

## Moorville Developments Limited

# Meadow View

### Inspection report

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Date of inspection visit:  
07 February 2023

Date of publication:  
22 March 2023

### 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

Meadow View is a registered care home providing accommodation and personal care to up to 4 people. The service provides support to people with a learning disability and associated needs. At the time of our inspection there were 4 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.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

### Right Support:

Staff supported people to have maximum possible choice, control and independence. They used personalised communication strategies to support people to understand and make choices. They found creative ways to promote learning and for people to develop new skills. Staff focused on people's strengths so people could have fulfilling and meaningful lives. Staff supported people to pursue their interests and achieve aspirations and goals. They overcame barriers and found ways to help ensure people took part in a wide range of age appropriate social activities. The home is located in a rural area of Sheffield with access to public transport. This is more remote than current best practice guidance recommends. However, the location of the service having a negative impact on people was mitigated by developing a home that was truly tailored to the wants and needs of the people living there.

### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. The provider encouraged people to try new activities that enhanced and enriched their lives. Staff supported people to take positive risks.

### Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff could meet their needs and wishes. Staff turnover was low, which supported people to receive consistent care from staff who knew them well.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

A focused inspection was carried out between 09 September 2020 and 16 September 2020. As part of this focused Inspection, we investigated whether the organisation was safe and well-led. The service was inspected but not rated (published 23 October 2020).

#### Why we inspected

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

#### 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.

# Meadow View

## 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 2 inspectors.

#### Service and service type

Meadow View 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. Meadow View 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 07 February 2023 and ended on 14 February 2023. We visited the location on 07 February 2023.

#### What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. We sought feedback from the local authority. 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 Meadow View. 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 visited all areas of the home and observed interactions between staff and people living at the service. We spoke with 6 members of staff which included, the company director, the registered manager, the home manager, a manager, and 2 care staff.

We reviewed a range of records. This included 2 people's care records and medication records. We looked at 3 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.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Managers and staff were aware of their responsibility to raise safeguarding concerns and liaise with the local authority and CQC.
- Systems and policies were in place to protect people from avoidable harm.
- All relatives, professionals and staff contacted said they felt people in the service were safe.

Assessing risk, safety monitoring and management

- People's risks in relation to health, well-being and safety were monitored and assessed. People had individualised risk assessments in place which were regularly reviewed to ensure they were kept safe.
- Staff were knowledgeable about the risks associated with people's care and could tell us what action was needed to promote people's safety and ensure their needs were met.
- The provider managed risks relating to the premises with regular safety checks, audits and assessments.
- There was a proactive approach to support people to take positive risks, ensuring they had maximum choice and control of their lives. For example, recently implemented person centred reviews focused on goals and outcomes to promote skills and independence.

Staffing and recruitment

- Staff had been safely recruited. Checks with the Disclosure and Barring Service (DBS) were undertaken. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- People were supported by a sufficient number of staff who knew them, and their support needs well. The company director advised they do not use agency staff and maintain a consistent staff team.
- Staff were suitably trained to meet people's needs, records indicated training was up to date and staff confirmed they felt well equipped to undertake their roles.

Using medicines safely

- Medicines were managed safely. Medicines were stored securely and within safe temperature ranges.
- People were supported by staff who followed clear systems and processes to administer medicines as prescribed. Staff had received training in medicines management and their competency in this area was checked at least annually.
- Some people required medicines as and when required (PRN). We saw there was detailed, person-centred information and guidance for staff as to when people might need their PRN medicines. Care records contained information for staff on each medicine.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of

medicines. Staff had developed a good working relationship with their local GP surgery to keep medicines under review.

#### Preventing and controlling infection

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

#### Visiting in care homes

- People were supported to maintain contact with their family and visitors were welcomed at the home.

#### Learning lessons when things go wrong

- Systems were in place to support staff reporting and recording any accidents and incidents.
- The provider took appropriate steps to learn lessons when things went wrong. For example, following a medication error appropriate steps were taken and additional training was given to support staff and minimise the risk of re-occurrence.
- There was open culture within the organisation and staff reported they would feel comfortable discussing mistakes. One staff member said, "There was no backlash from this (previous mistake), everyone was transparent about what happened."



