The Pontesbury Project For People With Special Needs

Meadow Brook

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

Meadow Brook provides care and support to up to 20 people living in nine supported living settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At our last inspection in October 2015 we rated the service as Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were supported by adequate numbers of staff who were able to meet their needs in a safe way. Risks were well managed which meant people could live their lives with reduced risks to themselves or others. Staff knew how to protect people from the risk of harm or abuse and the provider's procedures made sure staff were safe to work with people before they were offered employment. People received their medicines when they needed them and medicines were safely managed by staff. Staff followed procedures which helped to ensure people were protected from the risk of the spread of infection.

People were supported by a staff team who had the skills, knowledge and training to meet their needs. Staff understood how to ensure people's rights were respected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to eat well in accordance with their needs and preferences. People's health and well-being were regularly monitored.

Staff were kind, caring and compassionate and they ensured people felt valued and respected. People were supported to plan their day in accordance with their needs and preferences. Staff communicated with people in accordance with their needs and abilities which helped people make an informed decision. People were supported to maintain contact with the important people in their lives.

People received a service which was based on their individual needs and preferences. People were involved in planning and reviewing the care and support they received. Staff helped people to take part in their chosen activities and also provided other opportunities such as holidays and visiting places of interest. People's religious views and preferences were understood and respected by staff. People knew they could complain if they were unhappy about any aspect of the care and support they received. Information had been produced in a format which people could understand. Procedures were in place to ensure people's preferences and wishes during the end of their life and following death were understood and respected by staff.

The management of the service made people, their relatives and staff feel valued and respected. There were effective systems in place which monitored the quality of the service provided. The skills, training and

competency of the staff team were regularly monitored which helped to ensure people were supported by staff who could understand and meet their needs. The management and staff team worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. There was an open and honest culture, admitting when things went wrong and learning from mistakes. The provider and registered manager understood their legal responsibilities and worked in accordance with these.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Meadow Brook

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which was carried out on 7 August 2018 and was announced. It was carried out by one adult social care inspector. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure someone would be available. We also needed to gain people's permission to visit them in their own home.

Prior to the inspection the provider submitted a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We looked at statutory notifications sent in by the service. A statutory notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the service before we visited. We contacted Healthwatch and local commissioners to seek their views on the service provided. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. No concerns were raised. We used this information to help plan the inspection.

During our visit we met with five people who used the service and we spoke with two relatives on the telephone. We met with the registered manager, the provider's nominated individual and five members of staff.

We looked at a sample of records relating to the running of the home and the care of individuals. These included the care records for three people who used the service. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance. We checked two staff recruitment files and staff training and supervision records.

Good

Is the service safe?

Our findings

People felt safe with the support they received and with the staff who supported them. One person said, "I feel very safe and I'm not worried about a thing." Another person told us, "All the staff are good to me and I like my housemates too." A relative told us, "I am delighted and I have no doubt in my mind that [name of person] is safe."

There were sufficient staff to meet people's needs and help keep them safe. One member of staff said, "Staffing levels are really good. We can take people out and make sure they are safe." Another member of staff said, "There are definitely enough staff. I have no concerns about that at all." There was an on-call system which meant staff could access support or advice when they needed.

People were supported to live their lives to the full with reduced risks to themselves or others. The registered managed told us, "Risk assessments are about enabling people to do what they want to do and not preventing them from doing things." Care plans contained details of identified risks and how staff could work to minimise risks. Risk assessments covered supporting people with independent living skills such as cooking, household tasks, accessing the community and participating in activities.

Staff received training on how to recognise and report any suspicions of abuse and those spoken with said they would not hesitate to report any concerns. One member of staff said, "I am very confident about recognising and reporting abuse and if I raised it with management they would deal with it. I would also contact the CQC (Care Quality Commission) or the police if I needed to." Staff were confident any concerns raised would be dealt with effectively to make sure people were protected. Where issues had been raised with the registered manager they had acted swiftly to make sure people were kept safe.

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with the people who used the service. Staff told us, and records confirmed, they had not been able to begin until all checks had been carried out.

People received their medicines when they needed them by staff who were trained and competent to carry out the task. Where people required medicines on an as required basis, there were clear protocols in place for staff to follow. This helped to ensure staff followed a consistent approach and that people received their medicines when required.

Where people exhibited behaviours which could place themselves or others at risk of harm, there were clear strategies in place to manage and help to de-escalate behaviours. Behavioural support plans had been developed and agreed with appropriate professionals and with staff who knew the individuals well. The plans provided clear information for staff on possible 'triggers', preventative measures and agreed techniques for managing a situation. This helped to reduce the risk of people receiving unsafe or inappropriate care.

