

Moorville Developments Limited

The Lodge - Moorville Residential

Inspection report

Hollow Meadows
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Sheffield
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Tel: 01142631551

Date of inspection visit:
06 September 2019

Date of publication:
23 October 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

The Lodge – Moorville Residential is registered to provide accommodation and personal care for up to six people with a learning disability or autistic spectrum disorder. The service is set in approximately seven acres of gardens within the Sheffield Peak District. At the time of the inspection there were six people living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Relatives told us their family members received high quality person-centred care and staff were exceptionally caring.

We were not able to speak with some people using the service because we were unable to communicate verbally with them in a meaningful way. From our observations we did not identify any concerns regarding the safeguarding of people who used the service. People had individual risk assessments in place so staff could identify and manage any risks appropriately.

People were truly respected, valued as individuals and empowered as partners in their care. Staff respected people's privacy and dignity and spoke to people with understanding, warmth and respect. There was a strong, visible person-centred culture.

Safeguarding procedures were robust and staff understood how to safeguard people. Systems were in place to make sure managers and staff learned from events such as incidents, concerns and investigations. The provider completed pre-employment checks for new staff, to check they were suitable to work at the service.

Medicines were managed safely at the service.

The service was clean and had a welcoming homely atmosphere.

There were enough staff to ensure people's care and support needs were met. Staff had undertaken training

which was regularly updated to ensure they had the skills and knowledge to support people effectively.

Staff had completed equality and diversity training and gave constant thought and consideration to promoting inclusivity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to maintain their independence and engage in activities of daily living such as cooking, food shopping and cleaning their room. They were encouraged and supported to engage in activities including work experience within the community.

Staff spoken with made very positive comments about the staff team, registered manager and nominated individual.

There were planned and regular checks completed at the service to check the quality and safety of the service provided.

We recommend the provider considers reviewing the checks completed on people's records to ensure they are accurate and complete.

Rating at last inspection:

At our last inspection The Lodge – Moorville Residential was rated good (report published 8 March 2017).

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our safe findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our safe findings below.

Good ●

The Lodge - Moorville Residential

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

The Lodge – Moorville Residential is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The Lodge – Moorville Residential provides personal care for people with a learning disability or autistic spectrum disorder. The service provides accommodation and care for up to six people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory

notifications are information the registered provider is legally required to send us about significant events that happen within the service. For example, where a person who uses the service has a serious injury. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted social care commissioners who help arrange and monitor the care of people living at The Lodge – Moorville Residential. 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.

We were not able to speak with some people using the service because we were unable to communicate verbally with them in a meaningful way or they chose not to speak with us. We spoke with seven members of staff which included, the nominated individual, the registered manager, two directors and three care staff. Following the inspection four people's relatives shared their feedback about the service.

We looked at three people's care records. We checked a sample of people's medication administration records and three staff files, which included recruitment checks, supervisions and appraisals. We also looked at other records relating to the management of the service, such as quality assurance documents.

We spent time observing the daily life in the service and we looked around the building to check the home was safe and clean.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. People were supported to raise any concerns with staff.
- Relatives felt their family member was in a safe place. One relative said, "He [family member] has an extended family there, he is happy and safe and they love him."
- Staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm.
- We were not able to speak with some people using the service because we were unable to communicate verbally with them in a meaningful way. From our observations we did not identify any concerns regarding the safeguarding of people who used the service.
- We found there were satisfactory arrangements in place for people who had monies managed by the service.

Assessing risk, safety monitoring and management

- There were effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service.
- People's care records included assessments of specific risks posed to them, covering areas such as their physical and mental health.
- Care plans contained appropriate guidance for staff about how to support people to reduce the risk of avoidable harm.
- Risk assessments were regularly reviewed or more frequently if a person's needs changed. We saw that one person's care plan did not refer to the correct risk assessment. We shared this feedback with the registered manager so this error could be amended.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained. We saw the storage of 'Control of Substances Hazardous to Health' (COSHH) substances needed to be more robust as some people used the laundry room to access or exit the building. We spoke with the registered manager and senior staff, they told us the laundry room would be kept locked until a new COSHH storage cupboard was obtained.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. During this inspection, we saw staff were available to meet people's needs in a timely manner.
- Staff felt there were enough staff to support people effectively.

- The provider completed pre-employment checks for new staff, to check they were suitable to work at the service. We saw the provider's recruitment policy and procedure required updated to ensure it fully reflected the information required to meet regulation 19. We shared this information with the nominated individual, they told us the policy and procedure would be reviewed.