# 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.

At our last inspection we did not rate this key question. At this inspection 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

- Staff completed assessments of people's needs before and whilst they were moving into the service. Before people moved into the home, the staff spent time with them and their families finding out about their needs and interests. This also helped people to become familiar with the staff. One relative told us, "They were amazing. Home visits took place for the staff to get to know [service user] and they got to visit Meadow View too."
- People and their families were involved in the assessment and care planning process. This enabled staff to identify people's preferences and ensure their care was tailored to their individual needs and choices.
- Care plan's detailed people's preferences and how they liked to spend their day. Staff were knowledgeable about people's individual communication preferences and activities that were important to them. People's choices and preferences were at the centre of their care and staff assisted people in a person-centred way.
- At the time of the inspection the provider was in the process of implementing person centred reviews to support people to work towards their individual goals. This process will take time to embed within the service.

Staff support: induction, training, skills and experience

- Staff were supported to carry out their role.
- New staff completed an induction and training to ensure they were well-prepared, competent and equipped to deliver high quality care. The induction process included shadowing more experienced staff and being introduced to people. Staff were complimentary about this process; it enabled them to get to know people well.
- Regular supervision and appraisal took place which allowed staff and managers to identify areas of development. Staff found this process helpful, one member of staff commented, "My aspirations are taken on board, we have spoken about my future development in the organisation."
- Staff told us they were happy where they worked and felt supported. Feedback included, "I'm always asked how I am feeling, I feel like management would be supportive if I needed anything" and, "I like it (the job) and don't plan on ever leaving."

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

- People received support to eat and drink enough to maintain a balanced diet. People were able to exercise choice over their dietary intake and staff were knowledgeable about individual needs.
- People's independence and dignity were promoted. One relative told us "The key worker worked with us to buy some specialist cutlery to promote independence at mealtimes, [our relative] has blossomed."

- People's dietary needs were assessed and planned for. Staff were aware of the need to seek support from dietary professionals where required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other agencies to achieve good outcomes for people and people were supported to access healthcare services and support appropriately.
- We received mixed feedback from professionals. One professional stated agreed goals were not always actioned in a timely manner. Another professional stated the staff and management team were responsive to advice given.
- People's care needs were clearly documented within their support plans and contained information from a range of professionals. Care records demonstrated staff followed guidance issued by healthcare professionals.
- Staff worked well together to ensure people received consistent, timely, coordinated, person-centred care and support.

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

- The environment had been built and designed to meet the needs of the people living there.
- Each person had access to a private bedroom and bathroom that had been adapted and decorated in accordance to their needs and preferences. A relative told us, "The room was built around [our relatives] needs, they moved the door so he had room to move up and down, we fed back that he would like this and they [the provider] acted."

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

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 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- DoLS applications were submitted to the local authority to ensure restrictions on people's liberty were correctly authorised. When authorisations were granted or were made subject to conditions, people's care records were updated.
- Where people lacked capacity to make decisions, appropriate people were involved in making decisions in people's best interests.
- Staff understood the importance of supporting people to make their own decisions and to deliver care in line with the person's preferences.

# 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.

At our last inspection we did not rate this key question. At this inspection 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 were supported by staff who knew them well and understood their individual needs and preferences.
- People appeared happy and able to dress and express themselves according to their preferences at that time.
- Staff were observed to be knowledgeable, caring and kind towards people within the home and used the communication methods most appropriate for each individual.

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

- People were supported to make decisions and express their views on a day to day basis.
- People had choice and control over their daily plans. There were sufficient staff to enable people to undertake activities when they wished to. One relative told us, "Our relative has 1-1 support so he can just go out, he has a lovely life."
- Family members told us they were fully involved in all aspects of support planning and reviews.
- Staff members had built positive working relationships with relatives to ascertain people's preferences. One member of staff told us, "Speaking to [relative] helps me to understand the person I am supporting, [the relative] knows them so well and this information helps us to support the person doing the things they like."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was supported and encouraged.
- Staff supported people to work towards their goals. These included day to day activities like paying for items in a shop and longer-term goals such as moving into a more independent setting. A relative told us, "[My relative] has lots of goals, staff are encouraging him to be independent, but not in a stressful way".
- Care files and confidential information about people was stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored appropriately.

