

Kent County Council

Meadowside

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

About the service:

Meadowside is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Meadowside is registered to accommodate a maximum of 10 people at any time. It is a respite service, offering occasional overnight stays for people with learning disabilities, who usually live with family members or carers. Meadowside provides access to respite support for 84 people in total. At the time of the inspection there were six people staying at the service, one was on long stay placement, meaning they were living at the service until a more suitable place could be found.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support. People were encouraged to be a part of the local community; attending clubs, the library, pubs, visiting local shops, cafes, swimming pools and gyms. People were supported to move on to supported living services to become more independent.

Since the last inspection, where we found four breaches of regulations, we found that improvements had been made so the service was no longer in breach and now met the characteristic of good in all areas.

- People were provided with the support they required. People and their relatives/carers took an active role in developing their care and support plans and these were reviewed each time a person revisited the service to ensure information was up-to-date.
- We asked people if they felt safe and they nodded. Relatives told us that they felt their loved ones were safe and well cared for.
- There were safeguarding and complaints information in easy read and pictorial form for people and the information was communicated to people in resident's meetings.
- Risks to people were identified and mitigated. Since the last inspection, the fire system had been completely replaced and new fire doors had been fitted throughout.
- New positive behaviour training and support plans had been implemented so staff had a greater understanding of people's behaviour and how to manage and overcome it safely.
- There were enough staff who had appropriate training to support people and it was clear to see that people felt relaxed and comfortable in the company of staff. Staff knew people well and we saw agency staff and staff who had little contact with people previously reading people's care plans and communication aids

before they met them.

- People had access to medicines which were stored safely and checked by staff. People were encouraged to take their medicine independently.
- Incidents and accidents were investigated and learnt from so the risk of reoccurrence was reduced.
- People received the necessary support when they were physically or mentally unwell as staff worked closely with medical professionals and people's relatives/carers.
- People had a choice of what they had to eat and drink. Refreshments were available throughout the day and people were encouraged to make their own drinks and help prepare meals.
- The environment was adaptable and met people's needs. It was clean, and the premises had been redecorated throughout.
- People's privacy and dignity were respected.
- Personal independence was promoted, and people were challenged to try new things and learn new skills.

Rating at last inspection: At the last inspection we rated the service requires improvement. (Published 1 March 2018).

Why we inspected:

Scheduled inspection based on previous rating of requires improvement.

Follow up:

We will continue to monitor this service to ensure that it continues to be good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well-led.

Good ●

Meadowside

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Meadowside is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Meadowside is registered to accommodate up to 10 people. It is a respite service, offering overnight stays for people with learning disabilities, who usually live with family members or carers. Meadowside provides respite support for 84 people. At the time of the inspection there were six people staying at the service, one was on long stay placement, meaning they were living at the service until a more suitable place could be found.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We also looked at information sent to us by the registered manager through the Provider Information Return (PIR). The PIR contains information we require providers to send us at least once annually to give some key

information about the service, what the service does well and improvements they plan to make.

We reviewed three people's care plans. We also looked at a variety of different sources of information relating to these people, such as; care and support plans, activity plans and risk assessments. In addition, we looked at; surveys, staff rotas, training records, recruitment files, medicine administration records, complaints and accident logs. We asked the manager to send us some documentation via email after the inspection. These were received on the days following the inspection.

On inspection, we spoke with three people and observed interaction between staff, the registered manager and people. We also spoke with the registered manager and three members of staff.

After the inspection we spoke with one relative.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse.
- Staff had recently undergone training from a local authority safeguarding lead and knew how to report any allegations or suspicions of abuse. Staff were aware of the whistle blowing policy. Whistle blowing is the term used when staff pass on information concerning wrongdoing.

