Moorville Developments Limited

The Lodge - Moorville Residential

Inspection report

Hollow Meadows
Manchester Road
Sheffield
South Yorkshire
S6 6GL

Tel: 01142631551

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05 January 2017

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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

The Lodge is registered to provide accommodation and personal care for up to four people with a learning disability or autistic spectrum disorder. The home is situated in Sheffield, South Yorkshire near local shops and public transport.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

The Lodge is a four bedroom detached residence situated in one of the area's most sought after locations. Occupying an elevated position within approximately 6 acres of landscaped grounds. is The Lodge is situated in the Peak District National Park and is within 7 miles of the city and Hospitals. There are local amenities at Crosspool, including shops and restaurants.

This inspection took place on 5 January 2017 and short notice was given. On the day of our inspection there were four people living at The Lodge.

People we spoke with told us the service provided good care and support. They told us they felt safe, the staff were caring, kind and respected their choices and decisions.

Medicines were stored safely and procedures were in place to ensure medicines were administered safely. Although we recommended the service considers current best practice guidance in relation to the recording of opening certain medicines such as creams, lotions, eye drops and bottles.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this.

People were involved in menu planning and meal preparation. We saw people we able to choose what they wanted to eat and who they sat with. There was plenty of choice. People had access to drinks and snacks as they wanted them.

Staff respected people's privacy and dignity and spoke to people with understanding, warmth and respect.

People's needs had been identified, and from talking to people and observing staff supporting people, we found people's needs were met by staff who knew them well.

Care records we saw detailed people's needs and where ever possible people had been involved in their care planning.

There was a robust recruitment system and all staff had completed an induction. Staff had received formal supervision and annual appraisals of their work performance.

There were systems in place for monitoring quality, which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The service had not received any complaints however, the registered manager was aware of how to respond to complaints.

Staff and people who used the service who we spoke with told us that all staff were approachable, the registered manager operated an 'open door policy and the service was well led.

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.
Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people.

People's risks were assessed appropriately and care plans provided guidance on supporting people in ways that minimised risks and promoted independence.

Medicines were received and stored safely.

There was enough skilled and experienced staff to meet people's care needs.

Is the service effective?

Good

The service was effective.
People's care was delivered effectively. Staff and people were confident that the staff had the skills and knowledge they needed to meet people's needs. Staff worked in partnership with health and social care professionals to ensure people's needs were met.

People were supported in line with the principles of the Mental Capacity Act 2005. Staff promoted people's ability to make decisions and acted in their best interests when necessary.

People were supported with their dietary requirements and had choice and involvement in meal planning.

Each member of staff had a programme of training and was trained to care and support people who use the service.

Is the service caring?

Good

The service was caring.
People received kind and compassionate care. Staff communicated with people in a friendly and warm manner that reflected their communication needs. People and visiting

professionals spoke highly of the staff.

People were treated with dignity and respect and their privacy was protected.

We saw people who were able were involved in discussions about their care and we saw evidence of this in care files.

Is the service responsive?

Good

The service was responsive.
Care plans provided staff with guidance on how to meet people's needs and staff involved people in activities that reflected their preferences.

There was a complaints system in place. The complaints procedure was available to people who used the service and visitors. We found people were listened to.

People regularly accessed the community and took part in a variety of activities.

Is the service well-led?

Good

The service was well-led.
There was a registered manager in post.

There were systems in place for monitoring the quality of the service provided. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Meetings were held for staff and people who used the service. These ensured good communication and sharing of information. The meetings also gave staff and people the opportunity to raise any issues.

The Lodge - 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 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 5 January 2017 and short notice of our visit was given. We did this because the manager is sometimes out of the office at the two other small care homes they manage, and people are often out. We needed to be sure the manager, some people living at the home and staff would be available. The inspection team consisted of two adult social care inspectors.

Prior to the inspection visit we gathered information from a number of sources. We looked at the 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 looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding. They told us they were not aware of any issues or concerns regarding the service.

We contacted Sheffield local authority and Sheffield Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from Sheffield local authority commissioners. This information was reviewed and used to help plan with our inspection.

During our inspection we spoke with three people living at the home. In addition, we telephoned two relatives of people living at the home to obtain their views of the support provided. We spoke with five staff about their roles and responsibilities. These included a director the registered manager, the deputy manager and three support workers.