# Is the service responsive?

## Our findings

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

At our last inspection we did not rate this key question. At this inspection 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 received personalised care which was responsive to their needs.
- People's preferences were clearly recorded in their support plans which were reviewed regularly to reflect any changes. Staff were able to demonstrate extensive knowledge of the people they supported and there was a culture of promoting choice and control.
- People were supported to achieve their goals, a staff member told us, "Patience and communication has been key, there have been weekly and monthly goals and [the person] has now been able to complete activities that would have been a dream before."

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's communication needs had been assessed and people had communication support plans which detailed the support required to communicate effectively. Staff had a good understanding of people's communication needs.
- Staff were observed to understand and respond appropriately to people's nonverbal communication. A relative told us, "Staff have had a lot of training in autism and sensory needs, they let [my relative] be how he is, they know what he likes but also when he wants to spend some time alone."
- People within the service were observed to respond positively to members of staff's communication methods.

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 were supported to maintain important relationships. Visitors were welcomed within the home and one person had recently been supported to commence overnight visits to family.
- People were supported to participate in a range of activities of their choice both within the home and on regular outings to the local community. Staff ensured activities were tailored to individual preferences, for example one person enjoyed taking a trip on the tram and also going for car journeys to listen to music.
- Staff had supported people to build independent skills whilst out in the community. A relative told us, "[Our relative] is doing well, he goes shopping now and would never have done this before."

Improving care quality in response to complaints or concerns

- The provider had a suitable procedure about how and when people could complain about the service. No complaints had been made about the provider at the time of the inspection.
- Relatives and staff said they were able to contact management at the service and would be comfortable doing so if required.

# 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.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Working in partnership with others

- Feedback from professionals who had worked with the service was mixed.
- One professional stated agreed actions were not always followed up in a timely manner and that some documentation within a support plan lacked sufficient detail.
- Relatives and a professional told us there had previously been difficulties in communication with management and senior staff, but this had improved recently. Relatives told us, "Sometimes when I contact the home you can say something to one person, and it doesn't get passed on" and, "Communication in the office was bad for a while, it's better now we have daily communication." One professional told us "Since [a new manager] has started they have been working well with families and professionals, they want to build relationships."
- Another professional told us they had positive experiences of engaging with the provider, stating, "I am updated whenever I need to be and they are very attentive and open with me. The management team ask me for advice and the advice I give is always carried out."
- Relatives without exception commented on managers and staff being approachable. A relative told us, "I feel 100% it is a team, not us and them."
- There was evidence of the provider engaging with relatives and a range of professionals in support planning and reviews.

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

- There was a positive culture which was person-centred, open and inclusive. People's needs were not seen as a barrier to achieving their goals.
- Staff spoke positively about people living at the home and spoke about the satisfaction they felt when someone achieved a positive outcome. Staff told us, 'I've never looked back since coming here, I find it really rewarding. I have worked closely with [person using the service] and their progression has been amazing' and, "It's really person centred with lots of activities, we help people reach their goals."
- Feedback from relatives was positive. Relatives told us, "[Our relative] has his own staff team which has been vital for him to flourish as he is so complex. His staff team are also some of the nicest caring people you could ever meet" and, "I can work with them as a team and find them approachable."

### 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 had duty of candour policy. At the time of this inspection there had not been any recent

incidents which required the provider to take action under this policy.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff within the service spoke highly about the management team. Staff reported they felt supported and the management were approachable. A staff member told us "There is an open-door policy from the top down."
- There was a quality audit process in place. Managers and senior staff were able to demonstrate audits and observations of practice took place on a regular basis. This information was used in staff supervision and appraisal.
- Staff were knowledgeable about the organisation's values, procedures and shared the same vision.

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

- Managers and staff worked well to understand the views of the people at the service.
- Relatives and staff spoke positively about their level of involvement with the service. Without exception relatives told us they had been involved with the assessment and support planning for their relatives and were in regular contact with staff.