The Meadowside Charity Newton Abbot and District

Meadowside Residential Home

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

This inspection took place on 7 and 9 September 2016 and was unannounced.

The service provides accommodation and support for up to eleven adults with a learning disability. At the time of the inspection the home was fully occupied. People had complex care and communication needs due to their learning disabilities and this meant we could not talk with everyone who lived at the home. We therefore used our observations of care and our conversations with staff and people's relatives to help us understand their experiences.

The service had a registered manager. 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 told us how happy they were living at Meadowside. We saw they were relaxed and comfortable; smiling and responding warmly to care staff. This indicated they felt safe and secure within their home. One person said "I always feel safe when the staff are around". Another said "Nice staff. We love them and they love us from the bottom of their hearts." Relatives told us they were very happy with the care provided. One person's relative said "I would recognise the signs if there was anything wrong. There is always a happy atmosphere in the home". Staff received training in safeguarding adults and knew how to raise concerns if they were worried about anybody being harmed or neglected.

The culture of the home was person-centred, open and friendly. Staff treated people with great kindness and respect and offered people choice in all aspects of their care. For example in relation to meals, bedtimes, activities and how people liked to spend their day. Staff worked closely with people to ensure they understood their needs and preferences. People were involved in planning and reviewing their own care as fully as they were able.

Staff ensured people's privacy and dignity was respected at all times. They always checked with people before providing care or support and respected people's decisions. Where people lacked the mental capacity to make certain decisions about their care and welfare the service knew how to protect people's rights.

People's relatives said they were always made very welcome and were encouraged to visit the home as often as they wished. They said the service was very good at keeping them informed and involving them in decisions about their relatives care.

People received care and support in line with their individual care plans. Records showed each person had comprehensive assessments of any potential risks to their health and welfare. Where risks were identified, care plans were in place that gave detailed guidance for staff about how to reduce risk. Staff knew peoples

care needs very well. They were skilled at managing risks in relation to people's complex needs.

There were enough care staff to meet people's complex needs and to care for them safely. As well as assisting people with their physical care needs, staff had time to sit and chat to people and provide emotional reassurance and support if people became upset or anxious.

People were engaged in a variety of activities within the home and in the community and there were sufficient numbers of staff to support this. People were encouraged to maintain their independence and to be part of the local community. This helped ensure people experienced a good quality of life.

We observed medicines being administered and this was done safely and unhurriedly. Staff received regular training in medicines management and medicines audits were completed to ensure consistent safe practice. People were supported to maintain good health by a range of external health and social care professionals.

There were robust recruitment processes in place to ensure that suitable staff were employed. Staff were well supported by the registered manager through supervision and appraisal. High standards of care were encouraged through staff training and development. Staff participated in a wide range of training courses in topics relevant to people's care needs, including diabetes, epilepsy, person-centred care and first aid.

People were supported to eat and drink enough to ensure they maintained good health. We spoke with people about their meals and observed the lunchtime meal and saw everyone enjoyed the meals provided and staff supported people appropriately.

People's needs were met by the adaptation, design and decoration of the service. There was an ongoing programme of maintenance at the home with plans to refurbish and replace a carpet and kitchen units that had become worn. It was decorated and furnished in a comfortable, homely way.

There was clear leadership from the registered manager and people and relatives had a high level of confidence in them. The service's quality monitoring systems enabled the service to maintain high standards of care and to promote continuing service improvements.

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:

There were sufficient numbers of suitably trained staff to keep people safe and meet each person's individual needs.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to lead fulfilling lives and remain safe.

Is the service effective?

Good

The service was effective:

People received effective care and support from appropriately trained staff.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

People's nutritional needs were assessed to make sure they received a diet that met their needs and wishes.

People were supported to have access to health professionals including GP's, community nurses and physiotherapists to help them have their health needs met.

Is the service caring?

Good

The service was very caring:

People were treated with great kindness and their right to privacy and dignity was respected.

People lived in a home that was relaxed and welcoming and were supported to receive visitors whenever they liked.

People and their relatives were supported to maintain strong family relationships.

People were encouraged and supported to maintain their independence.

Is the service responsive?

