Moorville Developments Limited

# The Glades at Moorville

## Inspection report

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Ratings

| Overall rating for this service | Good |
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|---|---|
| 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? | **Requires Improvement** |

# Summary of findings

## Overall summary

The Glades at Moorville provides accommodation and support for up to four people with learning disabilities and autistic spectrum disorders. It is located on a quiet residential road in Tapton, Sheffield. On the day of the inspection three people were receiving care services from the provider.

The inspection took place on 11 July 2017 and was announced. The provider was given short notice of the inspection because the service is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

This is the first inspection since the provider registered with the Care Quality Commission (CQC) in November 2015.

There was a registered manager on the day of our inspection. A registered manager is a person who has registered with CQC 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.

Some aspects of medicines administration were not safe. For example we found where people had PRN medicines (PRN medicines are given as and when required) prescribed. We saw that some protocols needed more detail. The protocol is to guide staff on how to administer those medicines safely and consistently. The registered manager took immediate action to address this following the inspection and reviewed all the PRN protocols that were in place in line with NICE guidelines for the safe management of medicines.

Accidents and incidents were recorded and reported by staff. However, there was no analysis of themes or trends in order to eliminate future risks or inform future service developments. Whilst there was no evidence to suggest that this had negatively impacted upon people the lack of analysis of themes or trends means that people may not be protected against the risk of receiving inappropriate care and treatment. The registered manager took immediate action to address this concern following the inspection

There was an extremely strong person centred and caring culture in the home. (Person centred means that care is tailored to meet the needs and aspirations of each person, as an individual.) The management team and staff shared the vision of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

We recommend the registered manager looks at best practice for auditing systems to ensure any shortfalls in documentation and processes are recognised.

The provider had a safe recruitment procedure in place that involved pre-employment checks being made

prior to new staff commencing employment.

The staff we spoke with were very knowledgeable on safeguarding and whistle blowing policies and procedures.

We looked at care records and found they contained a person centred care plan which gave staff an understanding of people's life stories, choices and preferences and what was important to the person.

We observed staff working with people and found they were kind and caring in their nature. Staff we spoke with were knowledgeable about respecting privacy and dignity and gave examples of how they would do this.

We checked people's care records. The information gave staff details of how to support and care for people to ensure their care needs were being met.

The home had a complaints procedure and people we spoke with knew how to raise concerns if they needed to.

We looked at people's records and found they identified risks associated with people's care and treatment.

People were supported to have sufficient food and drink to maintain a balanced diet. Snacks were available in between meals.

We found there were enough staff with the right skills, knowledge and experience to meet people's needs.

## 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.

People were safeguarded from abuse, or the risk of abuse, and their human rights were respected and upheld.

There were enough skilled and experienced staff to meet people's care needs. There were robust recruitment and quality assurance procedures in place to ensure people's safety.

People's medication was safely managed, and there were effective arrangements in place for ordering, storing and recording medicines. However, we found the information available for 'as and when required' medicines (PRN) needed to be improved.

### Is the service effective?

**Good**

The service was effective.

People were cared for by staff who were well trained and supported to give care that was tailored to people's individual needs.

Staff told us they received supervisions and appraisals.

There was evidence of best interests being considered where a person lacked capacity to consent. However, improvements were required to ensure decisions could be made following the appropriate legal processes.

### Is the service caring?

**Good**

The service was caring.

People told us the service was caring.

We found that staff spoke to people with warmth and respect and staff were passionate about their job.

Staff maintained people's privacy and dignity.

## Is the service responsive?

The service was responsive.

People received care that was personalised and responsive to their needs.

Care plans were detailed and person-centred.

There was a complaints system in place and people and their families knew how to complain if they needed to

## Is the service well-led?

The service was not always  well led.

People who used the service and staff told us that the registered manager was accessible and approachable.

People were supported to shape their own lives, make real choices, and they were at the centre of the decision making process.

The systems in place to monitor the quality and safety of the service required further improvements, and embedding into practice, to ensure they were fully effective.

Care Quality Commission

# The Glades at Moorville

**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 checked 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.

This inspection took place on 11 July 2017 and was announced. The inspection team consisted of an adult social care inspector.

The provider was given short notice about the inspection because the location is a small care home for younger adults who are often out during the day. We needed to be sure that someone would be in.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the CQC every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

We contacted Sheffield local authority, Sheffield Clinical Commissioning Group (CCG) and 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. All of the comments and feedback received was reviewed and used to assist and inform our inspection.

We usually ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we did not request a PIR due to changes to the inspection date.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with one person who used the service and two relatives to gain their views and experiences of the service. We also spoke with the registered manager, the deputy manager, three care staff and one healthcare professional.

