

Salutem LD BidCo IV Limited

Meade Close

Inspection report

1-2 Meade Close
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Meade Close is residential care home providing the regulated activity of personal care up to maximum of 9 people. At the time of our inspection there were 8 people using the service.

Meade Close provides specialist care and support, particularly for people with physical and sensory impairments, communication difficulties, moderate to severe learning impairments, complex physical and mental health needs, and/or Autistic Spectrum Disorder experiences.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support

The service gave people care and support in a clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. The service supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. People had a choice about their living environment and were able to personalise their rooms. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Right Care

The service had enough staff to meet people's needs. Staff had received training in basic life support and first aid at work, however in the event of a person experiencing acute ill health, a systematic, evidence-based approach to recognise and respond to such events was not in place. We have made a recommendation about this in the safe section of the full report. Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse and worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff evaluated the quality of support provided to people,

involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (Report published 08 March 2019).

Why we inspected

The inspection was prompted due to concerns received about staffing levels, leadership and management and a notification of an incident following which a person using the service died. This incident is subject to an ongoing review by CQC. As such, this inspection did not examine the specific circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of conditions likely to deteriorate. This inspection examined those concerns.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Aspects of the service were not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Meade Close

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Meade Close is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Meade Close is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information

providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We reviewed a variety of records related to quality and safety and spoke with the registered manager, regional manager, senior support workers and support workers.

We spoke with two people who used the service and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant aspects of service delivery were not always safe.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- We looked at the management of acute ill health. Whilst we found staff had completed training in basic life support and first aid at work, an evidence-based, systematic approach for obtaining baseline physical observations such as a pulse, oxygen levels or heart rate was not in place. A common assessment tool used for such purposes is RESTORE2.
- RESTORE2 is a physical deterioration and escalation tool for health and care settings that provides an early warning score which helps staff to recognise when a person may be deteriorating or at risk of physical deterioration.
- We also found there was an overreliance on seeking advice from primary medical and out-of-hours services. Whilst the use of RESTORE2 does not remove the need to seek medical advice, as a tool it helps to ensure a more meaningful and evidence-based early consultation with relevant healthcare professionals.
- We spoke at length with the provider about this and recommended they looked to implement RESTORE2. The provider responded positively to this recommendation and acted to source relevant training and to implement RESTORE2.
- Following discussions with relevant stakeholders, we established RESTORE2 is not widely used across learning disability services locally. We will follow this up outside of this inspection.

We recommend implementation of RESTORE2 as a tool to assist in recognising health conditions likely to deteriorate.

- An assessment of need was completed before a person started to use the service. For example, detailed transition plans were developed for people moving from another setting. This helped to ensure known risks were identified early and appropriate management plans could be put in place. A community healthcare professional had commented to the service: "I am very glad to hear [Person] transition to Meade has gone so well and the 1-1 hours have been meeting their needs. Thanks for all your support ensuring [Person] move went as smooth as possible, and the amazing support [Person] is receiving."
- Untoward events were investigated, and remedial action taken to reduce the likelihood of reoccurrence. Information related to lessons learned was shared internally with staff, and with other relevant agencies as appropriate.
- Checks on the safety of equipment, hoists, water temperature, electrical and fire detection systems were regularly done and were up to date.

Staffing and recruitment

- There were enough staff to meet people's needs at the time of the inspection.
- The service had experienced a number of difficulties in relation to staff absences. However, several absences were because management had taken positive action in responding to concerns around poor performance.
- A robust management plan had been implemented to reduce the impact on people who used the service. For example, additional management support had been brought in and some staff had volunteered to work extra hours which helped to ensure continuity of care and reduced the need for agency care workers.
- Pre-employment checks had been carried out to ensure the suitability of prospective new employees, this included with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The service had recently worked with the local NHS medicines optimisation team to ensure systems for medicines management were operated safely and effectively.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff followed national practice to check that people had the correct medicines when they moved into a new place, or they moved between services.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

Systems and processes to safeguard people from the risk of abuse

- A robust framework was in place which sought to protect people from the risk of abuse. Comments from people included "They [staff] have responded effectively always, especially [Staff Member] who has always continually strived to work with [Staff Member] to improve safety. If anything has ever happened. I feel very safe at my service and very supported with safety by [Staff Member] and [Staff Member]."
- Staff knew how to recognise and respond to potential signs of abuse and were aware of local safeguarding procedures.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

- Personal protective equipment such as disposable gloves and aprons were readily available at the point of care. Staff had completed infection control training. This was supported by appropriate policies and procedures.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted good, person-centred care.

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

- As detailed in the safe section of this report, aspects of the providers governance processes did not always support staff to provide safe and timely care. However, more broadly, the provider did have an effective framework in place which helped to hold staff to account and uphold people's rights.
- The registered manager had the skills, knowledge and experience to perform their role and understood and demonstrated compliance with regulatory and legislative requirements.

Working in partnership with others; continuous learning and improving care

- The service had recently worked collaboratively with the local authority and other stakeholders. An action plan had been put in place and good progress had been made in addressing areas identified for improvement.
- The provider and registered manager conducted business in an open, honest and transparent way. Managers embraced change and were committed to delivering improvements.
- There was a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

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

- Management were accessible, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- The registered manager worked directly with people and led by example. Managers set a culture that valued reflection, learning and improvement and they welcomed fresh perspectives.
- Managers promoted equality and diversity in all aspects of the running of the service. Management and staff put people's needs and wishes at the heart of everything they did.

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- Staff encouraged people to be involved in the development of the service.
- The registered manager sought feedback from people and those important to them and used the feedback to develop the service.

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

- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support and applied duty of candour where appropriate.