

# Stoke-on-Trent City Council

# The Meadows

## Inspection report

Wrenbury Crescent  
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Stoke On Trent  
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ST2 9JZ

Website: [www.stoke.gov.uk](http://www.stoke.gov.uk)

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13 December 2016

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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 visit was announced and took place on 13 December 2016. This was an announced inspection as we wanted to ensure people would be available to discuss the service with us. The service was registered to provide accommodation for up to 12 people. This service is run by the local authority to provide a respite care service for people with learning disabilities. At the time of our inspection eight people were using the service.

There was a registered manager in post. 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.

The principles of the Mental Capacity Act were not always followed in relation to people's capacity. We saw when people's movement were restricted to protect their safety, they were referred to the local authority for an assessment to consider if their liberty was being deprived. Staff received training and an induction that helped them support people and develop their role.

The staff knew how to keep people safe from harm and people felt safe when they used the service. When people required support with their medicine it was done in line with policy guidance. Some people were supported to administer their own medicine safely. Any risks to people had been assessed. Guidance and when necessary, equipment was provided to reduce people's risks.

The staff team provided a flexible approach which was dependant on the needs of the people. People were encouraged to make choices about their food; and their needs had been catered for. When people required support with their health care needs, this was provided in line with their wishes.

People received a service which was caring and provided them with their independence. They were supported by staff who respected their dignity and ensured they had the level of support they required. Advocates were available if the person required this support.

People had been involved in the development of their care plans which were in a format they could understand. Any changes had been recorded and staff received a handover and time to review any changes made to the care requirements.

There was a complaints policy in an easy read format, however people and relatives had not had a reason to complain. Their views on the home had been considered in relation to the service they received and throughout the modernisation of the building.

Staff felt supported by the manager and the provider. There was a positive open culture at the home. The

manager had completed regular audits of the home and any actions to make improvements had been completed.

## 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

People were supported to be kept safe from harm. Medicines were administered in line with people's needs and some people were enabled to administer their own medicines. Risks had been documented and guidance provided to minimise risks. There were sufficient staff to meet people's needs.

### Is the service effective?

Good ●

The service was not always effective

The principles of the Mental Capacity Act were not always followed in relation to people's support with decisions when required. Staff received training and an induction that helped them support people. People were encouraged to make choices about their food; they had been supported with their health care needs. People had been included in the design of the building modernisation.

### Is the service caring?

Good ●

The service was caring

Staff were kind and caring and treated people respectfully. Staff supported people to maintain their dignity and privacy. People were supported with their preferred way of receiving their care and they had access to advocates when required.

### Is the service responsive?

Good ●

The service was responsive

People had been involved in the development of their care plans and any updates had been recorded. People received support to access their interests and had been included in future developments in this area. A policy was available in an easy read format; however the service had not received any complaints.

### Is the service well-led?

Good ●

The service was wellled

People were positive about the service. Staff were supported by the manager and understood their role. The provider had effective systems in place to monitor and improve the quality of the care people received. The manager understood the responsibilities of their registration with us.

# The Meadows

## Detailed findings

### Background to this inspection

We carried out this inspection visit 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 service, and to provide a rating for the service under the Care Act 2014. Our inspection was unannounced and the team consisted of one inspector.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. We used this information to formulate our inspection plan.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with three people who used the service and two relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with two members of care staff, a deputy manager, the cook, the onsite building contractor and the registered manager. We reviewed three staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the care records for four people to see if they were accurate and up to date. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

People told us they felt safe when they used the service. One person told us, "Staff look after me, the gates are locked and I feel safe." Another person said, "Defiantly the staff make sure it's 100% safe." A relative we spoke with said, "I feel my relative is very safe when there."

Staff told us they had received training in safeguarding and those we spoke with were able to tell us how they supported people to be safe from harm. One staff member said, "I would report to the manager and complete the paperwork to send to the local authority. I would keep it confidential." The manager told us they took learning from any safeguarding incidents. For example a concern raised a training issue with moving and handling. We saw the trainer had updated the paperwork and competency checks to ensure the understanding of the equipment by staff. This shows the provider reflected on practice to develop the skills of their staff.