We spent time observing daily life in the home including the care and support being offered to people. We spent time looking at records, which included three people's care records, three staff records and other records relating to the management of the home such as training records and quality assurance audits and reports.

Good

Is the service safe?

Our findings

People living at the Lodge told us they felt safe, comments included, "I like it here" and "It's okay living here."

Relatives spoken with said they had no worries or concerns about their loved ones safety. One relative we spoke with said "I can't talk about [The staff] highly enough, they really want the best for the young people living there. Other comments included "Staff are really clued up, they know what they are doing and people living there are safe. This is the best period [Name of relative] has had for years" and "The staff are fantastic."

We found enough skilled and experienced care staff to meet people's care needs .On the day of the inspection there were three support workers; a director of the service the registered manager and the deputy manager were on duty during our inspection. Staffing was determined by the placing authority as people. The manager told us three staff were provided each day and two staff were provided each night. Staff spoken with confirmed this. We looked at the homes staffing rota for the two weeks prior to this visit which showed these identified numbers were maintained in order to provide appropriate staffing levels so people's needs could be met. Staff and relatives spoken with said enough staff were provided to meet people's needs. People we spoke with told us they were able to go out when they wanted and staff were available to support this.

Staff confirmed they had been provided with safeguarding training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns in good faith, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the most senior person on duty and they felt confident senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people 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. Staff knew these policies were available to them.

Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where concerns had been raised the registered manager had notified the relevant authorities and taken action to ensure people were safe.

We looked at three staff files. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. The files seen showed appropriate checks had been undertaken prior to employment. Each contained references and proof of identity. We saw the Provider had a staff recruitment policy which provided important information to managers. All of the staff spoken with confirmed they had

provided references, attended an interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

We looked at three people's support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise the risk. The risk assessments seen covered all aspects of a person's activity and included road safety, community presence, travel, emergency evacuation and daily routines. We saw the risk assessments helped to keep people safe and but not restrict what they did.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures on managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed staff had understood their training and could help administer medicines safely. Staff told us they had medicine management training as part of their induction and 'medication competency assessments' were carried out by the registered manager before staff could administer any medicines to people using the service. This was to check staff had understood the training and knew what it meant in practice.

We found one member of staff, usually the senior on duty, was designated with responsibility for managing medicines. We checked two people's Medicine Administration Record (MAR) and found they had been fully completed. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

The medicines kept corresponded with the details on MAR. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. We checked records and saw evidence of regular balance checks being carried out. Dates of opening certain prescribed medicines were not always recorded. We recommend the service considers current NICE guidance in relation to the date recording of opening certain medicines such as creams, lotions, eye drops and bottles.

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. These showed procedures were in place to safeguard people's finances.

We found that a policy and procedure was in place for infection control. Training records seen 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 the electrical and gas installation and equipment had been serviced. There were certificates available to show that all necessary work had been undertaken, for example, gas safety, portable appliance testing (PAT) and the nurse call and fire alarm system. We saw that staff entered any faults in a booklet which was signed off when any work had been completed. The maintenance of the building and equipment helped protect the health and welfare of people who used the service and staff.

Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any special

needs a person may have in the event of a fire. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a power failure.

During the tour of the building we noted everywhere was clean and there were no malodours. There were policies and procedures for the control and prevention of infection. The training matrix showed us most staff had undertaken training in the control and prevention of infection control. Staff we spoke with confirmed they had undertaken infection control training.

Good

Is the service effective?

Our findings

We were able to speak to three people who used the service a relative, a health professional and staff members to gather their views of the service and undertook observations around the service.
One relative told us "It's a beautiful location, there's horses, chickens and plenty of fresh air" and another relative told us "Believe you me, it's just lovely, there's enough space for everyone."

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. 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 DoLS requires providers to submit applications to a 'Supervisory Body' for authority to do so. The registered manager had submitted two applications for a request for a standard authorisation in line with guidance. We found that the necessary consideration and consultation had taken place. This had included the involvement of families and multi-disciplinary teams.

We also checked people's files in relation to decision making for people who are unable to give consent. Consent to care forms were all done in an easy read format. Documentation in people's care records showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. When we spoke with staff all staff were able to tell us their understanding of the MCA and DoLS they were very knowledgeable and were able to apply the requirements of the acts in practice ensuring peoples day to day care and support was appropriate and that their needs were met.

