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

Overall summary

We inspected Moultrie Road on 8 January 2015 as an unannounced inspection. At the last inspection on 15 May 2013 we found there were no breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008.

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.

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.

The provider had procedures in place to protect people against the risk of abuse and to minimise risks to people's health and wellbeing.

Summary of findings

There were sufficient numbers of staff. Staff had the support and training they required to meet the needs of people who used the service.

The provider had systems in place to manage the administration of medicines safely.

The rights of people to make their own decisions were protected. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements. People were able to make everyday decisions themselves, which helped them to maintain their independence.

People were supported to access healthcare that met their needs and people's privacy and dignity was respected.

People had the support they needed to access interests and hobbies that met their individual needs and preferences. We saw people made choices about who visited them at the home, and people that were important to them could stay overnight.

People had access to advocacy services and advocacy information was available on display in the reception area of the home. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services could support people in making decisions about their health and care requirements, which could help people, maintain their independence.

People were supported to develop the service they received by providing feedback. The provider acted on the feedback to improve services.

The provider completed a number of checks to ensure they provided a good quality service to promote continuous development.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were enough staff employed to care for people safely. Staff understood their responsibilities to keep people safe and protect them from the risk of abuse. Appropriate systems were in place to manage the administration of medicines safely.

Good

Is the service effective?
The service was effective.

Staff had the training they required to effectively meet the needs of people. People were supported to access healthcare that met their needs. People's right to make their own decisions were protected.

Good

Is the service caring?
The service was caring.

People were able to make choices about how to spend their time, were encouraged to maintain their independence, and to make decisions for themselves. People had privacy when they needed it.

Good

Is the service responsive?
The service was responsive.

People were supported to take part in interests and hobbies that met their preference. People could give feedback about the quality of the service they received, which was acted on by the provider.

Good

Is the service well-led?
The service was well led.

The manager was accessible to people who lived at the service and to staff. Quality assurance procedures were in place to ensure the service continuously improved.

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 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.

We inspected the service on 8 January 2015 as an unannounced inspection. This inspection was undertaken by one inspector.

Before our inspection we asked the provider to send to us a Provider's Information Return (PIR). The 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 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 two people living at the home and one person supported by the service in their own home. We spoke with two care staff, one nurse, and with the manager of the service.

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 for four people. 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 personnel files for three members of staff to check that suitable recruitment procedures were in place, and that staff were receiving supervision and appraisals to continue their professional development.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe when they received care from staff at the service. We saw people were relaxed with staff and the atmosphere at the home was calm. One person told us, "Yes, I feel safe." Another person said, "It's the best place I've been."

Staff told us and records confirmed staff attended regular safeguarding training which included whistleblowing procedures. Staff we spoke with had a good understanding of the different types of abuse, and what action they would take if they had concerns about people. All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm.

The provider notified us when they made referrals to the local authority safeguarding team where an investigation was required to safeguard people from harm. They kept us informed with the outcome of the referral and actions they had taken. People who used the service were protected from the risk of abuse, because the provider took appropriate action to protect people. The manager had sent notifications to us about important events and incidents that occurred at the service. The manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations. The manager understood their responsibilities, and took appropriate action to minimise the risks to people's health and wellbeing.

Staff told us they had several checks completed before they started work at the service, to make sure that they were of good character. We reviewed staff recruitment records and saw the provider had the necessary recruitment procedures in place to ensure people who worked at the home were suitable.

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. For example, one person liked to go out in the local community, and sometimes did not return to the home the same day. Risk assessments detailed the person could choose how they spent their time, and the measures the service and staff should take if the person did not return when they were expected. This supported the person to maintain their independence.

Emergency plans were in place, for example, around what to do in the event of a fire. The manager was able to show us an emergency plan. This plan detailed the actions to take in an if the home could not be used. This meant there were clear instructions for staff to follow, so that the disruption to people's care and support was minimised.

