

Moorville Developments Limited

Meadow View

Inspection report

The Lodge
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Date of inspection visit:
09 September 2020
11 September 2020
14 September 2020
16 September 2020

Date of publication:
23 October 2020

Ratings

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



Summary of findings

Overall summary

About the service

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

The service had taken into account the principles and values that underpin Registering the Right Support and other best practice guidance. The home is located in a rural area of Sheffield with access to public transport. This is more remote than current best practice guidance recommends. However, the location of the service having a negative impact on people was mitigated by developing a home that was truly tailored to the wants and needs of the people living there. There was also total commitment from the provider to ensure 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 exceptional leadership of the home ensured the vision and culture of the organisation was embedded within all the staff team. The culture of the service ensured the provision of 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. Management and staff embraced the organisational values as their own and were committed to the provision of outstanding care and support.

People were treated with the utmost respect dignity, empathy, and compassion. They were empowered to make choices to live a life of their choosing. Staff had gone to great lengths to ensure people's preferences and voices were heard, and the support given was as individual as the person receiving it.

Risk assessments were detailed, reflected people's individual needs, preferences, daily routines, and were regularly reviewed to ensure the most up-to-date information was available for staff to follow. There was a creative and comprehensive approach to risk taking and encouraging people to take risks to help them get the most of their support.

The extremely positive relationships that had developed between staff and people resulted in positive impacts on people's well-being. People achieved good outcomes as their needs were holistically assessed and their care and support was delivered in line with current good practice. People's care was provided by a highly knowledgeable staff team who had access to a wide variety of training and support. The service had extremely strong working relationships with health professionals which ensured people's healthcare needs were fully met.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Rating at last inspection

The service was registered with us on 14/03/2019 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?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Meadow View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Meadow View is registered to provide accommodation and personal care for up to four 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 four people living at the service.

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 9 September 2020 and ended on 16 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. 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 used all of this information to plan our inspection

We contacted social care commissioners who help arrange and monitor the care of people living at Meadow View. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

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 five members of staff which included, the registered manager, one director, one deputy manager and two care staff.

During the inspection

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

- People were protected from the risk of abuse. Appropriate safeguarding systems were in place.
- Relatives and visiting professionals told us the service was safe. Comments included, "Yes, [my relative] is safe 100%." "I have no concerns about [my relatives] safety and I don't know what I would do without them." And "Yes people are safe, I really have faith in them as an organisation. I know people are supported well and in safe hands."
- Staff were able to recognise and had a good understanding of the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.
- Staff said any reported signs of suspected abuse would be taken seriously and investigated thoroughly.

Assessing risk, safety monitoring and management

- The registered manager and the staff excelled themselves to ensure that whilst people were protected from risks or harm, they were still actively encouraged to partake in events and activities to promote inclusion and wellbeing.
- Peoples care records included a range of person-centred risk assessments. These included positive behaviour support plans. Positive Behaviour Support (PBS) are about working in partnership with people, treating them with dignity and respect and enabling them to have a better life.
- Professionals and relatives spoke highly of the standard of care people received and gave many examples of where lives had been positively impacted upon due to the excellent collaborative working.
- Staff understood when feelings of anxiety or agitation could result in people not consenting to certain aspects of care or support and used appropriate methods to help manage these situation
- Staff received training in techniques to support people who may present with escalating behaviour, in a safe manner.
- Risk assessments were reviewed and updated at regular intervals and staff consulted with external healthcare professionals, when completing support plans.
- Regular checks were made on the premises and equipment to ensure peoples safety. This included checks by external contractors on gas, electrical and fire safety.
- The provider designed the environment around the needs of the people who were going to live there. One relative told us, "They designed and built this service with [relative] in mind to help limit the restrictions in [relatives] life" This had resulted in them living a happier and more independent life free from restrictions.

Staffing and recruitment

- People were supported by sufficient numbers of qualified and competent staff.
- Rotas and staff confirmed the home had enough staff on duty each day.

- The registered manager said staffing numbers were reviewed and increased to help ensure sufficient staff were available at all times to meet people's care needs and keep people safe.
- Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff commenced employment.

Using medicines safely

- People's medicines were safely stored, recorded and administered to ensure people received their medicines as prescribed.
- Staff were trained and confirmed they understood the importance of safe administration and management of medicines. They made sure people received their medicines at the correct times and records confirmed this.
- Staff were required to seek guidance from team leaders before administering PRN (as required medication), this was good practice as it reduced the risk of people being given medication unnecessarily.

Preventing and controlling infection

- People lived in an environment that was safe, secure, clean, hygienic and regularly maintained.
- The provider had a policy which staff were required to follow to promote effective infection control practices and all staff received training in infection control.
- Protective clothing such as gloves and aprons were readily available throughout the service to help reduce the risk of cross infection.
- Clear COVID-19 guidance and risk assessments were in place to support both the safety of people who used the service and the staff team.

