

Moorville Developments Limited

Oak Farm

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

About the service

Oak Farm is registered to provide accommodation and personal care for up to seven people with a learning disability and/or autism. The location offers individual and shared accommodation across four separate buildings each of which has separate adapted facilities. At the time of our inspection there were two people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

This provider was able to demonstrate they were meeting the underpinning principles of Right support, right care, right culture.

Overall people were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We received mixed feedback from relatives about activities. Some families said there should be more frequent activities outside of Oak Farm. We have made a recommendation about the activities provided by the service.

Right Support:

People's religious, cultural and personal diversity was recognised by the service, with their care plans outlining their backgrounds and beliefs.

The provider had a process in place to safeguard people from the risk of abuse. Staff were knowledgeable about safeguarding and knew how to act on their concerns. The provider had a recruitment system in place to ensure appropriate staff were employed.

Risks associated with people's care had been identified and assessments were in place to minimise risks occurring. The provider adopted least restrictive practices underpinned by a positive behaviour approach.

Quality audits were in place and completed regularly by the senior team. However, a medication audit had failed to note an error in transcription. The medication policy in place referred to more frequent assessments of staff competence than were taking place. We recommend the provider review their system for auditing medication and their medication policy to ensure they are in line with best practice guidance.

Right Care:

People received care and support from staff who knew them well and understood their needs and considered their preferences. Staff interacted positively with people and had a caring and respectful approach.

The provider made sure people got all the information they needed in an accessible format, to support them to make decisions about their care and support, including easy read, pictorial and translation of documents from English.

Relatives told us they would like to be more involved in some areas of their families care and for their relative to have more support with independence.

Right Culture:

Staff at all levels worked hard to promote a culture that was person-centred and inclusive. The vision and values of the home were understood by staff and translated into the delivery of care.

Staff told us should they have any concerns about poor practice they would feel confident to raise them and their concerns would be acted upon.

Staff supported people to explore and embrace their identity and provided care that was sensitive to equality and diversity.

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

Rating at last inspection

This service was registered with us on 11 February 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We have made a recommendation for the provider to review their system for medicines management audits and a recommendation about the activities provided by the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oak Farm

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Oak Farm is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oak Farm is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at the service to speak with us.

Inspection activity started on 5 December 2022 and ended on 22 December 2022. We visited the service on 5 December 2022.

What we did before inspection

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

We contacted social care commissioners who help arrange and monitor the care of people living at Oak Farm. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke to two people using the service. We spoke with seven members of staff which included, the nominated individual, a director, the registered manager, the home manager, the deputy home manager and two care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

We spoke with three relatives and sought feedback from four visiting professionals about their experience of the care provided.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse.
- People were kept safe from avoidable harm and told us they felt happy and safe living at Oak Farm. Comments included, "I can talk to staff and I would tell them if I wasn't very happy."
- Staff had training in safeguarding and knew what actions to take to keep people safe. A staff member commented, "I am confident if I did have any safeguarding concerns, they [the managers] would do something about it."

Assessing risk, safety monitoring and management

- People's individual risks were assessed, and measures were put in place to reduce and manage the risks. Risk assessments were reviewed and updated at regular intervals.
- Staff were knowledgeable about people's risk assessments and supported people in line with them.
- Regular checks were made on the premises to ensure people's safety. This included checks by external contractors on gas, electrical and fire safety.

Staffing and recruitment

- There were enough staff to ensure people were appropriately supported. Relatives did not raise any issues about staffing levels at the service. One relative commented, "It's the first time he's had this level of support and understanding."
- The provider had a recruitment system in place which enabled them to recruit staff safely. The recruitment process included pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Regular checks of people's Medication Administration Records (MARs) had been completed to make sure full and safe procedures had been adhered to. However, one recording error was not picked up by the current system for auditing medication.
- Staff were trained in medication administration and their competency had been assessed. However the frequency of observations was not in line with the provider's medication policy.
- People were supported by staff who followed systems and processes to administer, record and store medications safely.
- Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with

these principles. Staff had worked with one person to reduce and stop a PRN (when required) medication taken regularly prior to moving to Oak Farm.

We recommend the provider review their system for medicines management audits and their medication policy to ensure they are in line with best practice guidance.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- There were systems in place to learn from complaints, accidents and incidents and to identify trends and common causes. This enabled possible themes or trends to be identified and action to be taken to reduce future risks.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately, and managers investigated incidents and shared lessons learned.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were involved in developing their care plans and this included identifying their needs on the grounds of equality characteristics and looking at how these needs should be met.
- Staff completed a detailed assessment of care needs before people moved into the home. This information was used to develop care plans and risk assessments.
- Support plans reflected people's needs, and aspirations and plans were written to achieve these. Further work was taking place at the time of inspection to include more detailed recording of goal planning.

Staff support: induction, training, skills and experience

- Staff underwent an induction and shadowing period prior to commencing work. They had regular updates to their training to ensure they had the skills and knowledge to carry out their roles as well as regular support and supervision. Staff made positive comments about the training provided. One staff commented, "They [The provider] are very supportive all the time. They gave me time and loads of support to complete my NVQ." Another commented, "Respect training – it's really good. We could relate it to the people living at the service."
- Some staff had received specific and additional training to enable them to become 'champions' in areas including oral health, autism, dignity and respect and infection control. Champions provided additional support, advice and guidance to other care staff.
- Staff had undertaken specialist training to meet the individual needs of people using the service. For example, Communication, Positive Behavioural Support (RESPECT – affiliated with Bild – British Institute for Learning Disabilities) and Autism awareness.