We reviewed a range of records about people's care and how the home was managed. These included care records for three people, and other records relating to the management of the service. This included three staff training, support and employment records, quality assurance audits, and minutes of meetings with staff. We looked at the findings from questionnaires and incident and accident reports.

Good

# Is the service safe?

## Our findings

People we spoke with said they felt the home was a safe place to live and work, and our observations confirmed this. Relatives spoken with said they had no worries or concerns about their relative's safety. Relatives told us, "I have no worries or concerns about [my relatives] safety, I know they are happy and safe," and "The staff are very good , they are extremely receptive and I know [my relative] is absolutely safe."

We saw a policy on safeguarding people was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. We spoke with staff about their responsibilities for safeguarding vulnerable adults. Staff told us that they had received training about safeguarding adults and knew what action to take if they witnessed poor practice by colleagues under the whistleblowing procedures. Information gathered from the local authority and from notifications received showed safeguarding protocols were followed to keep people safe. This meant staff were aware of how to report any unsafe practice.

Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively.

The service had a policy and procedure on safeguarding people's finances. The manager explained each person had an individual amount of money kept at the home that they could access. We checked the financial records and receipts for two people and found the records and receipts tallied. This showed procedures were in place to safeguard people's finances.

There was a formal training programme in place for managing behaviour in the least restrictive way, which was called 'Strategies for Crisis Intervention and Prevention (SCIP) . SCIP follows the positive behaviour support model and the focus is on proactive methods to avoid triggers that may lead to a person presenting behavioural challenges. This means people are supported to communicate their needs, rather than present with a behaviour which can challenge, in order to enhance their quality of life.

Records showed the majority of staff had received SCIP training and there was there was a positive behaviour support policy to support and guide staff.

The provider followed safe and robust recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the files for three staff including the most recently recruited. Appropriate checks were undertaken before staff started work. The staff files included evidence that pre-employment checks had been carried out, including written references, satisfactory Disclosure and Barring Service clearance (DBS) and confirmation of the applicants' identity.

People who used the service were unable to confirm there were enough staff available to meet their needs due to the nature of their diagnosis and their lack of capacity. We therefore spoke with a relative, visiting professional and staff members and undertook observations around the service.

We saw the service had skilled and experienced staff to ensure people were cared for appropriately. We looked at the homes staffing rota for the two weeks prior to this visit which showed people were mainly supported on a one to one basis, which meant staff were able to meet their needs in a timely way and support them to go out into the community. This included attending appointments and taking part in social activities. Staff spoken with said there were sufficient staff available to support people on an individual basis, and this was confirmed by our observations.

We looked at the arrangements in place for the administration and management of medicines and found that these were appropriate. Medicines were stored securely in a locked cabinet. Medicines stored tallied with the number recorded on the Medication Administration Records (MAR). We checked two MAR sheets, which we found to be appropriately completed.

We discussed the process for administering medicines with the deputy manager who demonstrated a good knowledge of the correct process to follow. They understood the importance of giving people their medicines on time. Clear guidance was also available to tell staff about any specific actions they needed to take.

Staff we spoke with had a good knowledge of when people were prescribed medicines 'to be given when required' (PRN). However, we found that people did not always have a detailed "protocol" in place. The protocol is to guide staff on how to administer those medicines safely and consistently. We saw that some people's protocols needed more details. For example, how the person communicated they were in pain, which could be for example by facial expression or rubbing the area where they experienced pain. We shared this information with the registered manager and they took immediate action following the inspection to review their protocols and work in line with the NICE guidelines for the safe administering of medicines.

We found regular checks and audits had been carried out by the registered manager to make sure medicines had been given and recorded correctly.

The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering each individual person's care. For example, risk assessments were in place to help identify individual risk factors, such as safety in the community. These had been reviewed regularly to identify any changes or new risks. This helped to provide staff with information on how to manage risks and provide people's care safely.

We saw people had personal emergency evacuation plans so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency. The provider also had a business continuity plan in place and available for staff that advised them of action to take in the event of an incident affecting the service.

We found staff were using personal protective equipment appropriately and there were good supplies of items such as gloves, aprons and hand washing facilities throughout the home. We saw the home recognised the risk of infection and we saw they were following the correct procedures to minimise the risk of infection being spread in the home.

Training records showed all staff were provided with training in infection control and the staff spoken with confirmed they had been provided with this training. We found staff undertook cleaning, with support from people living at the home, with some relevant tasks. We found the home was clean.

We saw that all areas where chemicals or cleaning agents were kept were secure. This meant that  people who used the service had no access to these.