Good

The service was responsive:

People and their relatives were involved to the extent they were able to participate in the assessment and planning of their care.

People's individual needs and preferences were understood and acted on.

People, relatives and staff were encouraged to express their views and the service responded appropriately to their feedback.

Is the service well-led?

Good

The service was well led:

The service promoted an open and caring culture centred on people's individual needs.

People were supported by a motivated and caring team of management and staff.

The provider's quality assurance systems were effective in maintaining and promoting service improvements.

Meadowside Residential Home

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 home, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 7th and 9th September 2016 and was unannounced. It was completed by one social care inspector.

The provider completed a Provider Information Return (PIR) which we received before the inspection. This was a form that asked the registered provider to give some key information about the home, what it does well and any improvements they plan to make. Before the inspection we reviewed information we held about the service. This included previous contact about the home and notifications we had received. A notification is information about important events which the service is required to send us by law.

At the time of the inspection, eleven people were living at the home. We met everyone who lived at the home. We also met and spoke with the registered manager, the team leader, three members of care staff and two visiting healthcare professionals. Following the inspection, we spoke with two relatives of people who live at the home. We asked four health and social care professionals about their views of the home and received written feedback from two of them.

We looked around the premises, spoke to six people individually and spent time with people in the communal areas. We observed how staff interacted with people throughout the day, including during lunch. We looked at three sets of records related to people's individual care needs; three staff recruitment files; staff training, supervision and appraisal records and those related to the management of the home, including quality audits. We looked at the way in which medicines were recorded, stored and administered to people.

Good

Is the service safe?

Our findings

Not everyone living at Meadowside was able to talk with us about their experiences at the home due to their levels of anxiety or difficulty communicating verbally. However, we observed people appearing relaxed and comfortable in the home, smiling and responding warmly to their support staff. This indicated they felt safe. People who were able to talk to us said they trusted staff and felt safe and happy living at the home. One person said "I always feel safe when the staff are around" and another said "I love the place. I like it because it's a very happy home. We always smile". Relatives told us they did not have any concerns about their relative's safety. One relative said "I would recognise the signs if there was anything wrong. There is always a happy atmosphere in the home". All of the people looked happy and no one appeared anxious or displayed signs of distress. Staff told us they had never had any reason to raise concerns about any of their colleagues. A visiting healthcare professional said people always appeared comfortable and happy.

People were protected from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff said they were confident that if any concerns were raised to the registered manager they would be dealt with thoroughly to make sure people were protected. Care staff were aware of whistle-blowing procedures, whereby they could report any concerns to external agencies such as the CQC 'in good faith' without repercussions. People were supported to manage their monies safely.

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references had been obtained. New staff had a 3 month probation period. Within this time the registered manager completed regular supervision and checks to ensure they demonstrated the right skills and attitudes for caring for vulnerable people.

Care plans contained risk assessments with measures to ensure people received care safely. Risk assessments covered issues such as skin care, catheter care, use of equipment to reposition people, supporting people when they went into the community and participation in leisure activities. There were also risk assessments and plans for supporting people when they became anxious or distressed. Where people were diagnosed with specific health conditions such as epilepsy, their care files held detailed information about this and what precautions staff should take to keep people safe and prevent complications. All staff we spoke with held clear knowledge about this and were fully aware of the detailed guidance in each person's care plan.

Staff knew what to do in emergency situations. For example, protocols had been agreed with specialists for responding to people who had epileptic seizures. Staff received training in providing the required medicines and knew when and who to notify if people experienced prolonged seizures. Staff told us if they had significant concerns about a person's health they would call the emergency ambulance service or speak with the person's GP.

Each person had a personal evacuation plan in case they needed to vacate the home in an emergency.

Records showed there had been very few accidents or incidents over the previous 12 months. The registered manager knew about the various statutory notifications providers were required to submit but said no notifications had been necessary. Where there had been minor incidents, the registered manager had taken actions to reduce risks. For example, where one person was becoming frustrated with others if they could not make a cup of tea immediately on entering the kitchen, an additional kettle and equipment had been introduced. This had reduced this person's frustration and no further incidents had occurred.