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.
- Where necessary changes were made to working practices to reduce the risk of reoccurrence.

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 Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- There was a strong, visible person-centred culture. Relatives told us their family members lives had changed for the better since moving to Meadow View. They told us they received exceptionally high-quality personalised care. Comments included, "What they have achieved with [relative] is beyond belief, it's wonderful," " [Meadow View] has been a god send to us," "They are passionate about getting the environment right and finding ways to keep people happy and calm" and "My relatives progress so far is outstanding."
- People were absolutely at the heart of the service. The management team's primary focus was to develop people's skills and confidence and provide them with the tools needed to live more independently. This was evidenced in the many examples where people's lives had significantly improved. This had resulted in them living a happier and more independent life free from many restrictions.
- We continuously saw how the managers led by example and responded with compassion, imagination and thoughtfulness to people's preferences for support. Outcomes were well planned for people, and there was a strong emphasis on working collaboratively with others to ensure people got the best possible support.
- The values of independence choice and inclusion was at the centre of everything the service did. They were reinforced with staff through observations, supervisions and appraisals. Staff exemplified these values and spoke with passion about their work.
- The management team was passionate about improving people's quality of life and it was clear staff shared this vision. Staff told us they were 'very proud' to work for the service. They said they thought it was 'outstanding' and would have no hesitation in recommending it.
- The service was signed up to STOMP (Stopping the over medication of disabled people) which is a national campaign. This aims to ensure that people are not overprescribed medication. One relative told us, "One element of the services dedication I applaud is the company's commitment to working to the STOMP principles. This is obviously well applied on a daily basis. The director once said to me [parent] if we get everything right for [relative] in this environment, hopefully medication can be reduced significantly and hopefully eradicated in the future."

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

- Without exception everyone spoke highly of the management team. The home was extremely well-led by the registered manager and deputy manager who were both clearly committed to ensuring high standards were maintained.
- Strong working relationships had been developed amongst all managers and staff who showed a high level of experience and capability to deliver excellent care.
- The staff were all compassionate, inclusive and effective. Staff had developed strong, caring and respectful relationships with people and those close to them.
- The provider was open and transparent when dealing with any issues or concerns. They understood their responsibility to apologise and give people an explanation if things went wrong. This was evidenced in their ability to rigorously challenge themselves and be open to improvement and change.
- The registered manager understood their role and submitted notifications to CQC as required.

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

- The registered manager worked closely with community healthcare professionals to ensure people received excellent outcomes and creative support solutions. One healthcare professional informed us the number of incidents one person was experiencing had reduced significantly due to the collaborative working between themselves and the staff team.
- The service enabled constructive engagement with staff, people using the service and family members in order to provide care that was person-centred and promoted positive outcomes.
- One relative told us, "They [organisation] are not just there for [relative] they support us as well, if [relative] had been anywhere else in lockdown I would have needed sedation by now."

Continuous learning and improving care

- Staff were highly complementary of the providers drive to continuously improve the service for everyone involved. One staff member told us, "The managers put the people at the centre of everything, it's a service to aspire to."
- Staff were encouraged and supported to develop their skills and knowledge. Staff told us the training was 'excellent.' They said they were supported to make sure they had the right skills and knowledge to meet people's needs. Training included person-centred practices and positive behaviour support. Positive behaviour support (PBS) is a person-centred approach to supporting people with a learning disability.
- Staff were encouraged to submit ideas around training. We saw an example of how one staff member had submitted an idea to the registered manager regarding the use of communication boards. We saw how this new approach was adapted by the registered manager and rolled out across the service. This shows the registered manager actively promotes and encourages staff to share their skills and experience, which led to improvement within service.
- Systems were in place to ensure that regular reviews and analysis of key aspects of the service were completed. Information gathered was used to provide more relevant person-centred care.
- The management team were extremely responsive to any suggestions for improvement. They acted immediately to make changes. For example, one relative told us how their relatives had a sensitivity to noise and their bedroom backed on to the dining room that was frequently noisy. They approached the management to see if they could soundproof their relative's bedroom. This was agreed by the management team and has reduced the anxieties that were caused by the noise to their relative.

Working in partnership with others

- Professionals spoke highly of the management and staff and described their approach to people's care as "outstanding." Comments included; "The service is exceptional; I would go as far as to say outstanding. They have changed people's lives beyond belief." and "I can't fault them they are always the first service I go to

and always manage to reassure me if I have any fears."

- Different professionals such as psychiatrists, positive behaviour specialists and occupational therapists were consulted with when needed and their expertise was well received by the management team. This was evidenced in reviews of peoples support plans and minutes of meetings with other professionals.