

# Moorville Developments Limited

# Hallamgate House

## Inspection report

16 Hallamgate Road  
Sheffield  
S10 5BT

Tel: 01142631551

Date of inspection visit:

21 September 2020

22 September 2020

23 September 2020

24 September 2020

28 September 2020

Date of publication:

23 October 2020

## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Good ●
Is the service well-led?	Good ●



# Summary of findings

## Overall summary

### About the service

Hallamgate House is registered to provide accommodation and personal care for up to six people with a learning disability or autistic spectrum disorder. At the time of the inspection there were five people living at the service.

The service had 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

Hallamgate House was exceptional at placing people at the heart of the service. There was a strong, visible person-centred culture. Staff were highly motivated to offer care and support that was exceptionally compassionate and kind. The registered manager alongside staff placed the upmost value on people having as many opportunities as possible to develop their confidence, gain new skills and become as independent as they could.

People were treated with the utmost respect dignity, empathy, and compassion. People and relative told us the care provided for individuals exceeded expectations and they were happy. The ethos of the service was to empower people to live a life of their choosing. Staff had gone to great lengths to ensure people's preferences and voices were heard, to ensure the support provided achieved this.

The outcomes for people using the service truly reflected the principles and values of Registering the Right Support in the promotion of choice, control, independence and inclusion. The management team constantly looked for ways to improve the service. They had engaged people with complex emotional and behavioural needs in decisions and feedback at every opportunity. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The aspirational leadership by the registered manager ensured their vision was embedded within all the staff team. Support was bespoke and truly person centred. There was a culture of continuous improvement with a clear focus on ensuring any changes enhanced the quality of the service people received.

### Rating at last inspection

The service was registered with us on 27/06/2019 and this is the first inspection

### Why we inspected

This was a planned inspection in line with our inspection programme. We have made changes to the way we

work due to Covid-19. This is to avoid putting pressure on services that are caring for people. We completed a focussed inspection. During this inspection we looked at two key areas safe and well-led. We do not look at all the five key questions during a focussed inspection. Therefore, the service was not given an overall rating.

#### Follow up

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

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Hallamgate House

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Hallamgate House is registered to provide accommodation and personal care for up to six people with a learning disability or autistic spectrum disorder.

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

We gave the service 24 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 home to speak with us.

Inspection activities started on 21 September 2020 and ended on 28 September 2020. We visited the care home on 9 September 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We contacted social care commissioners who help arrange and monitor the care of people living at Hallamgate House. 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 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 eight members of staff which included, the nominated individual, the registered manager, one director and four care staff.

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

#### After the inspection

We spoke with four relatives and two visiting professionals about their experience of the care provided.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 for 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

- Staff had a clear understanding of safeguarding people, and care and support was planned and delivered in a way that ensured people were safe, without restricting their freedom.
- People and their relatives told us the service was safe and we saw people and staff laughing and joking together. It was very inclusive. One relative said, "The house is a lovely family atmosphere which is well managed, happy and safe. Nothing is too much trouble for them. They deserve a pat on their backs for the excellent care they give."

Assessing risk, safety monitoring and management

- People were supported to take positive risks towards independence using a creative and comprehensive approach to risk taking.
- Risks were minimised by person centred risk assessments, with clear details for staff that focussed on the positive benefits of being allowed to take risks. This encouraged people to get the most out of their support and achieve their goal to be as independent as possible.
- Restraint and restrictive practices were used at the service but only ever as a last resort. Where other services had failed these people, this service was succeeding. We were met with many examples to evidence the positive outcomes for people.
- Regular checks were made on the premises and equipment to ensure people's safety. This included checks by external contractors on gas, electrical and fire safety.

Staffing and recruitment

- Staff were recruited safely, and appropriate checks were carried out to protect people from the risk of being supported by unsuitable staff.
- There were enough staff employed to ensure people's needs were met. Support was provided by the same core group of staff, which promoted good continuity of care. The person's relative told us staff were very reliable.

Using medicines safely

- Medicines were managed safely at the service.
- Staff were trained in the safe management of medicines and their competency was checked.
- Staff made sure people received their medicines at the correct times and records confirmed this.

Preventing and controlling infection

- Staff had received infection control training and Covid-19 training.

- The service had a good supply of Personal Protective Equipment (PPE).
- Staff were using PPE in line with the current national guidance to help keep people and staff safe from Covid- 19.

#### Learning lessons when things go wrong

- The registered manager was clearly committed to identifying improvement within service and accidents and incidents were recorded and analysed to identify patterns and trends.
- Lessons were learned following incidents or events affecting the well-being and safety of people who used the service.



# 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 service was consistently managed and well-led. The registered manager and staff promoted high-quality, person-centred care. Staff spoken with were proud to work for the service.
- The provider and the registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. The staff demonstrated they embraced these values when discussing the service.
- People, relatives and all the staff spoke positively about the provider and the registered manager. People said the provider and the registered manager were visible, kind and compassionate.
- The provider and the registered manager showed a commitment and passion for the service and modelled high standards of care, through a 'hands-on' approach and attention to detail.

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

- There was an effective quality assurance system in place to drive improvements within the service. Audits were carried out in line with policies and procedures. For example, there was a programme of in-house audits including audits on medicines and people's care records.
- The provider promoted the culture of honesty and learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour.
- The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

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

- The relative spoken with told us their family member was fully consulted in all aspects of their care, and their choices were respected. The person and their relatives knew who the registered manager was and knew they could ask to speak with them if they had any concerns.
- Staff spoken with told us the registered manager was very approachable and listened to their views.

Continuous learning and improving care

- The manager told us they were committed to improving the lives of people living there. They had identified why people's move into a community setting had failed in the past and one of the reasons had

been down to staff and inconsistent approaches. To ensure successful community living, they made sure staff were trained in positive behaviour support. Positive Behaviour Support (PBS) is about working in partnership with people, treating them with dignity and respect and enabling them to have a better life.

- The registered manager was actively seeking to reduce all episodes of restraint. They had undertaken extensive research into the different restraining techniques to ensure people were supported to live a happier and more independent life free from restrictions. The director told us they were a member of the restraint reduction network (RRN) which is an independent network which brings together committed organisations providing education, health and social care.
- The service was signed up to STOMP (Stopping the overmedication of disabled people with a learning disability, autism or both with psychotropic medicines) which is a national campaign. This aims to ensure that people are not overprescribed medication. This had been discussed in team meetings and all staff embraced this with demonstrable results.

#### Working in partnership with others

- The service worked in partnership with other organisations to make sure they met people's needs. This ensured a multi-disciplinary approach had been taken to support the care of people receiving the service.
- The registered manager had established a good working relationship with the local authorities and health professionals, who funded some of the people using the service. Their comments included, "They are passionate and totally committed to improving people's lives." And, "The carers [staff] have always been proficient and proactive in managing [names]'s needs."
- Relatives spoke positively about the communication and how they felt included in decisions about the care of their relation. They praised the communication, the approach of the staff, and the remarkable difference the service had made.