Assessing risk, safety monitoring and management

- At the last inspection we found a continued breach of regulation in relation to the management of risks. This related specifically to insufficient guidance for staff when supporting people, and to essential fire maintenance works which had not been completed. At this inspection, the service was no longer in breach.
- The service had invested heavily in fire safety equipment, implementing a new fire alarm and emergency lighting system and replacing all fire doors. We could see that the actions required at the previous fire risk assessment had been met and signed off by an external fire safety agency.
- There was thorough guidance in place for each person so that staff knew how to support them. This guidance was updated if there were any changes in their support needs.
- The registered manager had implemented positive behaviour support plans for each person. These described the behaviours people may display, possible triggers and methods for easing anxiety and de-escalating behaviours that may challenge. Staff also had training in positive behaviour support and were knowledgeable of people's behaviours, possible triggers and how to reduce them. For example; staff told us about the signs to indicate one person was distressed, by changes in the tone of the voice and that the person was particularly sensitive to noise and that this may trigger anxious behaviours. As a result, they knew to move them away from others who made loud noises. A member of staff told us; " You take them away from whatever it is that is disturbing them, hold out your hands, talk to them, look at them in the eyes, read with them."
- Staff also completed ABC charts and incident forms which were reviewed by staff and the registered manager to look for patterns and trends to help to understand and mitigate future risks. ABC charts record positive and negative behaviour to analyse possible trends.
- People were encouraged to take positive risks as safely as possible. The registered manager told us, "With the supervision of staff, people are making their own hot drinks at the drinks bar. Before it was done for you, not anymore. People are doing their own washing and cooking," . On inspection we saw one person taking clothes round to do their laundry, as well as helping to make scones with the chef.

Staffing and recruitment

- There were enough staff to support people.
- Staff used a 'dependency scale' to ensure that there were the correct numbers of staff on duty to support

people to do what they wanted to do. Each person was assessed before their stay at the service and they were given a 'dependency rating.' This assessment included people's healthcare needs, mobility and any behaviour that may challenge. Staffing levels were determined based on people's dependency rating and could go up or down depending on which people were using the service at any one time. This meant there would be less people with more complex needs, or more people with less complex needs and staff would be allocated accordingly.

- In addition, since the last inspection the number of beds had reduced to 10 so staff had less people to support. When people arrived at the service they were allocated a member of staff who supported them to transition in to the service.
- Staff were recruited safely. The registered manager carried out the appropriate checks to ensure new staff were safe to work with people, this included; references and a disclosure and barring service (DBS) check. A DBS check helps employers to make safer recruitment decisions.
- The registered manager occasionally used agency staff. The provider had its own bank of agency staff who were checked for suitability before starting work at the service. Once at the service they went through an induction process with staff, familiarising them with the service and the people they support. We saw agency staff working with experienced staff and reading through people's support plans and communication aids.
- Staff told us that sometimes it felt like there were not enough staff, but they thought this had improved recently and were getting support from agency staff. We saw that people had enough staff to support them and were able to continue carrying out different activities. In addition, the registered manager was also advertising for three different vacancies at the time of inspection and had plans to take on an apprentice to support with the transition to the new care plan system.

Using medicines safely

- Medicines were managed safely.
- Staff that administered medicines had received training, shadowed experienced members of staff and were competency assessed before giving medicines to people alone. The registered manager also had a new system for 'spot checking' staff to ensure that medicines were given to people safely. We observed a medicine's round and staff were following guidance.
- As needed medicines, such as pain relief or cold remedies were managed appropriately, with guidance for staff to follow.
- The room where medicines were stored was kept locked and air conditioned. The registered manager had also purchased a new medicines cupboard which monitored the temperature and would be used instead of a medicines trolley which was taking up a large amount of space in the room. In addition, a new fridge had been ordered and a work bench added so staff had more space to check medicines in and out.

Preventing and controlling infection

- People were protected from the spread of infection. The premises were clean with no unpleasant odours.
- We saw people and staff using personal protective equipment such as aprons and gloves when preparing food, and cleaning staff were wearing the appropriate equipment.
- Hazardous chemicals such as cleaning fluid was kept locked away and there were policies in place for staff to follow.

Learning lessons when things go wrong

- At the previous inspection we found that incidents and behaviours that challenged were not consistently recorded so patterns and trends could not be identified and mitigated. We found that improvements had been made and incidents were recorded and thoroughly investigated by both the registered manager and the provider.
- For example, we saw that analysis had taken place when accidents had occurred to prevent them from

reoccurring in future. The three incidents recorded in the last year had been thoroughly investigated and disciplinary action and additional staff training followed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support continued to be delivered in line with current legislation.
- Each person had their own individual care plan which showed how the person wanted to be supported, their likes, dislikes and preferences. Records included information and guidance about the person's physical and mental health needs and a positive behaviour support plan.
- Records showed that care planning considered any additional support that might be required to ensure people did not suffer from discrimination, such as needs around cultural or religious beliefs, and other protected characteristics under the Equality Act 2010. The Act makes it unlawful to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation or religion.
- Staff used best practice tools such as; weight monitoring and diet and hydration charts if required. Staff also gathered information and guidance from a variety of professionals to assess and monitor people's needs to ensure that they could be met. For example; staff worked with people's schools, colleges, carers and case managers to ensure they had the knowledge to support people appropriately.

