

Wiltshire Council

Meadow Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Meadow Lodge is a residential respite service located in Chippenham, Wiltshire. It provides short term care breaks for adults with a learning disability and autism. The service can accommodate up to four people at a time. At the time of our inspection there were four people using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support

People had their care and support needs assessed before they started to use the service and reviewed at each respite stay. People's independence was promoted. People's relatives told us how people's social activities had increased, and staff had supported and encouraged them to go to places that interested them with their friends. Staff supported people to take part in activities and pursue their interests in their local area. There was a complaints procedure in place in formats that people could understand. Risks to people had been assessed to ensure their needs were met safely. People's medicines were managed safely. Staff followed government guidance in relation to infection prevention and control.

Right care

People received kind and compassionate care from staff who wanted to have a positive impact on people's lives. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People had access to health care professionals when they needed them. People and their relatives told us they felt safe. Comments included, "It's a safe environment for [name] and it works really well" and, "I don't have to worry about [name] coming here at all." There were safeguarding procedures in place and staff had a clear understanding of these. Robust recruitment checks had taken place before staff started working at the service.

Right culture

People received good quality care, support and treatment because staff had been trained to carry out their roles and were supported by a team leader and manager. People, and those important to them, were involved in planning their support. The registered manager and staff worked in partnership with health and social care providers to deliver an effective service. Staff were knowledgeable about people's support needs as well as people's preferences for how they wanted to be supported. Comments from people and relatives

included, "It's a home from home" and, "[Name] loves it. [They] are always dressed and ready to leave on the days [they] go to stay at Meadow Lodge." There was a complaints procedure in place and people knew how to complain if they needed to.

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 (published 04 December 2017). At this inspection the service remained Good.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meadow Lodge on our website at www.cqc.org.uk.

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?

Good ●

The service was 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.

Meadow Lodge

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Meadow Lodge 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. Meadow Lodge 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 the service is small, and people are often out, and we wanted to be sure there would be people and staff at home to speak with us.

Inspection activity started on 21 February and ended on 14 March 2023. We visited the service on 21 February and 14 March 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included three care and support plans and daily records, staff personnel files, policies and procedures and quality monitoring documents.

During the visit we met one person who was staying at the service during our inspection and another person's relative. Other people using the service were not able to speak with us. We spoke with the registered manager and three care staff. After the site visit, we spoke with one other member of staff and three people's relatives.

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. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and understood their responsibilities to keep people safe from avoidable harm. One staff member said, "If we see any bruising, we need to complete a bruising pathway. Everything needs to be documented because we need to go through the process. It may be abuse or it might just be because the person has been a bit clumsy, but we need to find out."
- People's relatives said they felt confident people using the service were safe. Comments included, "It's absolutely safe here. I know there is an alarm on the door, which makes me feel good and the garden is quite safe too" and, "The staff definitely know how to keep [name] safe. I trust the staff so much. I would know if [name] didn't want to go there."
- Staff told us they felt able to raise any concerns about poor care and were confident they would be listened to. One staff member said, "I wouldn't accept poor care. I've worked in social care for many years and I wouldn't put up with it. It's important that we act on it, otherwise poor care could be repeated. It's important to challenge poor standards." Another member of staff said, "I would report concerns. I would shout, holler and scream if I needed to."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and well-being.
- Risk assessments outlined measures to help reduce the likelihood of people being harmed and care plans contained detailed guidance for staff to follow to keep people safe. For example, we looked at risk assessments for people who might have a seizure. The plans provided clear information for staff on what to do if this happened.
- There were risk assessments in relation to people spending time in the garden and going out in the local community when they wanted to. Some people liked to take part in meal preparation and there were assessments in place for the use of cooking utensils. One staff member said, "We promote independence but make sure people are safe. One person is scared of the oven and hob, so I will say, 'Right, you do the chopping and I'll do the cooking' and that works really well."
- Personal evacuation plans were in place. Records showed staff carried out regular fire alarm checks and fire drills. People's needs in relation to fire alarms and drills were considered by staff. One staff member said, "I always ask people, 'What would you do if the alarm sounded?' and then we talk it through. I make sure not to frighten them though, and try and make it more light-hearted, but it's interesting that now when I ask people, they know exactly what to do because we've talked it through so many times."

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.
- People's capacity to consent to aspects of their care and support had been assessed and when people lacked capacity, best interest decisions had been made. The registered manager told us the service was in the process of reviewing mental capacity assessments and best interest decision making. Staff had been booked refresher MCA training.

Staffing and recruitment

- Safe recruitment processes were followed.
- The provider completed checks on the suitability of potential staff. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- There was a robust induction programme in place. One staff member said, "I did shadow shifts when I first started. I did quite a few, for about a month. They [management team] were very accommodating and didn't pressure me. They made sure I knew everything before I was left on my own."
- There was enough staff on duty to meet people's needs. Staffing levels were based on an assessment of which people were using the service each week. Some people had 1 to 1 hours commissioned to meet their needs and the service adapted to this accordingly.
- People's relatives told us there was always enough staff on duty. Comments included, "There seems to be enough [staff]. They [staff] take [name] on trips, they go for walks, go to a local cafe."

