about the quality of the service which were listened to.

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

Moultrie Road

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 was 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.

We inspected the service on 22 March 2017 as an unannounced inspection. This inspection was undertaken by one inspector and an inspection manager.

Before our inspection visit we asked the provider to send to us a Provider Information Return (PIR). This document allows the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection. We found the information contained in the PIR reflected the service.

We also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who contract service, and monitor the care and support the service provides, when services are paid for by the local authority.

We spoke with three people living at the home and one person supported by the service in their own home. We spoke with two support workers, one nurse, a team leader, and the provider. We observed care and support being delivered in communal areas to the four people who lived at Moultrie Road.

We looked at a range of records about people's care including four care files, daily records and charts. This was to assess whether people's care delivery matched their records. We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service.

We looked at staff files to check staff were receiving supervision and appraisals to continue their professional development.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

All the people we spoke with told us they felt safe at Moultrie Road, and with the staff that supported them. Comments from people included; "The whole thing makes me feel safe. When I came here I was frightened of my own shadow", "I feel safe in the evening and at night here" and, "I really feel safe. I feel the staff support me here with all my needs." We saw people were relaxed with staff and each other. The atmosphere at the home was calm and friendly.

All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm, as they attended regular training in how to safeguard people from harm. The provider notified us when they made referrals to the local authority safeguarding team and kept us informed with the outcome of the referral and any actions they had taken.

There was a system in place to identify risks and protect people from harm. Each person's care file had a number of risk assessments completed. The assessments detailed the type of activity, the associated risk; who could be harmed; possible triggers; and guidance for staff to take to mitigate the risk. For example, people liked to go out in the local community and sometimes did not return to the home at the time they said they would. Risk assessments were clear that each person could choose how they spent their time to maintain their independence. However, they also detailed the measures staff should take if the person did not return when they were expected.

Environmental risks to people's safety were identified and plans ensured the premises and people were safe. For example, fire and evacuation procedures were in place for everyone at the home. People at Moultrie Road were involved in fire drills, and were able to tell us how they acted to manage some environmental risks at the home. One person was keen to tell us that although they smoked, they were unable to do this in the house, as this would be a fire hazard to other people at the home. They showed us the fire exit from their room, which they told us they would use in the event of a fire.

People told us there were enough staff to meet their needs. We saw there were enough staff available to support people at the home. Staff had time to sit and talk with people, have a drink, play a game of chess, or watch television with people. Those people who were supported in their own homes in the community told us staff visited them for the time agreed in their care plan. One person said, "I always feel there are people to talk to."

We saw that medicines were stored and administered to people safely. People received their prescribed medicine at the right time, when they needed them. Wherever possible, people were encouraged to make their own decisions about when to take their medicines, with support from staff.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People told us staff had the skills they needed to support them. One person said, "For the first time I feel all my needs are being met." Another person said, "Staff are really knowledgeable."

The provider had processes in place to ensure when staff started work at Moultrie Road they had the right training to support people effectively. New staff completed an induction to ensure they understood their role and responsibilities. The induction included training in all areas the provider considered essential and a period of working alongside more experienced staff. Staff told us in addition to completing the induction programme; they had a probationary period to check they had the right skills and attitudes to provide effective support.

Staff told us the manager encouraged them to keep their training and skills up to date. The manager maintained a record of staff training, so they could identify when staff needed to refresh their skills. Each member of staff received an individual training programme tailored to their specific job role. As part of regular training the competency of staff's skills were regularly assessed. For example, nursing staff received specialist training in medicine administration and updates in clinical skills, which assisted them in keeping their professional registration up to date.

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. 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 are called the Deprivation of Liberty Safeguards (DoLS). We found the rights of people who used the service were protected. Staff demonstrated they understood the principles of the Act, they assumed everyone had capacity to make their own decisions unless it was established they could not. Consequently, we saw staff asked for people's consent before they assisted them. No-one had a DoLS in place.

People chose how they spent their time, and what they wanted to eat. We saw people were able to access food and drinks throughout the day and prepare their own meals in the communal kitchen. People also kept food and drinks in their room. One staff member explained, "People have open access to the kitchen to prepare their own meals. We also provide one main meal a day which staff prepare." One person told us, "The staff are good cooks, I eat my evening meal here." Staff members explained how they encouraged people to make healthy choices and to vary their diet by buying a range of foods. This helped people to maintain a nutritious diet.

Each person was supported to attend regular health checks and people were able to see their GP and

mental health practitioner where a need had been identified. One person told us, "I saw my GP yesterday to review my medication. I will also talk to other health professionals to make decisions." They added, "The health care is good, I go every month to the doctors."

Is the service caring?

Our findings

At this inspection we found people enjoyed the same positive interactions with staff and each other, as they had during our previous inspection. The rating continues to be Good.

