

Redcar & Cleveland Borough Council

The Meadowgate Centre

Inspection report

Meadowgate
Eston under Nab
Middlesbrough
TS6 9NN

Tel: 01642573480

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Meadowgate Centre is a care home providing personal care and rehabilitation services for up to 40 young adults and older adults. The care home is an adapted building accommodating people across two floors. It supports people with recovery following serious illness or a stay in hospital.

At the time of inspection 18 people were living at the service.

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

People were exceptionally positive about the support they received from highly skilled staff. The service worked very well with other agencies to provide joined up care and had contributed to reduced hospital admissions for people. Staff went above and beyond to support people back into their own homes.

Staff were extremely well supported to carry out their roles. They were highly skilled and flexible in their approach to providing care to people. Consultation had been carried out to ensure the environment maximised the potential to support people's recovery and rehabilitation.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People said they felt safe at all times because they received the best care. Staff proactively monitored and reviewed risks to people. Medicines were safely managed. There were always lots of staff on duty. Learning took place whenever incidents occurred. Good infection control procedures were in place.

People's care was at the heart of the service. They had choice in all aspects of their care. Activities and goal setting were used to aide recovery. These measures led to positive outcomes for people.

Quality assurance measures supported the delivery of good care. Leaders were highly skilled, and staff worked extremely well together. Good procedures were in place for seeking feedback and raising concerns.

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

Rating at last inspection

This service was registered with us on 21 November 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Meadowgate Centre

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 Care Act 2014.

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

One inspector carried out this inspection.

Service and service type

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

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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including a service manager, three deputy managers, an occupational therapist and a care worker. We spoke with two health professionals who work alongside the service.

We reviewed a range of records. This included three people's care and medication records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe during their stay at the service. The rights of people had been respected during their care. The care planning process took people's safety into account.
- Staff had received up to date training in safeguarding. The correct procedures had been followed when safeguarding incidents had occurred.

Assessing risk, safety monitoring and management

- Staff had a very good understand of how to monitor, assess and review the risks people faced. Staff supported people to take positive risks as part of their recovery.
- Risk assessments which supported people to be as independent as they could be were in place. The safety of the building had been maintained.

Staffing and recruitment

- There were always lots of staff on duty. Staff had the time they needed to support people.
- Safe recruitment procedures were in place.

Using medicines safely

- People received their medicines when they needed them. Records detailed the support people needed with their medicines. These reflected people's needs and wishes.
- Staff supported people to manage their own medicines. Medicines were managed in line with national guidance. Training in medicines was up to date.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the

current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and regularly monitored. There was evidence of learning following accidents and incidents. Staff were proactive in taking action to minimise the risk of reoccurrence when accidents and incidents took place.

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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The service worked exceptionally well with other agencies to provide a holistic approach to assessment, planning and delivery of care. This led to people returning home quickly and reduced hospital admissions. Care records were detailed, completed to a high standard and reflected all aspects of people's care.
- People were very positive about their experience. One person said, "The care has been better than good. They [staff] have really turned my life around. They have been here for me every step of the way. They have really gone above and beyond for me. I'm really grateful and owe them everything."
- Staff used innovative approaches to support people during their recovery. Evidenced based technologies supported the delivery of care. This included sensors to monitor falls and room temperatures; telehealth was used to provide professionals with key information about people, such as blood pressure readings so they could make a decision about treatment. Best practices were constantly reviewed to make sure they remained relevant to the care provided to people.

Staff support: induction, training, skills and experience

- People were extremely positive about the care they received. They said staff were very responsive to their needs and instilled confidence in them about developing their skills to return home safely. Staff said their bespoke rehabilitation training allowed them to target their support and be consistent in their approach to people's care.
- People's care needs influenced the training needs for staff. Regular analysis of admissions, incidents and quality monitoring was reviewed to determine the types of training provided to staff. Most recently, staff had undertaken training in Parkinson's Disease after an increase in admissions for that need. Staff said this training had given them confidence in their ability to support people with these specific needs.
- Staff said they were extremely well supported. The contribution of staff was recognised. The appraisal and supervision system recognised that continuing development of skills, competence and knowledge was integral to ensuring high-quality care and support for people.

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

- Preferences and needs were discussed prior to admission. This ensured the service had what they needed to cater for people's dietary requirements. People were continually involved in meal planning and support was provided for people to understand how to manage their dietary intake when they returned home.
- Staff were innovative in their approach to people's dietary intake. There were regular drinks and snacks available to people. Portioned sizes were tailored to people's needs. Food moulds were used for people who needed adapted diets.