People told us there were enough staff to meet their needs. We saw there were staff available to support people. The staff had time to sit and talk with people and were able to play a game of chess, or watch television with people. Care staff we spoke with told us there were enough staff available at the service to meet people's needs. One member of staff told us, "There are enough staff on duty. We also have enough staff to support people in accessing healthcare appointments."

We asked the manager how the numbers of staff were determined. They explained each person had a care plan which detailed how they needed to be cared for, and when they needed support. People also had a number of hours of support agreed with the service to support them in their own home. The manager explained this information was used to determine the number of staff needed to support people safely, according to their care and health needs. People told us staff visited them in their own home, for the time agreed in their care plan.

We observed how medicines were administered to people. We spoke with a member of staff who was responsible for the administration of medicines during our inspection. They told us only staff trained in the safe handling of medicines could administer them. We saw that medicines were kept in appropriate locked cabinets. Suitable procedures were in place for the handling of medicines. We saw people received their prescribed medicine at the right time. We saw medicines were administered safely.

Good

Is the service effective?

Our findings

People told us they were able to make everyday decisions for themselves. This included how they spent their time and what they ate each day. We saw people were able to access food and drinks throughout the day, and prepare their own meals which helped them maintain their independence. Staff members told us, "People are free to choose what they like to eat. They have open access to the kitchen to prepare their own meals. We also provide one main meal a day which we prepare."

We saw people were able to go out into the community when they wanted to and could choose where to spend their time. We saw people went out to the shops when they wished. One person told us, "I can go out when I like." Some people remained in their room, whilst other people spent time in the lounge and the kitchen taking part in activities they preferred. One person told us, "I like to play chess here."

We saw staff supported people when they needed it, including at mealtimes when people were preparing food. 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. One staff member said, "People can tell us their diet preferences too, and we shop accordingly."

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. The staff demonstrated they understood the principles of the Act and DoLS. They gave examples of when they had applied these principles to protect people's rights. We saw staff asked for people's consent before they assisted them during the day.

People told us staff had the skills they needed to meet their support needs. Staff told us they received induction and training that met people's needs when they started work at the home. Staff said the manager encouraged them to keep their training up to date by providing training in a range of media to meet their needs. We saw people could have onsite training and coaching, could access online training packages, or could attend courses off site. We saw the manager kept a record of staff training and when training was due, so that attendance was monitored. One member of staff told us, "Training is regularly organised to keep my skills up to date."

We saw staff worked alongside the manager and senior staff members at Moultrie Road. The manager informed us, and records confirmed, 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. Regular supervision meetings also enabled the manager to monitor the performance of staff, and discuss performance issues.

Staff we spoke with told us they had a handover meeting at the start of their shift which updated them with any changes since they were last on shift. Staff explained this supported them to provide effective care for people. The information in the handover helped keep them up to date with events at the home, and any changes in people's health. A record of what had been discussed was recorded so that staff not present during handovers could refer to the records. We saw staff coming in to work, and accessing the records during our inspection.

We looked at the health records of people who used the service. We saw that each person was supported to attend regular health checks, people were able to see their GP, optician, mental health practitioner, and dentist where a need had been identified. One staff member said, "People have health checks in their local community, and we support them to go to the doctors, or for other checks if they need us to."

Good

Is the service caring?

Our findings

People we spoke with told us they were comfortable with the staff. One person told us, “I like [Name].” We observed staff had a good rapport with people which encouraged good communication and interaction. People who lived at the home showed confidence and familiarity with staff and with each other. Staff spoke with people in respectful, positive ways using their preferred name and asking people’s opinion and preference before supporting them with tasks.

People had privacy when they needed it. There were a number of rooms, in addition to bedrooms, where people could meet with friends and relatives in private. One person described how staff respected their privacy and dignity. They said, “People don’t come into my room unless I want them to. I have a key and can lock my door.”