Staff support: induction, training, skills and experience

- At the last inspection, we found a continued breach of regulation 18 relating to staff training. There was no record of what training staff had completed, so the registered manager did not have oversight of training. As a result, training was often out of date and was not tailored to people's needs specifically in relation to people with epilepsy and supporting people with learning disabilities. At this inspection we found that improvements had been made and the service is no longer in breach.
- The registered manager had developed a training matrix, so they had oversight of staff training requirements. In addition, the registered manager was carrying out two weeks of training per year which included training on a rescue medicine for people with epilepsy and 'team teach' and positive behaviour support training from a local university specialising in care and support for people with learning disabilities. Staff told us that they found the training had made an impact on how they work with people, "The trainer from the Tisard centre taught us ways to interact with individuals and how little things can make a difference. It is those little things that make the differences in people's lives." Another member of staff told us how they used positive behaviour support with an individual to avoid a situation that caused anxiety. The member of staff commented; "Positive behaviour support does work, we see it working. You need to watch out for triggers, could be simple so we could miss it. If you miss it, you don't know how it started or began." "I think it is great - we cover so much. We went through active participation - if [people] are busy, they don't get the chance to get bored and become challenging." Another member of staff commented; "We promote independence a lot more than we used to, I used to ask if they [people] wanted a cup of tea? Now I ask do you want to make yourself a cup of tea?"

- The registered manager undertook spot checks and competency assessments which were discussed at supervisions. Staff continued to have supervisions with team coordinators and staff told us that they felt supported and valued. Each member of staff had an annual appraisal with the registered manager where they went over their personal development plans, each time setting goals. Staff were required to evidence when they have completed it. One member of staff told us; "We collect evidence to show what we are working towards, our weaknesses and strengths and relate these to the KLOE's (CQC key lines of enquiry). We discuss what I think I have done well and goals for the future. We do post-it notes in relation to the KLOE's each week. I put it in my personal development file. I want to get better on a computer, updated a care plan on the computer recently which was an achievement. That was one of my goals."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy and nutritious diet during their stay, taking in to account their individual dietary requirements.
- People had a choice of what they wanted to eat and if they wanted something else, alternatives were available. People were offered drinks and snacks throughout the day. There was a new drinks bar where people could make their own drinks safely with staff observing. We also saw there was a fridge containing items brought from people's homes and brought during their stay, for example, chocolate mousse and beers.
- The chefs and staff knew which people needed soft food diets and looked through people's food preferences to come up with a suitable menu. People receiving soft diets had the same food as others but prepared to a suitable consistency in line with SaLT guidance. One member of staff told us; "There are eating and drinking guidelines from the SaLT team which are all in their care plans, the cooks all know. People have the same things, it isn't fair otherwise"
- People had equipment in place to help them remain independent such as; plate guards and nonslip mats to keep their bowls and plates still. People were encouraged to take their plates back to the kitchen when they had finished.
- Staff sat and ate with people, to ensure that people remained safe while eating and promote inclusion. People were not rushed when having their meals, staff gave them time to eat their meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to live as healthy lives as possible. The assessment process and subsequent 'update meeting' ensured that people's needs were recorded with guidance for staff to follow.
- Staff worked closely with people, their families and carers, as well as health professionals to ensure people were supported according to the most up-to-date guidance.
- Staff were knowledgeable of people and their physical and emotional needs and when people were unwell it was identified by staff. A person nodded their head and smiled when we asked if staff would know if they were unwell. People had access to GP's during their stay if required. A relative told us that during a recent stay their loved one had been unwell, and the staff were quick to inform them and support the person whilst the family came to pick them up. Staff told us that they were conscious that the person may become dehydrated as a result of their sickness, so they kept the person's fluids up.
- The registered manager told us; "A healthy body is a healthy mind" and they worked with staff to promote exercise and healthy activities. Staff told us that people enjoyed going out for walks and swimming. A member of staff told us; "We ask people what they would like to do, sometimes we go swimming. Some people who hadn't considered it before say they want to come too so I say, 'next time you come in bring your swimming costumes!'"
- Information and developments in people's care and support needs were communicated during staff handovers. We observed a staff handover and staff reviewed each person's needs in great detail. They

discussed how each person was getting on, what they had been doing; what had worked well, what had not worked so well and the possible reasons for this. It was clear that staff knew people well.