Everyone we spoke with told us they felt comfortable and relaxed at the service. Comments included; "People here have become my family" and, "The staff are great, very helpful."

Staff spoke with people in respectful, positive ways using their preferred name and asked people's opinion before supporting them. We asked people if they felt respected by staff, they said they did. One person commented, "Very much so."

People told us they were able to make everyday decisions themselves. We saw people were able to go out when they wanted to and could choose where to spend their time. Some people remained in their bedroom, whilst other people spent time in the lounge and the kitchen.

People had chosen how they wanted their personal space to be arranged and decorated, so they felt at home. For example, some people had chosen a specific colour scheme for their room; other people had personal belongings around them such as photographs and ornaments. People made choices about who visited them at the home, and could have people to stay overnight. This supported people to maintain relationships with family and friends.

People had privacy when they needed it. People had their own key to their room and the front door to the home. One person had a private entrance to their room via the garden. We saw staff knocked on people's doors and waited to enter, until they were invited in. One person told us about a present staff had bought them saying, "They bought me a robe. This is so I can go over to the bathroom with my robe on, it just protects my privacy."

We saw people were encouraged to maintain their everyday living skills and expand their independence. People were encouraged to clean their own rooms, make their own meals, and take part in domestic chores. A staff member explained people at the service were encouraged to maintain their independence, so that they could eventually lead independent lives in the community. One person told us how they were working towards moving out of Moultrie Road to live independently. They explained staff were talking things through with them, and helping them learn new skills such as cooking their own meals.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

Staff were available to support people whenever they needed their assistance. One person told us, "They are always available."

People told us the service supported them in accessing interests and hobbies that met their needs. A range of local activities were displayed on noticeboards around the home. People told us they were involved in choosing which activities they took part in. People and staff at the home told us about parties and trips out in the local community and people could go out wherever they wished.

Care records showed people's likes and dislikes, and how they wanted to receive care. We saw care plans were reviewed and updated regularly. Staff told us, and records confirmed, people who used the service were involved in planning their own care. The files included personal photographs and life histories, people's hobbies and interests, and up to date risk assessments. Care plans were tailored to meet the needs of each person according to their support requirements, skills and wishes.

Staff we spoke with told us they had a handover meeting at the start of their shift which updated them with any changes. This supported them to provide the right care to people, as they were updated every day on how people were feeling. A record of what had been discussed was available, so staff could refer to the records. In addition, staff kept up to date records of the care each person received, each day. This acted as a handover record for staff working in people's home.

People told us they would feel comfortable to raise any issues or concerns with staff, if they had any. There was information about how to make a complaint available on the noticeboard in the reception area of the home. Complaints information was also contained in the service user guide that each person received when they joined the service. We saw complaints were responded to quickly, and were logged on a centralised system. Complaints were evaluated by the provider to see whether there were any trends and patterns and improvements could be identified.

Is the service well-led?

Our findings

At this inspection, we found the service and staff continued to be as well-led as we had found during the previous inspection. The rating continues to be Good.

There was a clear management structure in place to support people and staff at Moultrie Road. The registered manager worked at the home two days per week, and was available to support staff by telephone the rest of the time. In their absence a team leader supported staff on site and in the community; there was also a registered nurse based at Moultrie Road who supported people with their health and clinical needs. Staff told us they worked together as a team to support people and each other. One person who used the service told us, "They [staff] are really very good, I feel so well supported and I really appreciate their help. It's the best place I've ever been."

Meetings were held each month with people at Moultrie Road, to discuss trips out, food preferences, and issues to do with the running of the home. This meant people were involved in decisions that affected their everyday lives. We saw people were asked to give feedback about the service in other ways. The service ran yearly quality assurance questionnaires. There was also a suggestion box by the noticeboard at the home. One person said, "Staff ask for our opinion on things, we feel involved."

Staff were supervised using a system of supervision meetings, observations, and yearly appraisals. Regular supervision meetings provided an opportunity for staff to discuss personal development and training requirements to keep their skills up to date. Staff told us they could speak with a manager when they needed to, and there was always support available through a 24 hour helpline.

Staff told us the manager asked them about their views regarding the care provided at the service, and any changes they would like to see to improve the quality of care for people. Improvement plans included the expansion of meeting spaces and activities areas, which were being developed as outbuildings in the garden area of the home. This was in response to staff and people's feedback about wanting additional areas where people could meet and discuss their health and wellbeing.

The provider completed checks to ensure they provided a good quality service. They completed audits in medicines management, health and safety and care records. We saw the provider made unannounced visits to the service to make quality assurance checks. Where issues had been identified in audits, action plans had been generated to make improvements. These action plans were monitored by the provider to ensure actions had been completed using an electronic monitoring system, and further monitoring visits to the service. This ensured the service continuously improved.