Using medicines safely

- Medicines were managed safely at the service. People were receiving their medicines as prescribed. Staff kept records about what medicines they had administered to people and when.
- Staff who administered medication had received training and their competency had been checked.
- Some people were prescribed medicines to be taken as and when required, known as PRN medicines. We saw PRN protocols were in place for the majority of medicines that had been prescribed to be taken when required. We noticed one person did not have a protocol in place for one of their medicines. We shared this information with the registered manager, they assured us this would be put in place.
- Regular checks of medicines were undertaken to identify any issues and improve the management of medicines.

Preventing and controlling infection

- The Lodge was clean and regular infection control audits were undertaken by senior staff.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong

- The service had a process in place for staff to record accidents and untoward occurrences. The registered manager told us the occurrences were monitored to identify any trends and prevent recurrences where possible.
- Staff handovers and team meetings were used to discuss learning points from incidents and changes to people's care plans, so that people were supported safely.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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's physical, mental and social needs were holistically assessed before they started using the service. Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met. People and relatives had an opportunity to visit the service prior to coming to live there.
- The feedback received from relatives was very positive about the care and support provided. One relative described how their family member's wellbeing had improved since they had come to live at the service. Another relative described how happy their family member was living at the service.

Staff support: induction, training, skills and experience

- Staff induction procedures ensured staff were trained and knowledgeable about the people they supported.
- Staff were supported to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their working life.
- Staff had received specialised training to meet the needs of the people who used the service such as supporting people who had behaviour that could challenge others and epilepsy. However, we noted that staff had not received mandatory training in oral care. We shared this feedback with the registered manager, they told us they would arrange for this training to be completed.
- Staff told us they were well-supported by the registered manager; they received regular one-to-ones and appraisals.

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

- People were supported with their health and dietary needs, where this was part of their plan of care. One relative described how staff had cooked meals especially for their family member to encourage them to eat more.
- Some people living at the service were supported by staff to do some of the cooking at the service.
- People participated in the planning of menus for the service.
- We saw people were offered a varied diet and were provided food from different cultures.

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

- The service had clear processes for referring people to other services, where needed.
- The service worked closely with health professionals to support people's health needs.

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

- In people's records we found evidence of involvement from other professionals such as doctors and consultant psychiatrists.
- People had a hospital passport. A hospital passport provides key information about a person with a learning disability. The passport also includes important information about how a person communicates, their likes and dislikes, which can be crucial when they are first admitted to hospital.
- We noted that some people's care plans did not include a health appointment tracker, this helps staff keep track of people's different appointments particularly when the person has complex needs. In one person's care plan we were unable to ascertain whether they had attended their dental appointment and received treatment. We shared this feedback with the registered manager. Following the inspection, the registered manager sent us information confirming they had received this treatment.

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

- The service is based in two detached buildings close to each other. The Lodge is situated in the Peak District National Park and is within 7 miles of the city and Hospitals. The service is set in seven acres of garden and has seating areas for people to use. There are local amenities at Crosspool; including shops and restaurants.
- In the main house there is a spacious communal lounge and dining kitchen for people to use. People's bedrooms are based on the ground floor and first floor, accessed by stairs. All the bedrooms in the main house have an en-suite and there is a communal bathroom for people to use. The second building has two self-contained apartments for people to live in.

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. • The service was working within good practice guidelines.
- People had signed to indicate their consent to their care plans where able.
- Mental capacity assessments we reviewed were decision specific and, where needed, best interests' decisions had been recorded, when made on a person's behalf. We saw one person's assessment had not been reviewed for over a year. We shared this feedback with the registered manager, they told us they would be reviewed. They also told us they would put a system in place to ensure people's mental capacity assessments were regularly reviewed.
- Staff had received training in the MCA and DoLS.
- Staff described how people were promoted to be as independent as possible and to make decisions for themselves.

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 the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was a strong, visible person-centred culture. Relatives told us their family members received exceptionally high quality, personalised care. Comments included, "It's a very special place, I have never known him [family member] be so happy," "They [staff] have been very kind to me and my [family member]," "I feel valued and listened to" and "I cannot think of a better place."
- Staff gave positive feedback about the caring nature of the service and the quality of care and support provided. Staff had completed equality and diversity training and gave constant thought and consideration to promoting inclusivity.
- The service ensured staff focussed on building and maintaining open and honest relationships with people, their families and friends. One relative described how the bond between their family member and their sibling had strengthened since their family member had come to live at the service. They were looking forward to having Christmas dinner altogether in their family members apartment. Another relative told us a staff member gave them a lift into the city centre after their visits as they did not drive and how thoughtful it was.
- The service ensured that staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. Staff demonstrated a real empathy for the people they cared for. Our observations during the inspection and feedback from relatives told us people received exceptionally high quality, personalised and compassionate care. We saw staff were sensitive to times when people needed caring and compassionate support. It was clear from our discussions with staff that they enjoyed caring for people living at the service and they found it very rewarding. One relative described how a staff member had recently taken their family member out to the Rotherham Show on their day off. Their family member had also been supported by staff to attend a staff member's evening wedding reception in November 2018.