Regular health and safety checks were carried out to ensure the physical environment in the home was safe. The registered manager and staff carried out a set programme of weekly and monthly health and safety checks. This included weekly testing of fire systems. On one day of our inspection, fire alarms were set off accidentally by cooking activities. Staff responded quickly in line with the fire policy to check the building and reassure people living at the service.

There were sufficient numbers of staff working at Meadowside to meet people's care needs and to keep them safe. On the day of the inspection there were three care staff on duty as well as the registered manager and team leader. At night there were two members of waking night staff. We observed staff were available to support people in a timely manner when they needed assistance or attention. Staff had time to spend talking with people. They maintained a friendly, patient and supportive approach and no one was made to rush. Staff worked as a team and supported each other to complete the various tasks which had been delegated to them. The registered manager showed us a tool they completed every week to consider people's care needs and make sure staffing levels were right. Staff confirmed that when people's care needs increased, for example if they were unwell, or if people needed support for activities in the community, staffing levels were increased to make sure people's care needs to could met safely.

We saw care staff were kind and patient when giving medicines and always sought people's consent. Systems were in place to ensure people received their medicines safely. Medicines administration records (MAR) were fully completed with no gaps in recording. All care staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. People's medicines and their MAR were kept in a secure medicine trolley. People also had lockable medicine cabinets in their rooms where some items, such as prescribed creams, were kept. Medicines were administered by one member of staff, and then checked by another to ensure the correct medicines were administered. No medicine errors were recorded in the last 12 months. The registered manager and team leader undertook monthly audits to ensure records had been accurately completed and the medicines received in to the home and administered could be accounted for. We checked the quantities of a sample of medicines against the records and found them to be correct. We saw medicine that required refrigeration was kept securely at the appropriate temperatures.

Good

Is the service effective?

Our findings

People, relatives and visiting healthcare professionals told us staff were effective in meeting people's care needs. One person said "staff here are very well trained. If [name of manager] didn't think they were suitable, they wouldn't be here!" Relatives said care staff had a very good understanding of people's needs and preferences. One person's relative said "The staff are excellent. How they understand [name of relative] is brilliant. They look after her very well and think of everything". A visiting GP noted that "the level of staff knowledge is excellent".

Staff were knowledgeable about each person's individual support needs and provided care and support in line with people's care plans. Staff told us they received training to ensure they knew how to effectively meet people's needs. This included diabetes, epilepsy, person-centred care, coping with aggression, first aid, administration of medicines, end of life care, safeguarding and the Mental Capacity Act. Advice was sought from external specialists when needed. For instance, one person had developed dementia as they grew older. The registered manager had arranged for all staff to complete training in dementia. They had also arranged for an occupational therapist to visit the home to talk about how the environment might be made more 'dementia friendly', for example, through additional signage around the home. The registered manager told us they had strong links with the local learning disability team, who provided specialist support when needed.

Staff told us the provider supported them with continuing training and development such as vocational qualifications in health and social care. Staff were motivated to learn and most held diplomas in health and social care. Staff told us they received a high level of support from the registered manager, including regular supervision and checks of their competency to ensure they continued to be effective in their role. They had opportunities to discuss their development in supervision and through annual appraisals and were able to request specific training to support their individual learning and development needs.

New staff undertook a detailed induction programme which followed the Skills for Care framework, including the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.
New staff shadowed more experienced staff and did not work alone until the registered manager was confident they had the right skills for the job.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. Staff had a clear understanding of the MCA and how to make sure people had their legal rights protected and had received regular training updates.

At the time of our inspection most people living at Meadowside were able to make day-to-day decisions for themselves. For example in relation to what they wanted to eat or wear, or how they wanted to spend their day. However, some people did not have mental capacity to make more complex decisions about their health and welfare. Where this was the case, people's records contained mental capacity assessments and best interests decisions. Staff told us they always supported people to make their own decisions as far as possible, but they knew an assessment would be needed if they thought the person did not have capacity to do so. They were also aware that if a person had been assessed as not having the capacity to make a specific decision, meetings would be held involving relatives and professionals in reaching a decision in their best interests.

