



Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Staffordshire Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Staffordshire safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Provider Details

Name: Moorlands Complex Needs Service
Provider: Staffordshire County Council
Address: Buxton Road, Leek, ST13 6NF
Service Type: Complex cognitive and physical needs support service
Date of Visit: Monday 11th March 2019

Authorised Representatives

This visit was made by two Authorised Representatives of Healthwatch Staffordshire.
Jo Hall and Robert Roche.

Purpose of Visit

Healthwatch Staffordshire is making a series of visits to Day Services throughout the county in order to report on the range and quality of these services. Each service will have an individual report and an overview report on Day Services in Staffordshire will be compiled once the visits are completed.

A good service should...

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each individual client, their needs and how their needs may be changing.
4. Offer a varied programme of activities unless a specific service is offered.
5. Offer quality and choice to their clients around food and mealtimes, where applicable.
6. Accommodate clients personal, cultural and lifestyle needs.
7. Be an open environment where feedback is actively sought and used

The methodology to be used is to;

- Consider the care and services offered and whether this is delivered in a way that promotes dignity and independence.
- Consider staffing levels and the level of the care provided.
- Talk to people using the service, if they are happy and willing to do so to gain their views on the opportunities available to them.
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.
- Consider staff training and the support offered to enable staff to do their jobs well.
- Observe interaction at all levels between clients, staff, Manager, and visitors.

Physical Environment

External

The complex needs service is situated in a purpose built unit at the rear of the former Leek Moorlands Day Centre. The unit is accessed via a small access path off Buxton Road. The signage is somewhat obscured by bushes and is easy to miss from the main road. The access paths are moss covered in places, (the Senior Day Service Officer explained that this is usually cleared by the gardeners who tend the grounds on an annual basis).

The perimeter of the complex needs unit is partly screened / fenced, paved / concreted. The staff and service users use the area in a variety of creative and colourful ways including handprints on a contrasting background, a small sensory garden, wind chimes and sensory sound shakers. In fine weather the staff told us they encourage the service users to spend time in these areas interacting with them and the sensory objects and environment, and they also create an urban beach for service users to expand the sensory objects.

We visited on a blustery day on which the staff and service users chose to remain indoors.

Internal

Security: the Senior Day Service Officer explained that the service does not have CCTV. There is a clear signing in book and process. The interior was clean, pleasantly and creatively decorated, light, and smelt pleasant. The equipment, furnishings and soft decorations appeared in good order.

There are fully equipped toilet and bathing areas including hoisting equipment and personal support slings. There is also a laundry and sluice room, a medicines room, a 'de stressing' room, a common / dining area, separate kitchen, and sensory rooms / areas.

The Senior Day Service Officer advised that the unit has a 5* hygiene rating.

We were shown a 'Centre of Excellence Award' awarded by the local authority on the notice board.

Client Numbers

There are 9 people currently receiving support from the service, which can support up to 12 people. During our visit we did not meet with all service users as some were out on their regular activities with support staff, and others attend on a part-time basis.

Staff Numbers

There are a total maximum of 14 staff supporting service users with the following ratios:

2 people supported by agency staff.

1 person supported by 2 staff (2:1)

4 people receiving support on a 1 to 1 basis.

2 people supported 1:3.

Management

Quality Indicator 1 - A good service should have strong visible management.

The manager should be visible within the service, provide good leadership to staff and have the right experience for the job.

Our findings

We met the two service leaders, the Senior Day Service Officer and the Day Service Officer. The Senior Day Service Officer has been in post for 4 years and the Day Service Officer has been with the service for 21 years. We also met a Day Service Assistant (staff member) who has been with the service for 15 years.

It was evident on a number of levels that the leadership team have set up, developed and maintain a culture of clear shared communications and processes which clarify information and responsibility in order to promote the service users welfare. This includes handover / communication books where information is shared between home - carers / parents, service users and the service transport and day unit staff. There are also daily briefing notes about the daily activities and individual service users vital information in case of emergency. There are also laminated cards available with vital service users information for emergency services should these be needed. This information is appropriately kept confidentially but accessible for staff use if needed. There are similar systems for service users medicines management, set up and kept under lock and key in the medicines room. The impression was gained of a well run, professional service.

The Senior Day Service Officer and Day Service Officer demonstrated a thorough knowledge and familiarity of the users of their service, of their complex and sometimes challenging needs, and how to sensitively and tactfully best support these. They talked about the service users individual communications strategies, and preferences. They gave us examples of the creative ways that they work to enhance the quality of service users lives, in 'small' but meaningful ways, and how they work to improve the quality of communication and interaction with the people they support.

There was a very real sense that the leaders try to see the world through the eyes and lived experience of their service users, and from this perspective, work to improve things together, however they can. The enthusiasm and passion for their work and the people they support was evident.