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

- Care records showed that people had been supported to be actively involved in all aspects of their care planning and their own risk management. This involvement enabled staff to anticipate people's needs and recognise distress and discomfort at the earliest stage.
- People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. For example, one person had worked at a local café and obtained their food hygiene certificate. They were now working voluntarily at Dog Inc where they worked with dogs. One relative described how their family member had worked with staff to sand down and re varnish the garden

chairs. They had also painted their own garden furniture.

- We saw people had been supported to achieve their goals and aspirations. For example, one person was supported to go to London and visit the Harry Potter film studio. Another person wanted to play golf, so staff supported them to go to a golf driving range.
- We found 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

- Respect for privacy and dignity was at the heart of the service's culture and values. This was fully embedded into the service. Relatives and staff felt respected, listened to and influential. Relatives described how they were consulted if their family member's behaviour or wellbeing changed.
- People were able to lock the doors of their room if they wished to. We saw some people had pictures on their bedroom doors. One person had requested, that people knock and say who you are, so they could choose whether they entered. People living in the two apartments choose when they wanted to invite people from the main house for a meal or a hot tub party.
- People were actively supported to maintain their independence and engage in activities of daily living such as, cooking, food shopping and cleaning their room. One person had gone out shopping on the day of our inspection.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans were person centred and contained people's goals and aspirations. We found there was a record of the relatives and representatives who had been involved in the planning of people's care. Relatives told us they were kept fully informed about their family member's wellbeing.
- People's risk assessments and care plans showed how people may behave when they were well or when they maybe becoming unwell. Care plans gave guidance to staff in how they should respond to promote wellbeing.
- Staff handovers enabled information about people's wellbeing and care needs to be shared effectively and responsively. The service provided an on-call service for staff to contact if they needed assistance and advice.

Improving care quality in response to complaints or concerns

- The service had not received any complaints since the last inspection. Relatives told us the registered manager and director were very approachable and felt confident they could raise any concerns with them.
- The complaints process was available in an easy read format and displayed in the main reception area.
- Regular meetings were held with people living at the service and they were encouraged to express any concerns they may have.

The provision of accessible information

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans.
- There was a range of easy read and pictorial documentation available at the service for people to look at. For example, there was a pictorial staff rota in the kitchen area for people to see who was coming to support them.

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 follow their interests and take part in activities, including activities in the community. One relative described how they received photographs and videos from their family member

during the day about their activities. For example, singing at Karaoke and going to the disco.

- Some people had been supported to access work opportunities or voluntary work.
- People were encouraged and supported to develop and maintain relationships with people that matter to them. The service held a garden party in the summer and people's relatives had been invited to attend. One relative told us this had been very enjoyable event. The registered manager also told us the service held an annual fireworks party for relatives and friends to attend.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. People's wishes and preferences had been explored and were included in their care plans.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- We observed a positive, welcoming and inclusive culture within the home.
- The service had an open culture. Staff were committed to providing person-centred care and learning from any incidents.
- Regular checks were completed at the service by senior staff and the nominated individual to identify any areas for improvements and to ensure it provided high-quality care and support. However, we saw the checks on people's records had not identified there was information missing from one person's care plan.

We recommend the provider considers reviewing the checks completed on people's records to ensure they are accurate and complete.

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

- Relatives told us the service was managed well. We received positive comments about the registered manager, the directors and nominated individual. Comments included, "[Director] is really approachable and friendly" and "[Family member] can knock on [registered manager] door and ask to speak to them anytime they need to."
- We received positive feedback from staff about the way the service was run. They told us the registered manager was approachable, supportive and proactive at dealing with any issues that arose.
- Staff at all levels were clear about their roles and responsibilities.
- Staff told us there was a good team of people working at the service and they worked effectively as a team.
- The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.
- There were quality assurance systems in place to monitor the quality and the safety of the service provided.
- Staff meetings took place to review the quality of the service provided and to identify where improvements could be made.

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

- We saw evidence that the registered manager actively sought people's views by sending out surveys and holding house meetings at the service.
- The service had developed strong links within the community.
- The director carried out regular checks at the service to review the quality and safety of the service provided. We saw the provider would benefit from regularly reviewing the NICE guides to see if they needed to make any changes at the service or provide additional staff training.

Working in partnership with others

- The service worked with other agencies such as the local authority and clinical commissioning groups who commissioned care for some people living in the home.