People's safety was maintained by the staff that supported them. A staff member told us, "The risk assessments are the first thing you look at to reduce the potential risk and they are more than adequate." We saw there were a variety of risk assessments in place to direct staff on how to minimise risks to people. For example it was identified some people could not use the hoist for their transfers when they required personal care support. The manager had been supported to develop other equipment to support the person to be as independent as possible but still provide a safe environment to support their needs. We saw several examples of how the design of the building had reduced the risk to people's safety. These included rooms with specialist furniture and rooms specific to people's needs. We saw all the risk assessments were specific to the individual's needs. For example some people required support when traveling in a car and other people when they received their personal care.

We saw that plans were in place to respond to emergencies, such as a fire. We saw that the information recorded was specific to each person's individual needs and the level of support required for each person. This showed us the provider had measures in place to minimise risks to people's safety.

People told us there were enough staff to support them. One person said, "Plenty of staff, when I go out I have someone with me." The staff we spoke with agreed there were enough staff. One staff member said, "We look at the people coming to stay and the staff numbers reflect their needs, its good advance planning." We saw the service had a consistent staff team who had worked at the home for many years. One staff member said, "The staff are really good, always willing to cover or change shifts to meet people's needs." The manager told us the staffing levels remained constant, however reflected the level of people's needs. For example some people required more than one staff member to support them. On these occurrences, the number of people able to use the service was reduced. The manager also had access to additional hours to support the staffing levels in case of emergencies or to meet someone needs if they changed.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to

work with people. These included references and checks on the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. These checks were present in the records we reviewed. This demonstrated that the provider had safe recruitment practices in place.

Staff supported some people with their medicines. We saw when this happened; the staff took the time to explain the medicine and then recorded it on the administration record. We saw that there were individual protocols in place for staff to administer medicines that were taken 'as required' and not every day. This provided staff with clear guidance on when 'as required' medicines should be given.

The staff had received training in medicine administration and the manager had developed a system of competency checks carried out every three months to ensure the staff understood their responsibility when administering and recording. The medicines were kept in accordance with the services policy and medicine guidelines. This meant people were supported to receive their medicine in line with their needs.

Some people administered their own medicines. One person said, "I keep them in a cupboard and I have the key." We saw that for these people a risk assessment had been completed to determine if they were safe to administer their own medicines. The manager told us they had ordered specialist safes to ensure medicine could be kept securely. This meant the manager maintained the safety of people's medicines.



# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

We checked whether the provider was working within the principles of the MCA. The manager and staff told us some people living in the home were unable to make decisions about their care and support. We saw that where people were unable to consent, mental capacity assessments and best interest decisions had not been completed in accordance with the Act. The manager confirmed that no one using the service had a capacity assessments or a supporting best interest assessment to confirm that the decisions being made were in their best interest. This meant people's rights had not been protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. An application relating to DoLS had been completed to the relevant authority and reviewed, however, not everyone's liberty had been assessed.

We recommend that the provider researches current guidance on best practice regarding gaining consent, assessing people's capacity and providing evidence to support that decisions were made in their best interest.

People told us they were offered choices and their independence was promoted. One person said, "I make decisions for myself." They added, "Sometimes I need help and the staff help me." We spoke to the staff about supporting people in making decisions. One staff member said, "I would encourage people to make their own decisions. If it is not a safe decisions I would explain the consequences and if needed use visual prompts if that works best for the person." We saw they were being supported to complete their care plans, however they had not been encouraged to sign their plans or confirm consent to their care.

The staff we spoke with told us they had the training they needed to support their role. One staff member said, "I have had some refresher training, it was good to maintain my knowledge and carry on with good practices." We saw that all staff received training relevant to their roles. For example the cook told us they had completed a professional qualification in food and the domestic staff had been booked to attend some specific training as they often supported with caring duties.

The service had not had any new employees; however one person told us they had transferred from another serviced owned by the provider. They said, "When I came here I shadowed for two weeks with other staff, got

to know how the place works." They said, "Everyone knows their job and gets on with it." Staff we spoke with told us their training was up to date and any refresher courses had been booked in. This showed the managers ensured the staff had the correct skills to enable them to perform their role.