We saw that best interests decisions had been reached appropriately in line with the guidance set out in the Mental Capacity Act Code of Practice in relation to a range of decisions. For example, where one person's needs had changed considerably, a best interest's meeting was held involving family, staff, social worker, GP and community nursing service to reach a decision about whether it was in their best interests to remain living at the home. The best interests process had also been used to effectively challenge the decisions of healthcare professionals where staff did not believe they were in a person's best interests. For example, one person became very distressed by being moved. Healthcare professionals had proposed removing a catheter they felt was no-longer needed. However, the service argued that without this the person would need to be moved much more frequently and this would cause them great distress. When everyone met to discuss this, it was agreed that it was in their best interests to keep the catheter. This demonstrated the service was following the guidance laid out within the Mental Capacity Act Code of Practice and were legally protecting people's rights.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager was familiar with the criteria for making a DoLS authorisation. They believed most people living at the home were potentially subject to continuous supervision and would be at risk if they left the home unsupervised. For this reason they had applied to the local authority to deprive people of their liberty in order to keep them safe. Due to the large number of applications being processed by the local authority the service was still waiting for these assessments to be completed. The registered manager had arranged to take part in external training provided by the local authority to ensure they remained up-to-date in this important area of practice.

People had sufficient to eat and drink and received a balanced diet. Where people had special dietary needs, these were well described in records and understood by staff. For example, one person had difficulty swallowing and needed drinks and food to be a suitable consistency to swallow more easily. This was described in detail in this person's care records. Staff were aware of the guidance and we saw meals being provided in line with that guidance.

Staff planned meal menus for the week ahead with involvement from people and based on their known preferences. One person told us "My requests have been taken on board. I like lasagne and curries and I get them". People told us they could always choose what they wanted to eat and they enjoyed their meals. Staff said they could be flexible to meet people's preferences on the day. They offered a choice of two main meals each day, but if people didn't want either of these, there were always alternatives available. On one day of our inspection people were enjoying scampi and chips or fresh fish in sauce. Other choices from the weeks menu included pork cooked in cider, cottage pie and barbecue ribs. All meals were home cooked collaboratively by staff with help from people living at the home. One person told us they liked to help with

the vegetables and another said they liked helping making sandwiches. On Sundays, people took turns to choose the roast and dessert for the day and were able to invite their family and friends to join the meal. One person said "I chose roast beef and cheesecake and my mum came". There were regular theme nights, where dishes were cooked from around the world, including Italy, China and India. People told us how much they enjoyed these. The registered manager said they liked to make meals a social experience and whenever there was a theme night, people were able to invite their friends.

People told us they had regular health checks and they could see a doctor and dentist whenever they needed. Relatives told us people's healthcare needs were well met by care staff at the home. One relative said: They make appointments, check her ears and eyes and take her off to the doctor. They think of everything". Staff carried out regular monthly meetings with people which included discussing any changes in their healthcare. We saw people being accompanied to health related appointments by staff and that GP's and community nurses regularly visited the home. Other professionals, including learning disability nurses, occupational therapists and physiotherapists, provided input and advice as needed. For example, we saw involvement from a physiotherapist had been sought for guidance in helping someone regain their mobility after a lengthy hospital admission. Care plans contained records of hospital and other health care appointments. All of the healthcare professionals we spoke with noted how proactive the service was in making sure people's healthcare needs were met. For example, a GP told us staff always referred quickly if they had any concerns and they would always chase up the surgery if a prescription was late.

Adaptations were made to the premises to support people's needs. The home's entrances, hallways and corridors were suitable for wheelchair access. Some people's mobility needs had changed and an additional 'wet room' style bathroom was being installed at the time of the inspection to enable people to safely access the shower. There was plenty of outside space where people could sit and enjoy fresh air or outside activities, such as gardening. The home had a comfortably furnished lounge and a large dining room area with an adjacent crafts room. Some areas of the home were worn and needed refurbishing or replacing. For example, the carpet in the dining room and the kitchen units. However, these areas of improvement had already been identified by the registered manager and there was a programme of repairs underway to replace or repair.

Good

Is the service caring?