- The therapy garden supported people to grow, prepare and eat fruit and vegetables during their stay. Adapted kitchens were used by people to assess their skills and build their confidence in managing their dietary intake once they returned home.
- At the point of discharge, where needed, support packages were already in place to manage any nutritional risks. People received a meal to take home with them.

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

- The ethos of the service was to deliver seamlessly joined up care which firmly embedded a person-centred approach. Staff were extremely effective in carrying this out. The planning and coordination of people's care during admission to the service and discharge home stood out as exceptionally well managed.
- People were empowered to make their own choices about their care. They were central to decision making about their discharge packages. This gave people confidence about their care when they returned home.

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

- Extensive consultation took place when planning the service. This included feedback from people using a similar service, professionals and visits to existing services to identify best practice.
- An adapted flat was available for people to use in the service to determine how they would manage once they returned home. Technologies and equipment such as silent call bells and therapy tables to promote upper limb movement and hand eye coordination were used to deliver high-quality care which supported people with their recovery, whilst maintaining their privacy and dignity.
- The service had been developed and maintained to a very high standard. Space was maximised and used creatively to promote people's independence. There were several areas for people to spend their time. People's cultural needs had been considered and incorporated.

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

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 when this is in their best interests and legally authorised under the MCA. 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.

- Staff understood the legal framework for decision making. They were skilled in how consent to care and treatment decisions needed to be undertaken.
- People were encouraged to make decisions about all aspects of their care. Records provided a full overview of people's decision making.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Staff knew people and understood their needs really well. They demonstrated, kindness, compassion and concern for people. They had time to spend with people to build therapeutic relationships and provide specialist care to aide their recovery.
- Reflective practices supported the delivery of highly effective care for people. Staff were proactive in undertaking additional training and learning. The staff team worked well together to meet people's needs.
- People were extremely complementary about their care. Staff were described as 'amazing' and people said they had received 'the best care.'

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

- People were involved in all aspects of their care. They were supported to make decisions when needed. Staff knew how to access independent support with decision making for people.
- Staff kept in regular contact with relatives. People were kept up to date about their care. Staff were always available to provide information and answer questions.

Respecting and promoting people's privacy, dignity and independence

- People were actively supported with their independence throughout their care. People were set goals to achieve as part of their recovery. Staff were supportive with people and provided continual encouragement and support.
- People received dignified care. Their personal preferences and choices were incorporated into their care. They were encouraged to be actively involved in their own care. Staff supported people to keep in touch with their loved ones. This supported their well-being.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care planning was extremely effective and led to good outcomes. People had choice in all aspects of their care. Goal setting and activities were used to promote people's recovery.
- Detailed care records supported staff to deliver care in line with people's needs, wishes and preferences. Regularly reviews took place with people to ensure their care remained relevant.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed prior to admission. This supported staff to plan the care and support people needed. Staff supported people to use specialist communication methods where needed.
- Staff talked through people's care with them to make sure their support needs were understood. Information was available in a variety of formats for people if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of activities at the service. Activities were catered to people's needs as part of their recovery. Activities were available in communal areas to encourage people to socialise.
- People were supported to make telephone and video calls to keep in touch with loved ones. People received visitors during their stay. Good communication took place with people and their relatives about their care and to support discharge into their own homes

Improving care quality in response to complaints or concerns

- A complaints system was in place. Details of how to raise of complaint was shared with people during their admission. Staff regularly sought feedback from people and their relatives. Any concerns raised were dealt with straight away. People told us staff were approachable and they felt able to talk with them.

End of life care and support

- People were supported with end of life care. Staff took appropriate action to ensure care was dignified throughout. Staff worked with people and their relatives to ensure their needs and wishes were understood.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff at all levels demonstrated the skills and experienced needed to deliver high quality care to people. Staff said they were very well supported to carry out their roles. Managers were always visible, listened to and acted upon feedback from staff.
- The values of the service were incorporated into all aspects of the care provided. Staff worked well together. They were proud to work for and were committed to the service.
- An open and transparent culture was in place. Staff took on board feedback and embraced change to improve the overall quality of the service.

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

- Quality assurance measures were very effective in leading continual improvement. A lessons learnt culture was in place. Good practices and achievements were recognised. Innovative approaches were used to support the delivery of care.
- The service was well managed. There was good oversight from senior managers. All staff understood their role in delivering safe care to people. There were sufficient resources in place to support continual development of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives, staff and professionals were encouraged to provide regular feedback. The service worked closely with professionals. Recommendations were acted upon and information was shared quickly.
- Prior to opening the service, consultation had taken place to make sure the service could be the best it could be. Practices were continually reviewed to make sure they remained the right approach for the service.