People told us they enjoyed the meals, "Really nice meals, you get a choice and there is a laminated menu." Another person said, "Gorgeous, I love the food, last night I had corn beef hash." We spoke to the cook. They told us the people and the manager had contributed to the development of the menus.

We saw that there was a record kept of people's food and drink likes, dislikes and specific needs. . The cook said, "Everyone has a preference, we have a card with information on, but we know people well." We saw the cards identified the consistency the food needed to be and any equipment requirements to support people to remain independent. Linked to the consistencies of the food were guidance leaflets which the cook told us were very useful. This ensured people received their meals as directed by health care professionals. Other people had specific needs, for example one person did not like their food touching other food . The cook ensured each item of food was placed in separate bowls. This meant the person could enjoy their food as they wished to receive it.

People were supported by the staff with their health care needs. One relative said, "They keep me informed. At their last stay they were unwell so the staff gave us the option to collect them or for them to call the GP." We saw records which confirmed that people had been supported with a range of health needs. These including supporting people to an appointment or making one when needed.

We saw that each person had a 'Passport to health'. This is a document which contains details about the person which accompanies them if they were to go into hospitals or require other health intervention. This ensured people are given the correct support they needed and in the way they wish to receive it.

The provider had included people in the decision making about the design and decoration of the building. One person told us, "I said which colours I liked or some ideas. I love all of them." We saw that mood boards had been used to give people a visual choice on colours in various areas of the home.. People told us, "They had done a lot of work on the building, bedrooms are nice." Another person said, "I love my big bed, the bean bags and the bathroom." The provider held three open days and used mood boards to enable people and other professionals who may use the service in the future the opportunity to be part of the development. We could identify that the choices which had been offered had been implemented following this period of consultation.

We spoke with the building contractor who had completed the modernisation. They told us, "The changes were made in four phases." They added "We worked with the staff, the noise was kept to a minimum and any major structural changes were made when people had left the building for their day activities." One relative said, "During the modernisation, the service was still a high standard considering all the upheaval." This meant that people's needs had been considered during the completion of the building work.

## Is the service caring?

### Our findings

People told us staff knew them well and had established relationships with them. One person said, "They are kind, nice staff here." They added, "Staff do a lot with me, singing and playing games."

A relative told us, "The staff are like a second family." One staff member told us, "This service suits my experience and I like the interaction here." They added, "There is a mix of people with differing needs, some need extra support. It's rewarding when you get that little response from a person." The manager told us they promoted independence and this was supported by comments made by the people and relatives using the service.

The provider had supported people in the past to access an advocate. An advocate represents the interests of people who may find it difficult to be heard or speak out for themselves. The staff member told us, "We supported the person to make their own referral to the service. After that the advocate made the links to support the person with their finances and decisions about where to live." This meant people were provided with access to external agencies to support them with their choices and independence.

People told us they felt their privacy and dignity was respected. One person said, "They respect me, I feel listened to if I ask something." People we spoke with told us staff knocked before entering their room and asked before providing support to ensure they were happy to receive it. One staff member said, "The best shifts are when people do things themselves. We take out the danger or risk. People do things their way; we respect their decisions and choices." This meant people were supported to be independent and received dignified respectful care.

## Is the service responsive?

### Our findings

People had been involved in developing their own care plans. We saw these had been developed in an easy read format. One person told us what they could expect to see on their care plan and when we checked their records we saw this was correct. Another person told us about their care plan and said, "I was part of that and feel they wrote the right things." This shows that the care plans provided information which reflected the person's preferences and choices. One staff member told us, "The care plans are very good. There is enough information to give me confidence to do my job."

The staff completed a daily handover before each shift. The staff member told us, "This is so we can update staff on who is using the service, their needs and allocate duties to the staff." One staff member told us, "Preparation is key, I have time to read before my shift the care plan and any changes." Which meant People received the care they required following any changes to their needs.

The service provides respite care we saw that the provider ensured when people used the service any changes in their needs has been updated. Records confirmed any changes had been recorded in relation to, use of equipment and medicine. This meant that people would receive the correct level of care they needed for their stay.