People were supported to maintain good health, have access to healthcare services and received on going healthcare support. We looked at people's records and found they had received support from healthcare professionals when required. We spoke with a health care professional who told us, "Staff really engage in learning, it's such a happy and pleasant atmosphere."

Staff we spoke with said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had completed a range of training sessions. These included working with people with autism, infection control, safeguarding of vulnerable adults, fire safety, and health and safety.

Records we saw showed staff were up to date with the mandatory training required by the provider. Staff we spoke with told us the training was good. We also saw from staff training records that they did additional training to further understand how to meet the needs of people they supported. For example, training

around the safe management of epilepsy and bespoke autism training.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary

Bedrooms we visited had been personalised to people's tastes. This included people's own televisions and photographs of family members and ornaments. Most rooms had en-suite facilities.

The garden was accessible for people to use in good weather and contained chairs and tables for people to relax and socialise.

People's nutritional needs had been assessed and people's needs in relation to nutrition were documented in their plans of care. We saw people's likes, dislikes and any allergies had also been recorded. We saw people chose what they wanted to eat and people ate at the times they preferred. We saw there was a good choice of food available in the service and there were snacks and fresh fruit or food perhaps available. One relative told us "They have proper home cooked food."

Good

Is the service caring?

Our findings

People who used the service said they liked living at the Lodge comments included "The staff are nice and "I can talk to staff."

Relatives spoken with said the staff were very caring. They told us they had no worries or concerns and felt their loved one was well cared for by staff that knew them well. They commented, "[Name of relative] moved into the Lodge and they have never looked back, they completely treat [name of relative] as an equal" another relative said "They don't realise how much we value them, it's not just a placement it's a home."

Throughout our inspection we saw examples of a caring and kind approach from staff who obviously knew people living at the home very well. Staff spoken with could describe the person's interests, likes and dislikes, support needs and styles of communication.

We spent time in the communal areas with people who used the service. From conversations we heard between people and staff it was clear staff understood people's needs, how to approach people and when people wanted to be on their own. We saw people freely approach staff and engage in conversation with them. People appeared comfortable and happy to be with staff. Staff knew people well and took time to talk with them. Staff displayed genuine warmth and caring attitude to the people they were supporting. Staff were seen to have conversations with each other and always made sure people were not excluded. This showed a respectful approach from staff.

People we spoke with praised the care staff and said that the staff were very good. We also saw the staff and people they supported talking, laughing and joking together. It was very inclusive. There was also banter between people who used the service and people were enjoying themselves.

Relatives also told us they had been fully involved in the care planning with their loved one so their opinion was taken into account. On relative told us "The difference at the Lodge is that they really listen to you."

Staff said they had a good relationship with people's families and we found the staff spoken with were knowledgeable about people's family and the contact they had with them.

Throughout our inspection we saw people's independence was promoted and people's opinion was sought. We saw staff asking people about their choices and plans so these could be respected.

We saw people's privacy and dignity was promoted so people felt respected. We did not see or hear staff discussing any personal information openly or compromising privacy. Staff were able to describe how they treated people with dignity.

People were supported to access the community and activities and were supported by staff. People told us they enjoyed the activities and that they were able to choose what they wanted to do and staff facilitated it. We saw people regularly accessing the community during our inspection

The manager told us information on advocacy services was available should a person need this support. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf and when they are unable to do so for themselves. This helped protect their rights.

People's confidentiality was respected and all personal information was kept in a locked room. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

One relative told us "they are always ask if you want a drink and tell us we can visit when we want to." We saw that visiting was open and unrestricted. We observed that any visitors were welcomed into the home and were told people could have their visits in private if they wished. People were encouraged to maintain relationships with their family and friends.

Good

Is the service responsive?

Our findings

People told us staff supported them in the way they needed and preferred. When asked if they got the support they needed, people responded 'Yes' and "I like the staff. They help me." We also observed staff respond to people's needs. 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 evidenced staff were responsive to individual's needs.

Relatives said they could speak with staff and found them approachable and friendly. Comments included, "The staff are wonderful, they are always ready for a cup of tea and a chat "and "[Name of relative] is doing so much since he went to the lodge, they support [Name of relative] to continue with their education to go shopping, cooking and visits to the library, they are really good at coping."

We saw staff understood how people communicated and saw staff responded to people in an individual and inclusive manner. Staff checked choices with people and gained their approval.