Using medicines safely

- Medicines were managed safely.
- Medicines were administered by staff who had been trained and assessed as competent to do so.
- Prior to using the service, the staff contacted people's families and the GP to check that prescribed medicines had not changed since the previous stay.
- People's preferences for how they liked to be supported with medicines had been recorded. For example, we saw records such as, "Does not like to be rushed."
- Medicine administration records were in place which had been signed by staff to indicate people had received their medicines as prescribed.
- When people had been prescribed additional medicines on an as required (PRN) basis, there were protocols in place to inform staff when and why people might need them. If the information was missing, staff were proactive in seeking additional guidance from the prescribing GP when needed.

Preventing and controlling infection

- The service used an external cleaning company to keep the environment clean. Weekly checks were carried out at the service.
- The environment was visibly clean.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection. All areas of the service were visibly clean.
- Staff had completed infection prevention and control training.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider was enabling visits in line with current government guidance.

Learning lessons when things go wrong

- There were systems in place to monitor, record and learn from incidents.
- Lessons learned were shared with staff.

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 high-quality, person-centred care.

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

- People's relatives spoke highly of the impact the service had on both them and the people who used the service. Comments included, "It's made a huge difference to my life, it meant I could do normal things with my children and then when they grew up, it was my time with my husband. It's good for [name] as well" and, "It [respite care] has a huge impact on me. It's a physical rest. The care is very good. I'm thrilled with it. [Name] loves going there, meeting peers and getting to do fun things. [Name] is always happy to go and happy when there. I think it's a nice break for [name]."
- Staff understood the importance of an open culture. All the staff we spoke with said they believed the culture to be open and transparent. One staff member said, "The morale and culture here is wonderful. The people we support, they know what's happening when they come here, they choose what they want to do. We have a really strong relationship with our people. It really is person centred support and thinking. I'm working at the weekend and one person said they wanted to go to the pub, so we'll do that."
- Other staff comments included, "The morale here is good. We do have a laugh, but we also support each other. The people here love to have a dance around the room, and if they smile that makes me feel great" and, "We [staff] all have the same outlook. We want to promote independence, support people to do what they want and help them make really good choices."
- The registered manager said, "I'm most proud of the teamwork here. The team work really well together and are very in tune with each other's well-being" and, "We have a really nice group of people who use our service, and we have been trying so hard to meet everyone's entitlement. Covid was tricky to navigate and we couldn't work at full capacity. Families struggled with needing respite but we're getting back on track."

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 provider was aware of their responsibility to act openly and honestly when things went wrong.
- The registered manager was aware of their responsibility to make notifications to the CQC as required by law, and to the local authority.
- Staff understood how to report any concerns to the team leader or registered manager and were confident that these would be acted upon.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were robust quality assurance processes in place. This included a range of regular audits and

checks of the service.

- The registered manager and their team had oversight of all quality assurance information electronically. One staff member said, "I oversee the whole aspect of the service and everyone who is involved in how the service is run. Being present in the service is most important. I like to be visible and be here for support if required."
- The registered manager discussed plans to introduce smart technology at the service including electronic support plans which all members of the multi-disciplinary team could access.

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

- People and their relative's views had been sought through regular surveys and short format feedback following each respite stay. Staff told us they always asked people what they had enjoyed about their stay and what they wanted to do during their next stay. Comments on feedback forms included, "I went for a drive in the car, with the music on."
- One staff member said, "The feedback we get is good and it's amazing to get that when people go home after a stay here. It's a joy."
- The service had been going through a refurbishment plan and people had been asked for their input. For example, people had asked for a smart TV because some people liked to bring their computer games with them during respite breaks. The TV was in place.
- One person said, "It's like a home from home." One person's relative said, "I've seen huge changes in the environment. They've got nice new flooring and furniture, and it's less cluttered."
- The garden had been updated and was a pleasant area for people to use with elements they had asked for, such as a sensory pod and bar area.
- Regular staff surveys were carried out.
- Staff meetings took place and a range of topics were discussed. Staff told us they were invited to contribute and had access to minutes of meetings if they were unable to attend. One staff member said, "At the last meeting, I suggested making sure that at weekends, we get customers in who get on together really well, because we do more with at weekend. They [managers] are now trying to make this work."
- Staff spoke highly of the support they received from the management team. Comments included, "Absolutely I feel supported. We have a good care and support team here. I was made welcome and I know I can make suggestions and be listened to" and, "Both [team leader] and [registered manager] are so supportive. I can go to either of them with any worries or if I need any advice. I'm encouraged to bring new ideas as well."

Working in partnership with others

- The service worked closely with other professionals.
- One staff member said, "We do liaise with people to ensure we're providing person centred support. That might be the GP, social worker or the learning disability team. We have good relationships with them."