We observed that the service users were very familiar and comfortable with the service leaders, and the quality of the interactions was happy, pleasant and appropriate. The impression was gained that staff and service users respected and valued each other. We were told that all of the members of staff including the leaders deliver direct activities with the service users.

The service offers a variety of on-site and community activities, these include 'delegated' physiotherapy routines - See Quality Indicator 4.

Comments

The complex needs service provides support to people who have significant cognitive and physical disabilities to enable them to be more included in their communities and engage in activities that they would otherwise not be able to such as shopping for and choosing their own meals and participating in preparing their meals at the service. Due to the complexity of needs faced by each of the service users, some are jointly funded by the NHS and social care, whilst others are fully funded by the NHS.

The service leaders promote a culture and ethos of valuing and inclusiveness; and with their staff they are working daily to reduce their service users experience of marginalisation using a variety of inclusive strategies, and by practically supporting service users to access community facilities such as cafes, supermarkets and leisure venues etc.

On site we saw evidence of creative and intensive sensory interactions which included developing or adapting equipment to new uses to benefit service users in spite of the challenge of very limited funds for specialist sensory equipment and aids. The service has managed to raise some 'comfort' funds which appear to be used in targeted ways.

Staff Experiences and Observations

Quality Indicator 2 - Have the staff the time and skills to do their jobs

Staff should be well-trained, motivated and feel they have the resources to do their job properly.

Our findings

The service has a mandatory training matrix which includes;

- Manual handling
- MAPA (Managing of Actual or Potential Aggression), Level 3.
- Infection control
- Health and safety
- Fire Safety
- Midazolam training
- PEG training
- Safeguarding / DoLS training annually
- First aid at work - Senior DSO and DSO only
- Water system - Senior DSO and DSO only
- Modules on GO (E-Learning) platform, IT training, SUMO, Unwins.

Additional training available includes:

- Autism Awareness
- Dementia Awareness
- Medication
- NCEF Medication
- End of Life Care
- Sensory stories workshops
- Sensory massage
- coaching,
- supervision,
- Fire Marshall,
- Driving Test for all drivers,
- Modules on GO platform, include data protection, protective marking and cyber security.

The Senior Day Service Officer and Day Service Officer told us that robust induction and shadowing processes are in place for new staff, including agency staff. The line of authority for the recruitment of agency staff appeared vague and it was indicated this was decided externally to the service. The local Officers had on occasion to refuse agency staff when they felt they were unsuited to the role.

We spoke with a member of staff, a Day Services Assistant, who said that they felt well supported and they enjoyed working in their role and in the service. They said that they were properly trained for their role. They felt that they have the time and resources to do their job properly. Occasionally staff sickness / shortage impacts on planned activities because of the levels of the support needs of the service users, which means staff need to help with other service users e.g. to access toilets etc. They have been in their role for 15 years which they felt was a good measure of the quality and stability of the service.

Shortly before we arrived to speak with the Day services Assistant he had returned from a walk to the local supermarket with the service user he was supporting so that the service user could choose their own lunch and have some time out in the community.

It appears that staff are appropriately trained, supervised and motivated to work for the best interests of the people they support.

We gained the impression that generally staffing levels are appropriate to the needs of the service users with occasional additional pressures because of staff absence which can temporarily reduce the quality of service available.

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Comments

There are two main area of ambiguity that we picked up on:

There was a lack of clarity about whether permanently employed or agency staff have, or have ever had, DBS checks. It is an important recommendation that this needs to be clarified and promptly addressed in the interests of safeguarding the users of the service.

It appears that local Officers are not directly involved in recruiting or 'vetting' the suitability of agency staff for the service. They do not appear to have the 'final say'. Given the intensive and specialised nature of the service it is suggested that consideration should be given to clarifying the recruitment process and involving the local leaders in recruitment decision making as appropriate.

Quality Indicator 3 - Do staff have good knowledge of each individual client, their needs and how their needs may be changing

Staff should be familiar with clients' histories and preferences and have processes in place for how to monitor any changes in wellbeing.

Our findings

The service Officers advised us that each service user has an individual care and support plan which is regularly reviewed with service users and their carers / families. These are overseen by the local Social Work team who are obliged to ensure that care plans are reviewed. There are also 1 page personal plan profiles available for each of the service users so that staff who may not know them very well can gain an outline of their needs.

Examples were given of how staff have supported service users to improve and develop their range and quality of communication, feedback and interaction using a variety of verbal, non-verbal, and tactile methods.

This was confirmed by our discussions with staff who again gave other examples of how they creatively innovate with the people they work with in order to make their experiences more stimulating and enjoyable.