Adapting service, design, decoration to meet people's needs

- Since the last inspection, the premises had been redecorated throughout.
- The premises were light and welcoming, with pictures of people taking part in different activities on boards at the appropriate height so people in wheelchairs could see them.
- Bedrooms had matching curtains and duvet covers and contained people's personal belongings such as; pictures of them with their families. The registered manager did overnight shifts at the service and noticed that some bedrooms were too light through the night due to new external lights, so they added black-out blinds to such rooms. Staff had just ordered televisions for all bedrooms as they realised how important this was to people staying at the service.
- There was a large communal room, which was very open and echoed. The provider had the pillars and beams clad with foam and painted to reduce the amount of echo for people.
- Staff also changed layout of rooms to accommodate people and their different needs. For example; the layout of bedrooms and communal areas was adjusted depending on people's needs.
- At present there was not a lift so people with limited mobility could not go upstairs. However, the registered manager and operations manager told us that the whole service was going to be revamped in the coming years, starting with the addition of a lift so people could access upstairs and an additional specialist bathroom. Bedrooms would then be moved upstairs to make better use of the space and to provide safer accommodation for people as at present most bedrooms contained an external door.
- The premises had different areas for people to socialise and/or relax in. The registered manager had added gates outside, which created a safe communal garden area.

Ensuring consent to care and treatment in line with law and guidance

- At the last inspection we found a continued breach of regulation about 'safeguarding service users from abuse and improper treatment' because the provider was failing to ensure that any deprivation of liberty was lawful. Since that inspection improvements had been made and the service was no longer in breach.
- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager and staff had mental capacity and DoLS training and understood what it meant for the people they support. A member of staff told us; "I don't decide if people have capacity or not, we go to best interest meeting and all professionals come together to make decisions."
- When people were not able to consent to staying at the service, the registered manager liaised with people's power of attorney and conducted best interest meetings with relatives and professionals to consider the least restrictive options for people. For example; a new person joining the service had used a stair gate across their bedroom door at other placements to prevent them leaving the room without supervision. The registered manager worked with the person, their relatives and the care manager and they agreed to use a less restrictive door alarm instead.
- We saw that the registered manager had made emergency DoLS applications for people unable to consent to staying at the service for an extended period.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion. People appeared relaxed in the company of staff and they smiled and laughed together.
- It was clear that staff knew people well, staff could tell us about people, their interests, backgrounds and family, as well as their likes and preferences. For example; we saw staff talking to a person and they knew about items of importance to them. When staff had been out on a shopping trip with the person in the morning another member of staff reassured the person that they would make sure their possessions were safe. .
- The registered manager told us about a person's favourite song, and how when she sings the song the person smiles, and they sing the song together. The registered manager told us that it had been a way of building up their relationship and by doing so, the person is encouraged to do things they were reluctant to do before; such as going to the dining room with the registered manager to eat with other people.
- One person told us; "Staff are nice" and nodded when asked if staff cared about them. Another person poked their tongue out at us in fun, then blew raspberries and smiled and laughed, we asked if they were happy staying at the service and they nodded.
- A relative told us; "I think they are very caring. I've observed how they interact with the service users and have listened to what they have said."

