

# Moorville Developments Limited

# Moorville Residential

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Moorville Residential is a residential care, supported living and respite care home for people with learning disabilities or autistic spectrum disorders. It is registered to provide accommodation and personal care for up to nine people and is located on a quiet residential road in Tapton, Sheffield. The home is wheelchair accessible and near to local transport links. There were seven people living at the service at the time of this inspection.

At the last inspection on 24 November 2015, the service was rated Good. At this inspection we found the service remained good.

The deputy manager and nominated individual had a good oversight of the service and were experienced in their roles. The registered manager was on annual leave at the time of this inspection. We saw established systems and processes were in place to ensure the service ran smoothly in their absence. People, their relatives and staff told us the registered manager, deputy manager and nominated individual were supportive and approachable.

Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by management.

The care records we looked at included risk assessments, which identified any risks, associated with people's care and had been devised to help minimise and monitor the risks while promoting the person's independence as far as possible.

There were enough staff available to ensure people's needs were met. We saw there were robust recruitment procedures in place to make sure staff had the required skills and were of suitable character and background.

Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed.

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.

Staff were supported through training, regular supervisions and team meetings to help them carry out their roles effectively.

People were supported to eat and drink to maintain a balanced diet. Specific dietary needs were catered for.

People were supported to access a wide range of health and social care professionals to help maintain their

health and wellbeing.

Positive and supportive relationships had been developed between people, their relatives, and staff. People told us they were treated with dignity and respect.

Staff spoke passionately about the people they supported. They knew people's preferences and were keen to support people to be as independent as possible.

People received personalised care. People's care records were person-centred, up to date and regularly reviewed. They reflected the person's current health and social care needs.

People told us they were supported to access a wide range of activities, events and appointments.

There was an up to date complaints policy and procedure. Feedback on the service was encouraged through meetings and annual questionnaires.

There were effective systems in place to monitor and improve the quality of the service provided.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

Safety and maintenance checks for the premises and equipment were in place and up to date.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Moorville Residential

## 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 was planned to check 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 12 December 2017 and was unannounced. The inspection team was made up of one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked 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. We used this information to help with the planning for this inspection and to support our judgements.

Prior to the 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. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service has a serious injury.

Before our inspection we contacted staff at Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield council contracts and commissioning service. They told us they had no concerns about this service.

During the inspection we spoke with five people who lived at Moorville and two of their relatives. We met with the deputy manager and nominated individual. The registered manager was on annual leave at the time of this inspection. We spoke with an additional four members of staff. We spent time looking at written records, which included three people's care records, four staff personnel files and other records relating to the management of the service. We spent time observing the daily life in the service, including the care and support being delivered by all staff.

# Is the service safe?

## Our findings

People and their relatives told us they or their family member felt safe living at Moorville. Comments included, "I do feel safe [living at Moorville]. There are enough staff to help me" and "As a parent, you are nervous that you are not doing enough for your child, but at Moorville, I soon got the feeling that it was like a family. [Name of relative] is really safe here and [Name of relative] feels safe, which is the important thing."

We saw the service had up to date whistleblowing and safeguarding policies and procedure. Whistle blowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. All staff we spoke with had received training in safeguarding vulnerable adults from abuse and the training matrix we saw confirmed this to be the case. Staff were able to describe to us what abuse could look like and what action they would take to report it. All were confident their concerns would be taken seriously by management and appropriate action would be taken.

All the care records we looked at contained detailed risks assessments. They identified the areas the person was at risk of. We saw the level and likelihood of each risk was recorded and reviewed regularly. These assessments gave staff information on how to support the person to reduce each area of risk.

We saw there were enough staff to support people to stay safe and meet their needs. Every member of staff we spoke with told us there were enough staff and on occasion more than enough. We spoke to the deputy manager about this who explained people living at Moorville undertook a wide range of work, hobbies, activities and social interaction. In order for this to be facilitated they needed to make sure there were enough staff on duty, particularly during the afternoon. We saw the nominated individual and the registered manager were also part of the rotas and they got involved as and when required.

We looked at four staff recruitment files. Each contained acceptable references to confirm suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character.