We found a range of activities were provided, and these were based on people's individual interests. The home had a car available to support trips out. We found activities included meals out at various local pubs, shopping trips, skating, bowling and visits to social clubs. On the day of our inspection one person went to a local shopping centre with staff and another person chose to go bowling with staff whilst another person chose to bake.

The service was responsive to people's needs for care, treatment and support. Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding 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.

The support plans seen contained information about the person's preferences and identified how they would like their care and support to be delivered. The plans focussed on promoting independence and encouraging involvement safely. The records included information about individuals' specific needs and preferences so these could be respected.

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Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported. Staff were confident people's plans

contained accurate and up to date information that reflected the person.

We found support plans held evidence they had been reviewed to keep them up to date. For example, one person's epilepsy support plan had been updated following an increase in incidents. The record detailed signs to look out for and the staff actions required when person was having a seizure. The record also evidenced appropriate health professional's guidance had been obtained. This showed a responsive approach.

Support was provided to enable people to take part in and follow interests and hobbies. This included regular access to the local community and access to community social activities. We saw people going about their daily lives popping to the shop, out for a walk and going into town to for a coffee.

One relative told us "They [care staff] have done loads of works in the grounds. [Name of relative] wants to ride a bike and they are even building a bicycle circuit so [my relative] can ride it. The staff go the extra mile. Another relative told us, "[Name of relative] brought his gym and they have set it up in the conservatory for [Name of relative.]" This evidenced staff were responsive to people's individual needs.

Daily records contained information about what people had done during the day, what they had eaten and how their mood had been. There were also verbal handover between shifts, when staff teams changed and a communication book to reflect current issues. These measures helped to ensure that staff were aware of and could respond appropriately to people's changing needs. We saw that when people were at risk, health care professional advice was obtained.

Health care professionals we spoke with told us the staff were very knowledgeable on how to meet and respond to people's needs. One health professional told us, "The care staff are so thoughtful and respectful; it is such a positive atmosphere."

There was a clear complaints procedure in place. Staff told us they would always pass any complaints to the registered manager, and they were confident the registered manager would take any complaints seriously.

We saw an 'easy read' version of the complaints procedure was included in the 'Service User Guide' which had been provided to people living at the home and their relatives. The procedure included pictures and diagrams to help people's understanding. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The easy read version of the complaints procedure was also on display in a corridor area of the home so this was accessible to people. This showed people were provided with important information to promote their rights and choices. We found a system was in place to respond to complaints.

The registered manager told us no complaints had been received since our last inspection. The registered manager was aware of the complaints procedure and informed us an electronic record would be kept of any complaint received and would include the actions taken and the outcome of the complaint.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since March 2016.The Lodge was registered by CQC in March 2016 and this was their first inspection.

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. They said 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. One staff member told us, "Everybody's got ownership. It's a shared team. I feel valued and respected by the manager who gets on well with everyone."

The registered manager was responsible for managing this service and two other small homes run by the same provider in the Sheffield area. The registered manager told us he spent part of each week at The Lodge and the other two homes. The registered manager had a mobile phone and all staff were aware of this and could contact him if needed. Staff confirmed this and said the registered manager was available if needed. The home had a deputy manager. Staff said both managers were approachable and supportive.

Staff told us they enjoyed their jobs, communication was good and they were a good team that worked well together. Staff commented, "It's a pleasure working here; the mangers are like a breath of fresh air", "The manager is very approachable. He listens and asks for opinions. He takes on board what we say" and "I definitely feel supported at work." We saw staff held handovers every afternoon and evening when staff changed. The records of handovers were detailed and recorded specific information and updates so staff were aware of these.

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 was well attended. The minutes documented actions required; these were logged as actions to determine who was responsible to follow up the actions and resolve them.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and their manager. The reports included any actions required and these were checked each month to determine progress. The registered manager told us staff completed daily, weekly and monthly audits which included the environment, infection control, fire safety, medication and care plans.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. The surveys were available in an easy read format for people who used the service to understand and one person who used the service when asked what they would like to change responded by saying "I would like a higher settee." Feedback from a relative stated "I don't like having to sign in, it's [My relatives] home.

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.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk.

Health care professionals we spoke with also told us the service was well managed. They said, "The staff are open to learning and they are very person centred. The manager and staff are committed to making sure the person is at the centre of the service."