Our findings

Most of the people living at Meadowside were unable to discuss their views about the care they received in great detail because of their learning disability. However, one person who lived at the home said "I'm happy" and another said "Nice staff. We love them and they love us from the bottom of their hearts". Another said "Staff here are friendly. They have a good sense of humour; we have a laugh". People's relatives told us they were happy with the way staff cared for their relatives. One person's relative said "They are brilliant, all very caring. I can't speak highly enough of them". Another relative told us how well the staff had supported their son when they were unwell and couldn't visit. Staff had provided transport so that they could visit their relative regularly as well as emotional support to help them understand their parent's illness. Visiting healthcare professionals also told us staff were caring. One GP said: us " I find all of the staff at Meadowside to be extremely caring, this is from my experience in the care home when I see how they interact with all of their residents"

People appeared relaxed and happy with the staff supporting them. For some people, Meadowside had been their home for over 20 years and they had known each other and some of the staff for many years. Staff told us they felt a great commitment and fondness for the people they supported. This was evident in the warmth and quality of conversations going on around the home. For example, people and staff were sharing conversations about their families, how they had spent their weekends and what their plans were for the week ahead. There was humour and banter between people and staff, but also compassion and tenderness when appropriate.

Throughout the day we observed staff caring for people in a compassionate, considerate and patient manner. Staff had time to spend quality time with people talking and providing emotional support where necessary. For example, we observed a member of staff comforting one person who had become tearful after returning from a medical appointment. The member of staff sat down at the person's level and stroked their arm gently and asked "What is it that is troubling you? Take a breath. Let's talk about it". Once the person had calmed, the member of staff established that the person was upset because they felt a medical appointment earlier in the day had not gone well. They sought the person's consent to re-arrange the appointment which was given. Immediate action was taken to re-arrange the visit and the person's distress visibly reduced.

Staff also responded to people's physical care needs quickly. For example, while we were discussing medicines with one member of staff, we overheard one person coughing in the lounge next door. The member of staff immediately stopped our conversation in order to check on their wellbeing. They then arranged for someone to sit with them before continuing with our conversation.

The home was spacious and this allowed people to spend time on their own if they wished. We observed people moving freely around the home and choosing where they wanted to spend their time. For example, people came and went from the craft room as they wished or came to a kitchen area to make a cup of tea or coffee whenever they liked. Some people chose to spend time relaxing in their room, listening to music or watching television. We saw one person going out to buy a newspaper. When they came home we saw them

relaxing, reading their newspaper lying on their bedroom floor.

People were supported to maintain ongoing relationships with their families. They told us they enjoyed visits from friends and relatives and they could have visits whenever the liked. Relatives confirmed they were encouraged to visit as often as they wished and were always made to feel welcome. One relative told us "It's lovely when you go in; so friendly and homely". Where relatives were unable to visit, arrangements were put in place for staff to transport people so they could keep in touch with their family. One family member told us staff had supported their son to make phone calls to them every day which had provided reassurance for him at a difficult time.

The home recognised that certain times of the year were difficult for people who had lost loved ones. People were supported to remember their loved ones and express their feelings, if they wished to. For example, on mother's day and father's day a celebration tree was put up in the dining room. People were assisted to make cards with messages on the tree and talk about their memories and family stories if they wished to.

People, relatives and staff all told us that birthdays were celebrated in great style at the home and everyone could choose their own special celebration. One person told us she had chosen to have a limo ride and party. Another person had chosen to have a disco with special lighting and a sound system. Another person had enjoyed going to see a Queen tribute band. One person said "Everyone deserves attention and a big fuss and we all get that here!"

Not everyone was able or wished to be actively involved in planning their care. However, staff knew people's individual communication skills, abilities and preferences and took these into account when planning care. People told us they had meetings every month with their keyworker where they reviewed their care plans and were involved in any decisions about their care. Relatives were involved in planning care wherever appropriate. A visiting healthcare professional told us "They [the staff] strive to preserve the autonomy of the individuals in their care, involving them in decision-making wherever they can" Where people lacked mental capacity in relation to some areas of their care and did not have a relative to act as their representative, we saw advocacy services had been appropriately involved. For example, in relation to decisions regarding management of finances or making decisions about treatment.

We asked the provider how they made sure everyone received information in a way they could understand. They told us that some people had limited verbal communication, but they could all understand information given to them, as long as it was presented appropriately. People all had their own care records which they could access at any time and we saw these were written in accessible language with use of symbols, pictures and photos.