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

- People were supported to choose, plan their meals and prepare their food.
- Staff encouraged people to eat a healthy and varied diet. This was also reflected by involvement in the on-site garden project where people were involved in planting, caring for, harvesting and preparing meals from produce grown.
- Staff had supported one individual to source and visit weekly a café & shop that reflected their cultural needs.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to attend medical appointments and access a range of health care professionals to improve their health and well-being.
- The service had effective processes in place for referring people to other agencies where needed.

- Staff worked well with other organisations to ensure people's needs were met and feedback from external professionals was positive. Comments included, "Staff ensure [service user's] care and support plans are up to date and also available in an alternative language for their family to access and be informed."

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

- People were comfortable in their own environment and were seen to spend time in their own accommodation and communal areas.
- The accommodation is spacious and well laid out with space for people to spend time together or apart. People also had access to a garden with wide reaching views and the wider grounds of the farm.
- People had personalised their rooms and were included in decisions relating to the interior decoration of the home including decorations for Christmas.

Supporting people to live healthier lives, access healthcare services and support

- Records included information about each person's health needs and guidance for staff to show how these needs should be met. People had access to health information in a variety of formats to aid their understanding.
- Each person had a hospital passport which detailed their health needs and the support they required. A hospital passport provides a summary of all the information hospital staff may need to support a person during their stay.
- People had good access to physical and mental healthcare and were referred to other professionals where appropriate.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered provider, the registered manager and staff were passionate about supporting people in the least restrictive way and always considered and acted in people's best interests.
- Records showed us where assessments demonstrated a person was unable to make a specific decision a best interest decision had been made with the involvement of the person, family and appropriate health or care professionals. Examples included administering medicine and personal care.
- Where people were subject to a DoLS authorisation, these had been applied for appropriately and a record was maintained to show when the authorisation needed reviewing.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People made positive comments about the support they received. Comments included, "I really like it here, I like the staff here, I have good fun here."
- Observations of staff providing care and interacting with people showed kindness, respect and warmth.
- One relative commented: "Staff are very compassionate and caring and this works well as [service user] feels safe and wanted."

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

- Staff worked hard to support people to express their views and be involved in making decisions about their care by using a range of communication aids including easy read, pictures and photographs. Where people needed additional support with expressing their views, the provider sought support from advocacy services and sourced an interpreter for one person to provide support with communication and translation of written information.
- Each person had a person-centred review which regularly assessed what was and wasn't working. Relatives and other professionals contributed to the reviews of people's care.
- Staff respected people's choices and wherever possible accommodated their wishes, including those relevant to protected characteristics. For example, around their cultural or religious choices.
- The service welcomed the involvement of advocates. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted, and people encouraged to set and achieve goals through person-centred planning. Relatives commented that they would like to see their relatives supported to be more independent.
- People received kind and compassionate care.
- Staff protected and respected people's privacy and dignity and understood and responded to their individual needs. We saw staff knocking on doors before entering rooms and we observed staff interacting with people with warmth and understanding.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had a person-centred plan. Their personal preferences were reflected throughout their plan of care. People's care plans and risk assessments were reviewed regularly and in response to any change of need.
- People were supported by staff who knew them well and supported them in a person-centred way. Staff commented, "This is a person-centred service. It just feels right."
- We observed staff supporting people and found they were caring and considerate and assisted people to make their own choices.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication passports that detailed effective and preferred methods of communication.
- Support plans also provided detailed information to inform staff how a person communicated.
- There was a range of accessible documentation to help people understand information as well as support to access advocacy services and a translator to support with meetings and translation of key documents.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of activities both inside the home and in the community, Relatives commented they would like to see more structured and regular activities that met people's individual needs.

We recommended the provider review the range and frequency of activities on offer and ensure they are based on individual needs and preferences and promote community involvement.

Improving care quality in response to complaints or concerns

- The provider kept a record of any concerns or complaints. The registered manager was passionate about learning from complaints and improving the service and outcomes for people.

- People had access to information about how to make a complaint that was available in a format that was accessible to them. One person commented, "I can talk to staff and I would tell them if I wasn't very happy."
- Two relatives spoken to requested to be more involved in or have more communication about some aspects of their family member's care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a culture that was person-centred and this fed through into assessments and support plans.
- People were supported to meet their needs in a person-centred way. Staff at all levels knew people well and were aware of their preferences.
- The registered manager and staff encouraged people to express their views and concerns and gave them the communication tools to support this.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities regarding the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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

- The management team understood their roles and were aware of their regulatory duties.
- The registered manager was aware of their responsibility to inform CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008 and this was evidenced by notifications submitted.
- Team meetings and supervisions enabled staff to discuss specific topics relevant to their roles and the needs of people living at the service.
- Staff at all levels including the registered manager were positive about the support they received. Comments included, "The door is always open if we want to discuss anything;" and "They [The provider] are always supportive and responsive."

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

- People were involved in the service and had regular meetings and reviews to discuss their support, with information provided in a range of accessible formats.
- Staff worked hard to ensure people were able to participate fully in their care by providing support with communication and working in partnership with others to maximise involvement through advocacy services and interpreters.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which showed their commitment to working in a person-centred way and a desire for people to achieve the best possible outcomes.
- Systems were in place to monitor the quality of the service. Audits took place on a regular basis.
- Action plans were used to address issues and make improvements to the service where needed. For example, during our inspection, the registered manager immediately enrolled senior staff on further training for medication due to an issue we identified.

Working in partnership with others

- The provider worked in partnership with others to ensure people received timely and appropriate care and support.
- Feedback from professionals was positive and the active involvement of a variety of different professionals was evident within the service.