Supporting people to express their views and be involved in making decisions about their care

- People staying at the service had a variety of communication needs, some could communicate verbally whilst others required communication aids, either electronic or in paper form. For example, some people used an electronic tablet which contained communication applications tailored to them, to support them to communicate by pointing on pictures of food or activities they liked.
- We saw people and staff interacting using the person's communication aid. We heard that staff had gone through the aid to understand whether a person was signing pain but found that their sign actually meant something very different.
- There was also a member of staff working with a person to go through some Makaton signs and they sat in the lounge and laughed as they did the signs for different animals and so forth. Makaton is a language programme designed to support people who have difficulty in communicating verbally. Staff told us staff fluent in Makaton offered lessons during the training week and there was also a 'sign of the week' for people and staff to learn.
- Staff also had a programme which converted text in to widget (picture) form, so it was easier for people to understand, we saw that notice boards contained information in widget form for people.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible, staff supported people to challenge themselves and to set goals. A member of staff told us; "[The registered manager] has said she wants to promote their [people's] independence and move them on as soon as possible - which is good, they need to be as independent as they can be." Another commented; "We promote independence a lot more than we used to" and we saw staff prompting people to do things for themselves, we saw people getting themselves snacks and making their own drinks.
- "People do their own thing when they want to do it. We give people the opportunity, some people live at home and are not allowed in kitchen or relatives may do the food for quickness and tidiness, but we get them in to the kitchen and say, 'just try it.' We give them the opportunity, 'It doesn't matter if you make a mess, or if you drop it, you can do it.'"
- Staff also used ABC behaviour charts to record positive behaviours to see whether they could try to expand upon them. For example; staff said, "One person was going to the local shops to buy two items, but it has made us think – what more can they do?" The registered manager told us; "We want to remove barriers and try things."
- People's privacy and dignity continued to be respected. Staff told us that they closed the curtains when delivering care and talked people through what they were going to do. People's private information was kept locked away and staff understood data protection and confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and to give choice and control

- People staying at Meadowside were supported how they wanted to be supported.
- Since the last inspection, care plans had evolved to include people's preferences and positive behaviour support plans which staff told us they found helpful in providing people with the right support for them.
- The assessment process for taking on new people and for reassessing the needs of those who had already used the service had also been developed.
- For new placements, staff sought feedback from professionals involved in people's support and met with people, their carer's and/or relatives. People were asked about their care and support needs, in addition to spiritual and sexual needs and their likes, dislikes and preferences. To familiarise people with the service, staff offered 'meet and greets' where people could go along to experience meals and activities at the service before spending nights there. One member of staff was responsible for assessments and they built up a thorough support plan and a positive behaviour support plan before the person stayed at the service. The same member of staff ensured they were on shift for people's first overnight stay at the service to make sure people had a comfortable transition.
- At the last inspection we found that care plans and guidance for staff was not always reassessed and updated when people returned to the service. We found that this had improved, and staff carried out 'update meetings' with people and their relatives/carers. We sat in on one such meeting and staff discussed the person's different needs and asked them to review the existing care plan to see whether anything had changed or if any information was missing. Some information did require updating and the member of staff did this. People were asked about what they wanted to do during the period of their stay and activities had been planned for the person that day, based on the service's knowledge of the person and the information in the support plan.
- People were supported in their transition to the service which led to positive outcomes for people. Staff had looked at how they could improve the admission process for a person who had previously been agitated. The registered manager told us; "With the parents we agreed a new way of [name] coming to the unit, gets very anxious, so meet them at the taxi, walk in together and go down to room to get them settled. The keyworker already has everything organised.' The relative phoned the registered manager after the first admission following this method and told them 'I can't believe the difference in her coming home.'
- People took part in a range of activities whilst staying at the service. Each week, people would complete an activities sheet where they coloured in their initials and wrote down what activities they would like to do. People were encouraged to try things they had not done before, for example; swimming or making pizzas.
- One member of staff told us how they got to know and communicate with people. They told us that they reviewed their care and communication support plan, as well as their communication aids. They added, "I watched [name] for a few days, all they wanted to do was draw, but I've read their support plan and it said they like all sorts of other things. So, I thought we would step it up a bit, last night we looked through pictures of her family on their electronic tablet and through the electronic communication I asked if they

would like to take part in the outing this morning. They thought it sounded like fun and said yes, and we went out this morning. I asked them about what they would like to buy, and we made a list on their app. This afternoon they have not even got their colouring out, they are doing so much more for themselves!"

Improving care quality in response to complaints or concerns

- There was an easy-read and widget form complaints procedure available for people to read. This was also explained to people at resident's meetings and during one to one sessions.
- Any concerns or complaints were investigated thoroughly by the registered manager and staff.