A record of accidents and incidents were maintained and regularly analysed. This helped to identify any traits and actions needed to reduce the risk of reoccurrence. There had been very few accidents or incidents however we saw the registered manager had taken appropriate action to reduce the risk of the incident happening again. Where things went wrong the service learned from these mistakes and took action and liaised with other professionals to make sure people were safe. An example included the breakdown of a person's placement at the service.

There were arrangements in place to deal with foreseeable emergencies. Systems were in place to safely evacuate people from their homes in the event of an emergency. Each person had a personal emergency evacuation plan which gave details about how to evacuate each person with minimal risks to people and staff.

There were policies and procedures in place to reduce the risk of the spread of infection and these were understood and followed by staff. Staff had access to sufficient supplies of personal protective clothing (PPE) such as disposable aprons and gloves.

Good

Is the service effective?

Our findings

People were supported to make decisions about their day to day lives and how they wanted to be supported. One person said, "The staff help me plan my week and I say what I want to do." Staff used objects of reference and photographs which assisted people who found it difficult to communicate verbally, to make choices and decisions. Each person had a care plan which detailed how the person communicated and how they made decisions. Staff knew people well. We observed them communicating with people in accordance with the persons needs and abilities.

The care plans we read contained pre-admission assessments and, where appropriate, assessments from other professionals and placements. There were systems in place which helped to ensure people experienced a smooth transition into the service.

People were supported by staff that had undergone a thorough induction programme which gave them the skills to care for people safely and effectively. One member of staff described the induction programme as, "phenomenal". New staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be supported.

Staff felt confident they had the skills and training to meet the needs of the people they supported. One member of staff said, "I have been really impressed by the training available and they [the management] never let your refresher training overrun." Another member of staff told us, "The training is really good and if you feel you want anything extra you only have to ask."

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Care plans showed that people had received annual health checks by their GP and had access to other healthcare professionals including opticians and dentists. People also saw professionals to meet their specific health conditions such as epilepsy and other complex health needs. Staff recorded the outcome of people's contact with health care professionals in their plan of care.

People were supported to have a varied and healthy diet and their food and fluid intake was monitored where required. People planned their menus, shopped for their food and were enabled to have as much involvement in meal preparation as they wished or were able.

People's legal rights were protected because staff worked in accordance with The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff had undertaken training in the mental capacity act and knew how to support people who were unable to make a decision for themselves. Care plans contained information about people's capacity to consent to

areas of their care. Where people lacked the capacity to give consent best interest decisions had been made. Examples included health care interventions and assistance with personal care needs.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Appropriate assessments had been completed for people who required continuous support and were unable to leave their home without staff support. The registered manager told us they were waiting for the placing authority to complete their assessments and make applications to deprive a person of their liberty through the court of protection.

Good

Is the service caring?

Our findings

People were supported by a kind and caring staff team who took time to get to know what was important to them. One person said, "I like the staff, they are very kind to me." Another person told us, "I am very happy and I like all the staff. They are all lovely to me and we have a laugh." A relative said, "[Name of person] always looks forward to going back to his home after visits with us. That says a lot. I am confident that they are well cared for and happy. All the staff are excellent."

The people we met with looked happy and relaxed with the staff and management team and there was lots of laughter and friendly banter.

Care plans contained profiles of people and recorded key professionals and relatives involved in their care. Care plans detailed family and friends who were important to them and provided information about people's social history, hobbies and interests. This helped staff to be knowledgeable about people's preferences and family dynamics and enabled them to be involved as they wished.

Staff planned people's days with them to ensure routines met people's individual needs and preferences. A person who used the service said, "I do lots and I choose what I want to do and the staff help me." Another person told us, "The staff ask me what I want to do. They never make me do something; it's up to me. It's all very good."

People were supported to maintain and develop independent living skills and to achieve their goals and aspirations. For example, the care plans we read detailed what a person was able to do and how staff could support them to develop further. We heard about one person whose dream was to be a pilot. The registered manager told us they were in the process of arranging for the person to have an experience in a flight simulator.

People were supported by staff who had received training in equality and diversity and who understood and respected people's needs and wishes. For example, staff had supported a person to attend an event to meet their diverse needs and the person had written to staff saying, "Thank you for all these opportunities."

Information had been produced in a format which helped people make decisions about the care and support they received and day to day decisions. For example, care plan reviews had been produced in an easy read format. Pictures and cookery books helped people to make their menu choices. Information about the service and tenancy agreements had used an easy read format with pictures and symbols. One person was using an independent advocate and we were informed that advocacy services would be requested for others where required or requested.