House meetings were held every month. People discussed a range of subjects, including activity choices, menus and ideas for improvement. The registered manager told us one view people had expressed was a wish to make the home feel more modern. Following this, a programme of refurbishment had started. Everyone was able to choose the décor of their room and people had been involved in choosing prints and decorations for the communal living areas of the home. People were also reminded to talk with staff if they had any worries and there was time for individual meetings after the house meeting if anyone wanted them.

People's bedrooms were highly personalised with personal belongings, furniture, bedding and decoration of their choice. Where one person spent a lot of time in bed, the bedroom contained light and sound equipment to stimulate their senses.

People were encouraged to understand they had rights in relation to the care they received. For example,

people told us they were asked at the end of each day by staff if they had been able to make the choices they wanted and if they had received kind care. One person, who was an active member of the local learning disability parliament, told us everyone's voice mattered at Meadowside. They said "We are a group of friends but we all get treated as individuals with our own views; not a mass, like we used to be treated".

People were encouraged to remain as independent as possible. For example, one person went out on their own to get a newspaper every morning when they were assessed as being safe to do so. Another made their own arrangements to catch taxi's to weekly groups. One person's mobility had changed recently and a referral had been made to a core strength and balance class, which staff were going to support them attend. People were all encouraged to take part in tasks within the home. For instance, helping with gardening, preparing lunch and evening meals, household shopping, running their own bath and cleaning their own rooms with support from staff.

People told us staff treated them with dignity and respect. One person said "I have a key and I lock my door if I want, but staff will always knock. Staff are always polite and respectful". Staff were aware of issues of confidentiality. When they discussed people's care needs with us they did so in a respectful and compassionate way. Care records were written in appropriate language. Throughout the inspection we saw and heard people being treated with respect and dignity.

People's privacy was promoted. For example, staff only entered people's rooms with permission, unless there was an emergency situation. People were discreetly assisted to their own rooms for any personal care. A screen was being built into the new wet room to increase people's privacy when showering. We heard staff listening and communicating well with people, giving them their full attention and talking in a pleasant manner. When addressing people, staff used people's preferred names and appropriate language that was not patronising. A visiting healthcare professional told us the registered manager and staff were "always friendly and respectful to the residents".

Good

Is the service responsive?

Our findings

People living at Meadowside had complex care needs in relation to their learning disabilities and physical and mental health care conditions. These care needs required careful monitoring and support.

People received care, treatment and support that was personalised and responsive to their needs. Everyone had comprehensive risk assessments and care plans in place which included discussions with individuals wherever possible, their families, and other key individuals. People were involved in reviewing their care plans monthly with their keyworkers, or more frequently if required. Any changes to care needs were discussed at handover meetings and staff meetings and noted in the care plan. This ensured everyone involved in a person's care was kept up to date about their care needs. Detailed communication logs were completed three times a day for each person. These gave a clear and detailed account of the care staff had provided as well as how people were feeling and how they had spent their day.

People contributed to the assessment and planning of their care to the extent they were able. Some people had limited verbal communication and lacked the mental capacity to make certain decisions. However, staff understood people's individual communication styles well and assisted them to express their needs and preferences in ways they could understand. People who could talk with us expressed a sense of ownership of their care records. For example, one person invited us to look at their care plan. They said "It's all in there [indicating their care plan] – everything about me; the food I like, the food I don't like, my family, how I like things done". We looked at care records and saw they were highly personalised, containing information about care needs, family, activity preferences, likes and dislikes, daily routines and future goals. These were presented in clear and accessible language, pictures and photos.

Relatives told us staff understood people's needs and preferences very well. They said staff knew people's physical care needs, but were also skilled at recognising when people were upset or if something was troubling them. Relatives told us they thought staff were particularly skilled at providing emotional care for people. For example, at times of change in people's lives, staff spent a lot of time explaining and reassuring them. One relative said "It was a difficult time, but we worked together [staff and family member] to get him over it". Relatives were encouraged to participate in discussions about people's care plans and to express their views. One relative said "Staff are brilliant at keeping in touch. They involve me at every step of the way".