Good

# Is the service effective?

## Our findings

People received effective care. Relatives told us staff had the skills and experience to support their relatives to have a good quality of life.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The provider had taken some steps to ensure that people's mental capacity was assessed and that care was provided in accordance with people's consent. However, we found improvements were needed to ensure the provider was acting in the best interest of the people using the service. Assessments had not always been made regarding people's capacity to consent to care and treatment, or records kept of any 'best interest' decisions made on their behalf. For example, one person received support to safely manage their prescribed medicines and their finances. This was not supported through a clearly recorded 'best interests' process following an assessment of the person's capacity to consent or refuse their medicines, and then consultation with the person's authorised decision maker.

We discussed this with the registered manager and they took immediate action to make sure action was taken to address these concerns. This meant people's rights were protected.

People were supported to maintain their health and had access to health care services as needed. Care plans contained clear information about peoples' health needs. There was evidence in people's records of the involvement of healthcare professionals such as doctors and dentists.

Staff told us they had received induction training and had completed mandatory training as part of this process. Training and supervision records showed staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. Staff had received training in areas essential to the service such as fire safety, infection control, safeguarding, medicines, first aid and challenging behaviour. The manager had a system, which identified when staff training updates were due, so these could be planned for in a timely way. Staff we spoke with confirmed they had undertaken the training and felt they received sufficient training to keep their knowledge and skills up to date.

We asked a member of staff if they felt supported by the provider and the home's management team. They told us they did and they loved working at the service. We spoke about the availability of training and they were positive in their accounts of this, and said that there were ample training opportunities.

Staff told us they received regular supervision where they could discuss any issues in a confidential meeting with their line manager. One member of staff told us, "You can approach the managers about anything, they are really supportive."

People were supported to have a balanced diet. A varied and nutritious diet was provided to people that took into account dietary needs and preferences so that health was promoted and choices could be respected.

There were picture menus in place. The picture menus enabled people to choose from a variety of food options. Staff confirmed people had access to good quality food and there was plenty of choice.

The support plans contained evidence, that where ever possible, people living at the home, and their relatives had been asked for their opinions and had been involved in the support planning process. This meant people could share what was important to them. Relatives spoken with said they were always kept up to date and asked their opinion.

Good

# Is the service caring?

## Our findings

Our observations, and people's comments, indicated that staff respected people's decisions and confirmed they or their relatives had been involved in planning the care staff delivered. Relatives we spoke with told us staff were very good, were patient and understanding and knew the people they supported very well. One relative said, "The staff are very attentive." Another relative said, "I am very happy with the service. The staff genuinely care, in fact it's quite touching sometimes they treat [my relative] like family." Other comments included, "The staff are very person centred," "They [the staff] provide extremely good care," and "Each member of staff provides genuine care for [my relative.]"

Staff provided a caring and supportive environment for people who lived at the service. All staff we spoke with were passionate in ensuring people were well cared for. One staff member said, "I love my job, everything that happens is dictated by the people who live here." Another member of staff told us, "The staff here really care."

People who used the service were treated with respect and dignity at all times. People's choices, privacy and confidentiality were assured. We observed staff working in partnership with people who used the service and encouraging them to take the lead.

Staff demonstrated a clear understanding of the principles underpinning the values of positive behaviour support. We observed people being supported to participate in productive, purposeful, appropriate and meaningful activities to promote, maintain and maximise their independence skills.

We saw there was a happy and relaxed atmosphere in the home. Staff had an excellent knowledge of how people preferred to be supported and there were detailed support plans confirming people's wishes and preferences.

We saw staff knew people's preferred method of communication and could interpret people's gestures and facial expressions. Records we looked at showed that people had care plans in place that included information about their communication needs. Staff communicated easily with people and always understood when someone required assistance or was asking for something even when the person had no verbal communication.
We observed staff promoting people's dignity in everyday practice. We saw that staff supported people with their appearance and sensitively prompted them when they needed support in this area.

We saw people could spend time alone in their bedrooms or in quieter areas of the home if this was their preference. Staff were respectful of people's need for personal space and we saw they prompted other people to respect this too.

Good

# Is the service responsive?

## Our findings

The comments from relatives and professionals, as well as our observations, indicated people were happy with the care provided and the way their care and support was delivered by staff. Relatives we spoke to told us, "The introduction of [my relative] was handled excellently; there is a good care team who all try and manage [my relative] the same way."

The care files we checked showed needs assessments had been carried out before the person had moved into the home. We also saw records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them.
We saw people received care that was tailored to their individual needs and preferences. Staff we spoke with understood people's needs and explained to us how they met people's needs. Staff were also able to explain to us how each person responded differently and this required different approaches and methods. This showed staff were responsive to individual's needs.

One member of staff told us, "Every day we give them opportunities to choose for themselves, starting with what they want to eat, to what they want to wear and what they want to do. It is totally person centred." Another staff member told us, "The activities are flexible, the person I support is nonverbal so we have to know what they like and understand their body language, the persons mood dictates the activities. It's all about the present moment."