We checked whether people were given their prescribed medicines at the right time. We looked at Medication Administration Record (MAR) charts. Care staff should sign the person's MAR chart to confirm they have given the person their medicine or record a reason why not. We saw all staff with responsibility for medicines had received training in this area and were observed at least three times by a senior member of staff before undertaking this task without supervision. In addition some people were prescribed 'as and when' required medicines (PRN). We saw there was clear guidance on each person's MAR chart on when this medicine may be required.

We checked to see whether medicines were stored safely and securely. We saw medicines were kept in a locked trolley in a locked treatment room. We saw the stock was checked weekly, clearly recorded, and disposed of appropriately. We saw managers undertook audit checks to make sure medicines were

managed safely and according to the policies in place. There was evidence action was taken to address any areas identified as requiring improvement.

This meant there were effective systems in place to ensure people's medicines were stored safely and administered properly.

We saw the service recorded accidents and incidents on each person's care record. This gave the detail of the incident and the action taken as a result. Where appropriate this was also recorded in the accident book. The deputy manager showed us she also recorded a summary of every accident and incident at the end of each month. This enabled them to identify any recurring trends and therefore possible solutions. The deputy manager gave us an example of a person displaying behaviour that challenges at the same time each day this recurring incident had happened. They were able to review and amend this person's care records accordingly to reduce the risk of repeat events.

We saw the premises were clean and well maintained. There was a kitchen diner with a separate living room, giving people different options of where to sit and relax. All were comfortably furnished. We saw managers undertook regular infection control audits. Care staff told us they wore gloves and aprons where required and that these were readily available.

# Is the service effective?

## Our findings

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 so that they can 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).

We checked and found the service was working within the principles of the MCA. The care records we looked at demonstrated that people's mental capacity had been considered and a DoLS authorisation applied for where appropriate.

Staff told us they had a comprehensive induction before working unsupervised. This included meeting the people living at Moorville and reading their care records, completing mandatory training such as, safeguarding and shadowing more experienced members of staff. We saw there was on-going training for staff after they had completed their induction. This was a mix of online learning and classroom style teaching. As well as mandatory training we saw staff received training in understanding autism and supporting people with behaviours that challenge.

Staff told us they felt supported by management and had regular supervision and yearly appraisals. Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. The service had a supervision policy which stated supervision should be held at least every two months. The staff personnel files we looked at contained records of regular supervisions and yearly appraisals taking place in line with this policy.

People had access to a communal kitchen and we saw they were supported to maintain a healthy and nutritious diet. The level of support staff gave the person depended on what they wanted to eat and drink. We saw in the daily care logs that people's food and drinks intake was recorded. People were encouraged to have snacks and drinks throughout the day. We saw there were bowls of fruit in the dining room, and we saw staff encouraging people to eat and steering them towards healthier options.

Some people had specific dietary requirements for health or culture reasons and we saw these were well catered for. People were encouraged to eat together, however some people chose to eat in their own rooms. People told us they enjoyed the food. Comments included, "There is enough food. I enjoy cooking myself and I've made a few meals here" and "I like it here because I have friends. They [Staff] have also helped me to start eating properly again."



We saw people were supported to access on-going health and social care support services. People's care records contained a 'health appointment sheet'. Each appointment and the outcome were recorded. People were supported to attend these appointments as required.

## Is the service caring?

### Our findings

People and their relatives told us the staff were caring. Comments included, "The staff I've met have been kind and caring" and "I do find that the staff care. I am given choices on what I want to do here."

We saw staff were caring. Through their interactions with people it was clear staff knew everyone living at Moorville well. We heard cheerful conversations between people and staff throughout the day. We saw staff recognised any changes in people's behaviour and when appropriate provided support to people to reassure and calm them.

We saw there was a commitment to promoting people to be as independent as possible. Staff asked people what they would like to do, rather than telling them what to do. A member of staff told us, "We are working in their home at the end of the day so it's up to them [people living here] what they do." One person commented, "I feel that I am helped to be independent. I like to suit myself and do things when I want to do them."

The service had a dignity statement displayed in the reception area. We asked staff what it meant to treat people with dignity and respect. They gave us examples of ensuring privacy when supporting people with personal care, such as bathing. They were aware of respecting people's confidentiality and not sharing personal information.

People told us they were treated with dignity and respect and they were involved in decisions about their care and support. People had access to their care records and were encouraged to participate in monthly reviews of their current care and support needs. We were told some people wanted to be more involved than others, but all were encouraged to participate. People told us, "I do have a care plan and it contains the things that I want it to contain" and "I have a care plan. [Names of two members of staff] are my key workers. It does get reviewed and I can tell them the things that I want to do."