End of life care and support

- The registered manager had considered people's end of life wishes, however the service was for mainly young adults on short respite stays who were supported by relatives and carers. Staff also recognised that the topic may cause distress to people and their families.
- There were emergency policies in place in the event of people becoming seriously ill at the service.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager led by example. They were passionate, practical and knowledgeable of the people they support and had high standards and expectations of staff. A relative told us; "I knew [registered manager] from when she was a manager at my child's respite centre a few years ago. This did influence my decision somewhat on choosing Meadowside as I know that she leads things very effectively and if she makes changes then it's always in the best interest of the service users."
- People were supported how they wanted to be supported and were challenged to try new things and experiences to develop their skills, knowledge and confidence.
- The registered manager had developed an enabling, person-centred culture within the service, whereby people were at the centre of the service. The registered manager commented; "People haven't changed, we have changed."
- Staff told us, "There has been a lot of positive change; promoting independence, making us more person-centred, we needed a kick up the backside as we had got complacent. She has motivated us again. Taken pride in our work again." Another commented; "[The registered manager] has made so many changes it is unreal, good changes like new décor, new fire system. She has pushed for so much and succeeded in doing so much. If she says she is going to do something, she gets it done."
- The registered manager understood their responsibilities under the duty of candour.

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

- At the last inspection we found a continued breach of the regulation about 'good governance' in relation to care records and quality assurance checks. At this inspection improvements had been made and the service was no longer in breach.
- The provider and registered manager understood the need to continue to develop staff's skills, knowledge and understanding. The provider told us, "It is all about empowering the people we are supporting and getting staff to recognise that."
- The registered manager and provider both covered shifts at the service so that they had oversight of the service and could lead by example.
- The registered manager had an open-door policy, whereby staff could come by and ask questions and share ideas or concerns.
- There was a robust staff structure in place which promoted staff responsibility and delegation, so that staff had more ownership and responsibility over the service.
- The registered manager was developing staff's knowledge of the CQC inspection process and what we

look at during inspection. As a result, she introduced a 'KLOE (CQC key lines of enquiry) tree.' Each week staff had to write a comment for a different domain and these comments were discussed at staff supervisions and were analysed by the deputy manager to determine staff knowledge of the CQC key lines of inquiry. We saw the latest analysis had suggestions and information to improve staff's knowledge.

- A series of daily, weekly and monthly checks were carried out by staff, the registered manager and provider to maintain the quality of care provided to people. Many of these checks had been introduced since the last inspection, such as; medicine spot checks, audits of daily report sheets, care plan and staff training checks.
- When shortfalls were identified, these were addressed immediately, and long-term improvements were added to the service's action plan and signed off when complete.

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

- People were invited to resident's meetings where ideas and suggestions were made and staff tried different methods to get people talking; such as going through a newsletter and discussing it and how it could relate to them. For those who could not attend the meetings, staff asked if they wanted to add anything to the agenda and this would be fed back to them on their next visit. We saw that there were comments made about meals and activities they would like to try. Staff also communicated important messages to people in resident's meetings, relating to safeguarding, complaints and health issues.
- There were regular staff meetings which discussed training and developments in best practice and enabled staff to raise any concerns, or areas for improvement within the service. A member of staff commented; "We always make suggestions and [the registered manager] always writes it in the minutes. She wants staff to deal with it and delegates which is good, it gets things done."
- The registered manager sought feedback and ideas for improvement from people, staff, relatives and stakeholders through questionnaires. These were then analysed for patterns and trends by the registered manager and provider and used to develop the service. A feedback box had also been placed in the front foyer and comments on the questionnaires and in the feedback box were all positive.
- Reports were also sent out to people and their families twice a year to keep them updated with what the service and the people using the service had been doing.

Continuous learning and improving care

- The registered manager and provider had regular meetings to discuss the service and the registered manager's development needs. Information about best practice and learning and development opportunities were cascaded to the registered manager through the provider.
- The registered manager also attended local best practice forums and sought advice and guidance from online sources which was cascaded to staff at team meetings and through handovers and the communication book.
- The registered manager also used '360-degree feedback' from staff, so that they could feedback on the registered manager's performance, what they were doing well, what they were not doing so well and how they could improve.

Working in partnership with others

- The registered manager met with the local authority teams every month where they discussed what they were each doing, and what could be done better.
- Staff also worked closely with health professionals and local charities and organisations.