Health and social care professionals we spoke with told us people's needs were well known and understood by staff. A visiting healthcare professional told us staff met one person's complex care needs at a very high standard. This person's needs had changed considerably over time and they now spent much of their time cared for in bed. They had limited verbal communication and were not able to tell us about their care. However, we looked at care records and saw detailed guidance was available to staff. For example, comprehensive half hourly checks were completed in relation to a range of issues. This included room temperature, catheter care and re-positioning (to ensure comfort and reduce the risk of skin damage). Records showed these checks had been completed in line with the care plan. When we spoke with staff they demonstrated a full understanding of this person's complex care needs. They knew about possible risks,

such as seizures relating to being woken suddenly, pressure sores or a blocked catheter. They knew how to recognise different types of seizures and what to do in an emergency situation. They understood the purpose of the checks they were completing in minimizing risks. Staff also told us about the importance of providing stimulus for this person as they now spent much of their day in bed. This included reading stories, playing their favourite music and having favourite soft toys within reach. We saw this person's bedroom was highly personalised with space themed decorations on the walls and special lighting. There was clear signage around the room and in the corridor areas outside reminding staff not to let doors slam, as loud noises made this person distressed. This showed a real attention to detail with staff taking a holistic approach to people's care that addressed both physical and emotional care needs.

Where people expressed a preference for support from a particular member of care staff the service tried to accommodate these preferences. Staff members of the same gender were usually available to assist people with personal care if this was their preference. For example, one man preferred to be supported by male carer as his personal care needs increased and we saw staff respected this preference. Every morning people were asked if they were happy with the person delegated to support their personal care needs. They were able to choose another member of staff if they wished. People got up and went to bed at times of their choosing and we saw mealtimes were adjusted for each individual depending on their preferred routines.

People had their own individualised bedrooms. Each room was furnished and decorated to the person's individual needs, tastes and preferences. For example, one person's room contained pictures and models of Star Wars characters which reflected the person's hobby. Another person had a great love of TV soap operas and staff were in the process of framing screen shots of their favourite characters to hang on the wall. Another person found too much change difficult to cope with and so staff were supporting them to make very gradual changes to their bedroom.

People were supported to spend time in the community and to participate in a range of activities in line with their personal interests. One person told us "I get to make the choices I want to make, as we all do. When I first came here 29 years ago, everyone went everywhere together. Now we get asked 'would you like to go to such and such place'. Not everyone likes the same things and staff understand that here".

People had keyworker days each month where they could choose their preferred activity with their keyworker and have lunch out at a place of their choice. This included visits to cinema, beach, day trips to the zoo and other places of interest. Activities that were routinely available included attending day centres and groups, cookery, pottery and crafts, local church services, hairdressers and shopping. People also spent time watching TV and DVDs, reading stories, playing games and socialising with friends and staff. Holidays were organised annually. People told us they could follow their interests and had plenty going on. One person told us "I'm never bored. We have a very full day at Meadowside". Relatives told us people's individual choices about what they wanted to do were respected by staff. For example, one person enjoyed walking to their club and staff were always made available to enable them to do this, even though the journey would be much quicker in the car.

People were supported to access the home's private gardens. People told us they liked to sit outside when it was sunny and enjoy the fresh air. A covered courtyard area at the back of the home allowed people to sit outside in the shade if it was too hot, or raining.

People's relatives and staff told us the registered manager operated an open door policy and was always accessible and visible around the home. People told us they could speak easily to the registered manager or staff. One person said "I can speak with staff and have a little chat –sort out my problems. My worriedness had gone after I'd talked to [name of manager] that Friday". Relatives were encouraged to feedback any

issues or concerns directly to the manager or staff. Relatives said the registered manager called them to let them know if there were any issues or updates regarding people's health and well-being.

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. People were aware of their right to complain. One person showed us their care plan which included accessible information about how to make a complaint. It said "You have a right to live in a comfortable safe environment, have nice staff who are trained to help you, no abuse, good healthy food. If you are not happy, you have a right to complain to us or the Care Quality Commission". The registered manager told us no written complaints had been made about the service in the last 12 months. One relative said "I've never had any reason to complain, they are very good". Another relative said "I find [name of manager] very good indeed. If I have a problem it's dealt with, but since she's been manager I've had very few concerns".