Information was provided, including in accessible formats, to help people understand the care available to them. We saw information on advocacy services was readily available to people and displayed in the reception area. We saw people had information on their care records identifying who their advocate was and the level of involvement in their care.

## Is the service responsive?

### Our findings

We saw each person had a care record that was tailored to meet their individual needs. The care records we looked at gave the reader a good sense of the person's social history, their likes and dislikes, and their aspirations. Care records contained information on people's support needs in all areas of daily living, such as personal care. We saw these were reviewed every month.

People told us they were supported to access a wide range of activities, events and appointments. In the kitchen there was a white board listing what events people needed with support with each day. This was a brief overview. In addition, we saw everyone had their own individual activity record on display in the office. This gave more detail of what people wanted and needed to do each day of the week.

Comments from people included, "I play tennis and go horse riding. I go to swimming and sometimes we [with staff] just go for a drive in the car. I'm going to the Cinema on Thursday," "I haven't any complaints here. There is plenty to do. I go to the pubs and the shops when I want, and there is always someone to take me for my appointments. I go out loads, to the cinema sometimes, I go swimming, I've been to Blackpool," and "If I need them to, the staff take me shopping in Sheffield. I've done a lot of work with them [staff] tracing my family tree as well."

Relatives we spoke with were satisfied their family member was supported to be as active as possible. Comments included, "[Name of relative] would tell me if they were bored. [Name of relative] plays tennis and goes to watch Sheffield Wednesday. [Staff] are very conscious of doing enough things with [Name of relative] at Moorville. They [staff] don't let [Name of relative] get bored" and "I think there is enough for [Name of relative] to do."

The service had an up to date complaints policy and procedure. This was clearly displayed in the reception area and was available to people in accessible formats. This gave information on who to contact to make a complaint and who to contact if people were unhappy with the original response. The service had no record of any formal complaints being made since our last inspection. Information gathered prior to the inspection and our conversations with people and their relatives confirmed this was likely to be the case.

# Is the service well-led?

## Our findings

There was a registered manager employed at the service. They had been in post since July 2011. A registered manager is a person who has registered with the Care Quality Commission 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.

People and their relatives told us the service was well-led. Comments included, "I get on with the manager and the staff, they are easy to talk to," "I usually find that the manager is okay and I can talk to them if I want to," "[Name of deputy manager] is very approachable and is good at thinking of solutions. [Name of nominated individual] will come in in the middle of the night if needed," "They [all staff] are totally approachable from the top to the bottom. A general comment is that they are amazing. I would say if there was anything negative because I think you learn from that, but my [Name of relative] is doing really well there and I'm totally happy" and "The manager is approachable. I feel I can talk to them about pretty much anything."

Staff told us they enjoyed working at Moorville, and the managers were approachable and supportive. Comments included, "Management are really approachable. Everyone mucks in" and "We [staff] are listened too. We [the service] are improving all the time."

We saw the service encouraged and valued feedback from people, their relatives and staff. Managers had gathered feedback through regular meetings with people, relatives and staff. We saw minutes from these meetings, however some still needed to be typed up and circulated. People and staff were also asked to complete a questionnaire about the service each year. We saw records of the registered manager responding to people individually on their care records. We saw action plans were collated in response to the staff questionnaire.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The service had a number of quality assurance tools they used, including regular audits of care plans, medicines and infection control. In addition the deputy manager told us regular walks around the premises were undertaken by management to identify any issues. We saw records of the audits and walks around regularly taking place and they included any actions to be undertaken.

The service had a comprehensive set of policies and procedures covering all aspects of service delivery for people, their relatives and staff. We saw they were regularly reviewed and updated accordingly to make sure they represented the most up to date legislation and good practice guidance. All staff had access to the most recent versions in the main office.

We checked maintenance records for the premises. Water safety and legionella testing, and electrical

installation and equipment servicing records were up to date. Risks to people's safety in the event of a fire had been identified and managed. For example, there were records of regular fire drills taking place.

We were unable to ask the registered manager if they were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008 as they were on annual leave. However, evidence gathered prior to the inspection confirmed that a number of notifications had been received.