One staff member's role involves intensive 1 to 1 support with a service user for whom he has helped develop a personal programme and development plan. He showed that he has learnt and supports the personal preferences of the person he supports e.g. by accessing and listening to music, and sometimes by making music on guitar or keyboards. The member of staff described the main purpose of his role "to work with the team, and it is important for people to get out into the community and be part of it".

From speaking with several staff, the impression was gained that the service is keen to encourage staff to continually improve and develop in numerous 'small' but important ways the quality of life of the people they support.

Comments

We gained the impression that the service has a culture of proactively and creatively working to respond to changes in the needs of their service users, by adapting available resources and opportunities, and where possible working to improve the content and scope of care plans in order to broaden services users interactions and experiences.

The staff that we spoke to appeared to be very familiar with the needs of the people they were supporting and the service users appeared to be valued, relaxed, happy and comfortable.

It is evident and encouraging that the leadership and staff subscribe authentically to the principles and values of 'equality', 'social inclusion', and 'personalisation' as far as practically possible using the available resources.

Activities

Quality Indicator 4 - Does the service offer a varied programme of activities?

Services should provide a wide range of activities and support clients to take part in activities, unless the service offers a specific type of service rather than a wider range of opportunities.

Our Findings:

These are the types of activities on offer at the service:

Indoor	Outdoor	Off site	Visits / trips out	Other activities
Sensory stories	Sensory gardening	10 pin bowling	Community trips	Linked into celebrations etc. i.e. Christmas, Halloween, Olympics etc.
Sensory massage stories		Aqua gym	Shopping	Most sessions can take place weather permitting
Music		Boccia	Garden centres	Active support
Sensory games		Rambling	Cafes	
Wheelchair dancing		Swimming	Beaver Hall	
Physio following individual plans		Cycling	Places of interest	
Sensory art and craft				
Puppetry				

We were able to observe service users during sensory sessions, and spoke to three people and their support workers, one of whom had been on a walk to the local supermarket to choose and prepare lunch on their return.

We were told that the service has transport available to pick up and return people home and for other trips out.

We had a discussion with the Senior Day Service Officer about their attempt to introduce trampolining as a new activity, this is a work in progress as it appears some parents / carers are reluctant to consider trampolining as an activity, despite its proven benefits in other service contexts. This illustrates that the service actively tries to increase the range and scope of activities on offer in consultation with stakeholders.

In the outdoor area we were shown a range of instruments and sensory aids that the staff had made with service users using recycled materials. There was also a small sensory garden area which service users had helped with laying bark over mats as an activity in improving the usefulness of the external area.

Comments

Despite the severity of the physical and cognitive disabilities of the service users the staff involve the service users as much as possible in meaningful physical and practical activities. This can for instance involve service users going into the kitchen and talking through the steps of preparing a simple microwave lunch or drink etc. This type of practice helps service users to feel included and part of the activity and involved in doing a task 'with' a member of staff rather than having a drink or a meal being provided 'for' or 'to' them. It aims to prevent the service user being treated as a passive recipient of services.

Catering Services

Quality Indicator 5 - Does the service offer quality, choice around food and mealtimes?

If relevant, Services should offer a range of meal choices and adequate support to help clients who may struggle to eat and drink and accommodate different preferences and needs around individual dietary requirements.

Our findings

The service does not offer catering services per se. There is a small kitchen area with a cooker and microwave and kettle etc. We were told it is usual for service users either to eat out, or to heat up simple meals in the microwave or have a tin of soup or sandwiches etc.

There is Health and Safety guidance in the kitchen area.

It is evident that service users have independence and choice when it comes to their lunch provision and are actively involved in the preparation of their food as their needs allow.

Staff provide 1:1 support during lunchtimes.

Comments

We were informed that the service has a 5* Hygiene rating and were also shown the hygiene rating certificate which is displayed clearly in appropriate areas.

Quality Indicator 6 - Does the service accommodate clients personal, cultural and lifestyle needs?

Services should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other clients.

Our findings

The Senior Day Service Officer advised us that the service user demographic is solely White British and the age range is from early 20's to mid 40's.

To the best of their knowledge none of the service users have non white British cultural, ethnic or religious needs.

(In context it may be worth noting that in the 2011 census Staffordshire Moorlands reportedly had a 99.5% White British population).

Comments

The service reports that they accommodate all religious, cultural and ethnic needs of the service users. At the present time all service users are of a similar cultural and ethnic background but we were informed that should a service user attend who has specific or diverse needs in this area, they would have the resources and knowledge to include this in the daily running of the service.

Client Experiences and Observations

From the non-verbal cues observed, the service users seemed relaxed, happy and content when we saw them. One person had been engaged in a sensory session and was brought to interact with us for a while.

We enquired about how service users request support for instance to use the toilet given their very limited communications abilities. Staff advised us that service users are regularly taken to the toilet to be given the opportunity should they require it. This appears to be a practical way of maintaining service user dignity in a tactful way.