Good

Is the service well-led?

Our findings

Relatives of people who lived in the home were very complimentary about the service. One relative said "I don't think I can fault it. There's nothing I would change" another relative said "Meadowside is brilliant. [Name of relative] is secure and happy. I appreciate everything staff do".

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. People, relatives, staff and visiting professionals all had a high level of confidence in this manager. Staff and people's relatives told us the registered manager encouraged an "open door" culture and was very approachable and supportive. One person's relative said "[Name of manager] does an extremely good job. She's always available to discuss any concerns and quick to sort things out". Another relative said "She's a good a manageress; a very calm person, very capable and very clever. Meadowside is a better place since she's been in charge."

Staff said they felt very motivated and they were all dedicated to ensuring people received the best possible care and support. They said the registered manager was passionate about the service and entirely focused on people's needs. They described the registered manager very positively. For example "She listens. She's absolutely brilliant; the best boss I've ever worked for" and "She's so committed to the residents, she makes sure everything is in place for them. I trust her 100%."

The registered manager told us their philosophy was that Meadowside must be an "open, relaxed and comfortable home for each individual, where people are supported to do what they want to do". They were proud of the changes they had brought about at Meadowside over the past three years to deliver this philosophy. For example, staff all understood and practiced in a person-centred way and supported people as individuals. There was a comprehensive induction programme for new staff and continuing training and development for established staff. The philosophy was further reinforced through the 'open door' culture, monthly staff meetings, daily shift handover meetings and regular one to one staff supervision sessions. The registered manager told us their biggest achievement was in seeing how happy people living at Meadowside were. This was a sentiment echoed by relatives who commented on the change in the feel of the home and the level of security and happiness their loved ones displayed under the leadership of the registered manager.

Decisions about people's care and support were made by the appropriate staff at the appropriate level. There was a clear staffing structure in place with clear lines of reporting and accountability. The registered manager and team leader supervised care staff. All of the staff we spoke with said they worked well together as an effective team. Specialist support and advice was also sought from external health and social care professionals when needed, for example, from the local authority Learning Disability team.

The provider had a quality assurance system to ensure they continued to meet people's needs effectively. The registered manager carried out a programme of weekly and monthly audits and safety checks. Periodic service reviews were carried out by the registered manager's line manager (who is the chairperson of the charity) to check the home's compliance. Where action was needed this was noted and progress was

checked again at the next service review. Action taken as a result of these checks included increasing the frequency of medicines audits and prioritising the installation of the new wet room upstairs. People's relatives and other representatives were encouraged to give their views on the service either directly to the management and staff or through regular care plan review meetings. A quality assurance survey form had recently been distributed to people, relatives and visiting professionals to formally gather their views about the service. Feedback from these was due to be collated in October, but none had been received at the time of the inspection.

The registered manager told us they felt well supported by their manager, who they met with regularly and discussed resources, support needs and any maintenance needs at the home. The registered manager said they used contacts within the local learning disability team for exchanging information and ideas and fostering best practice. They were in the process of completing a diploma in health and social care management and as part of this they accessed a range of online resources in order to keep up to date with current best practice. The provider's policies and procedures were regularly reviewed and up dated to ensure they reflected up to date good practice guidelines and legislation. This helped ensure staff practices were up to date and people were supported and cared for appropriately.

The registered manager told us they were committed to developing Meadowside as a centre of excellence for the care of people with learning disabilities. This included current work with the local authority learning disability team to develop their residential care service for people with learning disability and dementia. They were also considering extending their model of care so that people who were more independent could be supported in their own homes.

People were supported to be involved in the local community. The provider information return states: "The home has an ethos as an open friendly home; we have regular visits from friends and family and provide links with the community to help build relationships and friendships with other people from other homes". Staff supported people to go out most days of the week. This ranged from attendance at specialist day centres for people with learning disabilities to a variety of social and leisure activities. People had recently participated in the town's annual carnival. This had involved making costumes on a 'under the sea' theme and being part of the procession through the town. People told us how much fun they had making the costumes and taking part. We saw photos of people participating with huge smiles on their faces.