Before people came to stay at the home they were supported with an introduction. The manager explained that people came for a look around, then a tea visit and if they felt ready an overnight stay. They said, "It's getting the balance right with the family and the person." We saw how some people had visited for a long period before they stayed overnight and the family had been supported with this transition in the person's life. The manager told us they were working on a new brochure now all the modernisation has been completed so they can incorporate all the information about the service for people.

People told us they had been involved in activities in the community. One person told us how they had attended the local 'winter wonderland' and they said, "It was great we enjoyed it." People had been supported to attend their regular activities. We saw how the service used its own transport to enable people to attend their clubs or activities. The staff member told us, "If we cannot transport the person in our vehicle we would organise a taxi or appropriate transport so they can still access their activity."

Following the modernisation the provider was anticipating offering more opportunities to people. The manager told us, "We plan to improve our day service provision by offering day care here." We saw that the facilities would enable a wide range of activities including a sensory room and separate spaces for people who require one to one support. Although these activities had not been developed people we spoke with knew all about the plans. One person said, "We are going to be able to do more stuff, play games here." Another person said, "I enjoy the gardens and we will have more activities by next year." This meant people were encouraged to be involved in developing the activities of interest to them.

People felt able to raise any concerns. One person said, "I have no complaints, if anything goes wrong I

speak to the manager." Another person said, "Any concerns I go to the staff." A relative told us, "I have never had to make any complaints, they are so obliging." There was a complaints procedure in place which had been produced as an easy read guide to provide a usable format for people. The registered manager told us they had not received any complaints.

## Is the service well-led?

### Our findings

People told us they enjoyed their time at the service. One person said, "I absolutely love it." Another said, "It's good the staff are friendly and I can be independent." The staff we spoke with also felt the service was positive and they enjoyed working for the provider. One staff member said, "I absolutely love it, it's the changes of different people all the time, It's always interesting."

Staff told us they had received support in relation to supervision. One staff member said, "There are lots of informal supervisions here as well as that which is documented. I feel supported; the manager is approachable and responds well to any concerns." Other staff told us how they had been encouraged to share their knowledge and experience from other services. They told us, "It positive that we can share our knowledge and learn from each other."

The service had a whistle blowing policy in place to protect staff who wanted to raise information of concern. One staff member said, "I have no qualms in reporting. There is a reason we have the policy and I feel confident things would-be dealt with confidentially if I raised anything." They added, "Thankfully I haven't had to." The manager felt supported in their role. They had received regular supervision and monthly meetings with other managers from locations owned by the provider. The manager told us, "I have a good staff team, many of which came with me from other services run by the provider." They added, "I feel very supported, my assistant managers are excellent, they do anything I ask."

We saw the manager had a wide range of audits to support them to reflect on the service and to develop the quality. For example an incident had occurred which had raised a concern relating to a unit in the bathroom. The manager told us, "I have now had the unit bolted to the wall in that bathroom and all the others, to reduce the risk of it happening again." We saw that other checks and audits had been completed and when required any actions had been addressed. The manager told us, "My manager audits my audits so I can be sure I have covered everything."

As part of the modernisation a comprehensive alarm system had been fitted. Staff told us, "It will be good as the little pendant tracks the staff movement and can be useful for safety and knowing where staff are." The manager told us the system will have the facility to generate reports which they could use to develop the level of support for people and knowledge about the service."

The provider had asked for feedback from the people who use the service and their relatives. We saw the responses were very positive and many comments reflected words of thanks. One comments said, 'Without such a service our family would probably breakdown. [Name] loves going and we are happy when they are happy.' To date there had been not requests for improvements; however the manager confirmed they would respond directly to address any concerns. We saw people had been asked about the service. One of the requests had been for access to a internet connection. We saw this had been installed and about to be fully operational throughout the home. This showed the provider and manager listened to people and responded to make improvements for them.

The manager told us now the modernisation was complete they would be moving to develop the service using all the facilities. They told us they had made an initial connection with the local college to support the hair salon at the service and other organisations and groups who may wish to hire some of the spaces which had been created. We saw these were part of the future business plan of the service.