Family / Carers experiences (if available)

There were no family members or carers present during the course of our visit. The management team advised that they use a range of informal contacts, via telephone calls, daily handover / communication books and formal review meetings to keep in touch with families and carers.

There are regular carers meetings set up, and coffee mornings have been used to increase engagement.

A family newsletter is produced periodically.

Quality Indicator 7 - The service should be an open environment where feedback is actively sought and used.

There should be mechanisms in place for clients and relatives to influence what happens in the service, such as a Clients and Relatives Committee or regular meetings. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

Our findings

All of the service users present were non-verbal in terms of communication. The staff have learned to adapt individual communications strategies with each of their service users. There appears to be limited scope to use communication methods such as Makaton. This means that we had to use non-verbal cues in order to gain direct service user feedback. Service user feedback included smiling, verbal utterances and hand or body gestures, and responses were understood dependent on context, for example a service user would laugh or smile to a familiar humorous topic.

We were told that one service user can become over stimulated occasionally. For this reason a quiet, plain, 'de stressing' room has been set aside for their use when needed at the back of the unit. This is a space where sensory inputs can be reduced to levels tolerable to them in a quiet area. This is a practical example of how the service adapts to provide alternative support in the event it is needed, using their knowledge and relationship of the service user and the communication techniques that they have developed.

There is a formal complaints procedure in place. The Senior Day Service Officer told us that the service receives very few formal complaints. The Senior Day Service Officer prefers to resolve any concerns or complaints locally where possible as per the policy.

Comments

The service uses a variety of informal and formal communications and feedback methods, including providing printed care / review plans and family newsletters. The systems in use appear to be effective, proportionate and responsive to urgency and context.

Summary, Comments and Further Observations

It is apparent that the Moorlands Complex Needs service provides high quality, individualised / personalised responsive and proactive support to the people who attend. The service works to reduce social isolation and inequality by involving users of the service in visiting and using local attractions and amenities.

By using clear and robust paper processes and a variety of informal and formal communications methods the impression is gained that service users welfare and experiences are well managed and provided for. We felt that service users benefit from and enjoy attending the service. There appeared to be very good relationships between staff and service users which is all the more important given the challenges that users of the service face.

The service appears to be well and clearly led with the Officers having a positive and supportive presence to both service users and staff. The service encourages innovation and creativity in order to improve and enhance the experiences of the people who use it. We were not able to directly verify family / carer feedback on the quality of the service, but the mechanisms for obtaining feedback were outlined to us.

We noted that there is little public information about the service or how it could be accessed by people with eligible support needs. Consideration should be given to improving public / community awareness of the service and raising the profile of the service.

Our only reservations were about the question of whether staff are appropriately DBS checked; and about the process for determining the suitability of agency staff to work in the service.

Recommendations and Follow-Up Action

1. There was a lack of clarity about whether permanently employed or agency staff have, or have ever had, DBS checks. It is an important recommendation that this needs to be clarified and promptly addressed in the interests of safeguarding the users of the service.
2. It appears that local Officers are not directly involved in recruiting or 'vetting' the suitability of agency staff for the service. They do not appear to have the 'final say'. Given the intensive and specialised nature of the service it is suggested that consideration should be given to clarifying the recruitment process and involving the local leaders in recruitment decision making as appropriate.

Provider Feedback

Healthwatch received the following information from the Countywide Day Opportunities Manager, Complex Needs Service.

I can confirm that all agency staff have DBS checks via the company they work for and as manager I confirm this with the relevant agency.

In relation to our staff DBS checks have not been carried out for many years. DBS checks are completed at the point of recruitment and we have not actually recruited anyone to the complex needs team for approximately 10 years. All staff employed did have a DBS check but this is now historical.

I will share your recommendation with senior managers for them to consider whether or not we need to revisit staff DBS status.

The Countywide Day Opportunities Manager, Complex Needs Service further advised on this issue:

With regard to staff DBS status we have started a programme of review and their DBS's will be checked every three years.

With regards to the second recommendation, Healthwatch were informed the following;

The agency staff support individual needs because they are funded via Continuing Health Care. The appointing agency is identified by health commissioners and they are responsible for ensuring the health needs of the individuals are met. They agencies provide their workers with induction, clinical supervision and relevant training. Customers who have this support have needs above and beyond social care, however the customers attend our service so that we can provide social stimulation and offer additional 1-1 support for personal care and other aspects of their plans for example physiotherapy. Although we do not have the 'final say' we set very clear standards that we expect them to adhere to plus we have our own service induction which cover our expectations.

We have on one occasion refused to have a worker on site because she did not meet our standard therefore although we don't have the 'final say' we do exert our standards.

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



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