The service was responsive to people's needs for care, treatment and support. Each person had a 'positive and proactive support plan.' This was personalised and reflected in detail their personal choices and preferences about how they wished to live their daily lives.

Support plans were regularly reviewed and updated to reflect people's changing needs. Staff knew people's individual communication skills; abilities and preferred methods and they were able to communicate effectively by interpreting gestures, signs and body language.

Support was provided to enable people to take part in and follow interests and hobbies. This included regular access to the local community, including social activities.

We also saw each file contained a person centred plan detailing their likes and dislikes, as well as photos to help illustrate particular things. For example peoples preference's around food or activities they liked to take part in. Other information contained in care files included what the person's 'daily routine looked like and what was important to them now, and in the future, and how they needed staff to support them.

Daily records contained information about what people had done during the day, what they had eaten and how their demeanour had been. There were also verbal handover between shifts, when staff teams changed. These measures helped to ensure that staff were aware of and could respond appropriately to people's changing needs.

We saw that people were supported to keep in touch with their families on a daily basis sending pictures of outings and activities by social media. One relative told us, "Posts on Facebook are a great way of keeping us up to date with what [my relative] has done."

We saw that when people were at risk, health care professional advice was obtained and the relevant advice sought. Health care professionals we spoke with told us the staff were very knowledgeable on how to meet and respond to people's needs.

We spoke with relatives and health care professionals about access to healthcare services. Relatives told us the staff were very quick to recognise any issues and to call health professionals when they needed them. One health care worker told us, "They provide extremely good care and I was impressed by the positive level of understanding and knowledge of the people living here."

The registered manager told us there was a comprehensive complaints policy. The service had not received any concerns or complaints. However, the registered manager was able to explain the procedure they followed to ensure any complaints raised would be taken seriously and acted on to ensure people were listened to.

Conversations we overheard confirmed staff gave time for people to make decisions and respond to questions.

Requires Improvement

# Is the service well-led?

## Our findings

At the time of our inspection the service had a registered manager who had been registered with CQC since October 2014.

There was clear evidence of the registered manager proactively managing a person centred team and embedding person centred values within the team.
There was exceptionally positive feedback from everyone we spoke with and the interactions we observed were respectful at all times. People were supported to shape their own lives, make real choices, and they were at the centre of the decision making process.

We saw audits were used for monitoring areas such as, care files, medication, meals and nutrition and infection control. However, issues we had identified during our inspection had not always been picked up as part of the quality and safety monitoring systems at the service. For example, accidents and incidents were being reported and recorded by staff. However, the registered manager was not recording and monitoring the actions that should be taken to prevent the incident reoccurring. They did not carry out analysis of the incidents to identify if there were any patterns or trends in the accidents and incidents occurring, or any lessons that could be learnt. Another example was recording of best interest decisions that were being made in relation to the management of finances and medication. We spoke to the registered manager and they took immediate action to address these concerns following the inspection.

We recommend the registered manager looks at best practice for auditing systems to ensure any shortfalls in documentation and processes are recognised.

The staff members we spoke with said communication with the registered manager was very good and they felt supported to carry out their roles in caring for people. One staff member told us, "We are supported very well by the managers and particularly the deputy manager. I have never worked in a place where managers have been so hands on. The [deputy manager] doesn't just sit in the office she [deputy manager] shows you what to do and how to do it. The [deputy manager] is a great role model."

Staff told us they felt confident to raise any concerns or discuss people's care at any time. They said they worked well as a team and knew their roles and responsibilities very well.

All staff we spoke with told us they received regular supervision and support. Staff also told us they had an annual appraisal of their work, which ensured they could express any views about the service in a private and formal way. One staff member told us, "The managers are really helpful, they are friendly and supportive. I would definitely recommend working here."

Health care professionals we spoke with also told us the service was well managed. One health professional we spoke to told us, "The manager and staff are committed to ensure that the service is run for the people who live there and provide a good quality of care and support."

There were regular staff meetings arranged, to ensure good communication of any changes or new systems. Staff told us they felt the meetings were as frequently as required and were well attended.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. We saw the results of the last survey, which were all very positive.

Questionnaires had been used to ask relatives their opinion on the service their family member had received. Comments from relatives included, "They have high standards and I want them to maintain these standards to ensure the continuity of an excellent service," and "The Glades at Moorville provides a stable caring home for [my relative] where their health and wellbeing are well catered for."

The home had policies and procedures in place, which covered all aspects of the service. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The registered manager showed us the statement of purpose that they had shared with people living in the home as well as commissioners of the service. It clearly described the type of home and the services they provided.

The service had notified the CQC of all significant events that had occurred in line with their legal obligations.