When we arrived at the home we saw some people were up, and other people were still in bed. People made choices about when they got up, and where they spent their time at the home. We saw two people decided to remain in their room during our inspection. We saw one person helped themselves to breakfast and a drink in the kitchen, and another person was watching television. We saw later that one person went out for a walk to the local shops, and another person played chess with a member of staff. All the people at the service had the ability to make everyday decisions and this was respected by staff.

We saw people were encouraged to clean their own rooms, make their own meals, and take part in washing their clothes. One person said, “We do our own laundry.” The manager explained people at the service were encouraged to maintain their independence, so that they could lead independent lives in the community. One person we spoke with was happy to show us their room. They had organised their room how they wished. They told us, “It’s my room and I can have it how I choose.”

People made choices about who visited them at the home, and could have people to stay overnight. One person told us, “My [relative] came and visited me over Christmas, and stayed here. It was great.” This supported people to maintain relationships with family and friends.

People told us they had access to advocacy services. Advocacy information was available on display in the reception area of the home. An advocate is a designated person who works as an independent advisor in another’s best interest. Advocacy services support people in making decisions, for example, about their health and care requirements which could help people maintain their independence.

Good

Is the service responsive?

Our findings

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. Staff we spoke with were able to describe people's likes and dislikes, which matched the information people gave us. People and staff at the home told us trips out in the local community helped people to maintain their independence, 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.

People told us they were involved in meetings at the home to discuss their care and decisions about how the home was run. Staff showed us a copy of notes from meetings that they held once a month. We saw different things had been discussed at the meeting such as trips out, food preferences, and issues to do with the running of the home that had been actioned. This meant people were able to make decisions about their everyday lives.

We saw people were asked to give feedback about the service in other ways. The manager told us that the service ran yearly quality assurance questionnaires which were completed by people who used the service. We were able to review the latest questionnaire which had been analysed by the provider. This detailed compliments and complaint information, and how the service had implemented improvements following feedback. For example, a new 'smoothie' maker had been purchased for people at their request. This gave them additional drink choices, and supported a healthy eating plan.

We saw team meetings took place to gather views from staff. The meetings were recorded and where improvements or changes had been suggested these improvements had been written into an action plan, which was followed up by the manager at subsequent meetings. For example, a recent meeting showed staff had identified the need to change a Christmas event and the date had been altered to accommodate more people. This provided further evidence of how the provider responded to people's views.

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 moved to the home. People we spoke with told us they knew how to make a complaint, and would raise issues with staff members or the manager if they needed to. We saw complaints were logged on a centralised system, so that complaints could be evaluated by the provider. We saw complaints were investigated and responded to in a timely way.

Good

Is the service well-led?

Our findings

People, visitors and staff could speak to the manager when they needed to because the manager worked alongside staff at the home. One member of staff told us, “The manager is very approachable.” Staff told us they worked together as a team to support each other. One staff member said, “Staff work as a team, we all have our roles to play, but we pull together.”

The manager told us they accessed our website to keep themselves up to date with changes within the care sector. We saw the manager also attended meetings with other managers in the group, and other professionals to discuss updates in practice, and to gain advice. For example, information in the PIR showed the manager was offered clinical support and advice by the Area manager through quarterly clinical meetings. This meant the manager kept their knowledge and skills up to date, so that they could provide up to date advice and support to staff at the service.

Staff told us, and records confirmed, they were kept up to date with changes in the sector through team meetings and team briefings. All staff had opportunities to discuss their practice and share ideas outside of their daily routine, as team meetings took place every month. 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. For example, in a recent staff meeting we saw staff had been asked to comment on a draft strategy document to improve it.

Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the manager and the provider completed an investigation to learn from incidents. These investigations showed the provider made improvements, to minimise the chance of them happening again.

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. For example, following a recent quality assurance check ‘service performance’ had been added as an agenda item at stakeholder meetings to obtain regular feedback. 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.