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature within ear shot of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Where people had relatives staff helped them to keep in touch. The majority of the people who used the service enjoyed regular visits to their relative's home. One person regularly used a hand-held computer to communicate with their relative.

Good

Is the service responsive?

Our findings

People received a service which was tailored to their needs and preferences. One person said, "I have weekly chats with my keyworker where we talk about what I want to do. The staff never force me to do anything." Another person told us, "I go to reviews with my social worker and my keyworker and I get to talk about everything." The care plans we read contained a document entitled, "How important do you feel?" These had been produced in an accessible format and people had expressed their views about the support they received, the staff that supported them, the choices available to them and whether their choices and decisions were respected by staff. People were also able to express a view about activities and what they liked, didn't enjoy and what they would like to try.

People were supported to practice their faith. One person told us, "I like to go to church every week. Staff help me. It's important to me and I have made lots of friends there." Care plans contained information about people's religious preferences which helped staff to support people in accordance with their preferences.

People were provided with opportunities to take part in their chosen activities in the local community. For example, swimming, bowling, shopping, pub trips and visiting places of interest. One person supported a local football team and staff supported them to attend weekly matches. Another person worked at a local farm and liked to help clean the local church. Another person attended a local day centre and their relative told us, "It's very important for [name of person] as they enjoy meeting up with people they used to go to school with." People also had the opportunity to go on regular holidays with staff support.

People felt confident to tell staff if they were unhappy about the care and support they received. One person said, "I don't have any worries. I would tell staff if I did." Another person told us, "I can tell the staff or [name of registered manager] if I'm not happy. They would sort it out." Where people were unable to express themselves verbally, there was information for staff about how people may express that they were unhappy. For example, through changes in behaviour, body language or facial expressions. The complaints procedure was available in an easy read format. The service had not received any complaints in the last 12 months.

The registered managers informed us they were not providing a service to anybody who was receiving end of life care. However, they informed us discussions would take place where appropriate with the person and their relatives.

Good

Is the service well-led?

Our findings

The people we met with knew the management team well and it was evident they felt comfortable and relaxed in their presence. One person described a member of the provider's senior management team as their, "guardian angel." When people visited us at the provider's office they engaged in friendly chats and there was lots of friendly banter. The registered manager told us, "The ethos of the project [the provider] is family." It was evident that this ethos had been embraced by the staff team. There was a warm and inclusive atmosphere where people were valued and respected. A member of staff said, "This is a fantastic and very thoughtful organisation who put the clients first."

The service had received numerous compliments from people's relatives. Comments included, "We could not have found anywhere better for [name of person]. We are delighted to have found such a happy and safe haven for them." And, "All the staff feel like an extended family and I have never had any reason to complain. We are very happy"

The registered manager was supported by the provider's senior manager [nominated individual], deputy manager and a team of senior support and support staff. Administrative staff were also employed. The skill mix of staff meant experienced staff were available to support less experienced staff. Staff were clear about their role and of the responsibilities which came with that.

Performance management systems ensured staff performed to a high standard and to their best of their ability. Staff felt well supported and praised the team spirit and positive, supportive working environment. A member of staff said, "The support is amazing and I really feel valued and listened to." The service provided a clear training and development pathway and all staff were supported to maximise their potential. The staff team met regularly to discuss aspects of their work and people's needs.

There were effective procedures in place to monitor and improve the service people received. Regular audits were carried out by the provider and the management at the location. Audits were randomised and we saw where shortfalls were identified, there were action plans in place to address these. The registered manager was pro-active in their approach and therefore audits were used to identify issues before they became concerns.

People who used the service and their representatives were provided with opportunities to express their views about the quality of the service provided. People and their relatives met regularly with staff. A relative said, "Communication is excellent. Can't fault it and I will always speak up if I need to." Members of the provider's committee regularly visited people in their homes to seek their views and ensure people received the care and support they wanted. Relatives also completed annual satisfaction surveys. The results of a recent survey showed a high level of satisfaction about the service provided.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Staff were honest

and open; they were encouraged to raise any issues and put forward ideas and suggestions for improvements. Staff morale was good.

The registered manager and staff team worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. These included epilepsy and continence specialists, GP's, dieticians, commissioners and the local authority safeguarding team. The professionals we contacted did not express any concerns at the time of our inspection.

In accordance with their legal responsibilities, the provider had informed us of significant events which had occurred within the service and they had conspicuously displayed the ratings given at their previous inspection.