

# Little Meadows

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## Inspection report

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Date of inspection visit:  
06 June 2017

Date of publication:  
26 June 2017

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

Little Meadows provides accommodation and personal care to older people some of whom are living with dementia. At this inspection, they were supporting 16 people.

There was no registered manager in post at this inspection. 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. We were supported throughout by the head of care and the registered provider.

At the last inspection the service was rated good. At this inspection we found the service remained overall good.

Little Meadows required improvements in how services were managed. People were not fully involved in decisions about their home or informed about changes. There had been no registered manager since May 2014; although a manager had been recently recruited they were yet to start work or register with the Care Quality Commission. Quality monitoring systems and staff support systems needed to be improved to ensure good care continued to be provided overall.

People remained safe as staff knew how to recognise and respond to concerns of abuse. There were enough staff to support people to meet their needs as they wished. The provider followed safe recruitment procedures when employing new staff members.

People continued to receive care that was effective and personalised to their individual needs and preferences. They were assisted by a staff team who had the skills and training to effectively support people.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible. Staff were aware of current guidance which informed their practice and people's rights were protected by the staff who supported them.

People received support that continued to be caring and respectful. They were supported by a staff team that was compassionate, thoughtful and respectful.

People's privacy and dignity was respected by the staff that provided assistance. People were supported at times of upset and distress.

People continued to be involved in developing their own care and support plans. When changes occurred in people's personal and medical circumstances, these plans were reviewed to reflect these changes.

People's individual preferences were known by staff members who supported them as they wished. People

and their relatives felt comfortable to raise any concerns or complaints.

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.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Requires Improvement.	<b>Requires Improvement</b> ●

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## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that was completed by one inspector.

This inspection took place on 6 June 2017 and was unannounced.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning.

We spoke with six people receiving support, two relatives, three staff members, the registered provider, the head of care and the cook. We also spoke with the newly appointed manager who, although had yet to commence work at Little Meadows, made themselves available at this inspection.

We looked at the care and support plans for two people including assessments of risk and guidance for the use of medicines. We looked at records of quality checks completed by the provider. In addition, we confirmed the recruitment details of two staff members.

# Is the service safe?

## Our findings

People told us that they continued to be protected from the risks of ill-treatment and abuse whilst residing at Little Meadows. One person told us, "I do feel completely safe here. I am assured no one will hurt me." One relative said, "I have no concerns about [Relative's name]. They are safe and well looked after here."

Staff we spoke with knew how to identify and respond to concerns of ill-treatment and abuse. They informed us that they had received training and knew who to report any such concerns to. These included the provider, the Care Quality Commission and the Local Authority. We saw the provider had made appropriate applications in order to keep people safe.

People told us they were safely supported to live at Little Meadows. This was because risks from equipment and the environment were assessed and actions taken to minimise the potential for harm. We saw assessment of risk associated with people's mobility, physical health and skin integrity. These assessments informed staff members how to safely support people. One relative told us, "We have to commend (Little Meadows) on how well they managed [relative's name] skin and prevented any breakdowns."

Any incidents or accidents were reported by staff members and monitored by the provider. This was to identify any trends or patterns which required further action. For example, appropriate medical assistance was requested when a person had fallen. Guidance on what to observe following a fall was made available to all staff on how to safely support people. In addition, the provider also updated the person's mobility risk assessment.

People told us, and we saw, that there were enough staff to support them safely and to assist them to do what they wanted. The provider followed safe recruitment procedures when employing new staff members. These checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with others.

People we spoke with told us they received their medicines when they needed them. They believed that the staff supporting them were competent to do so. One person told us, "I know what medicine I need to take and when. They (staff) are never late and I have confidence in them to get it right." The provider had appropriate guidelines and policies in place to safely support people with the medicines they needed to keep healthy.

## Is the service effective?

### Our findings

People and relatives we spoke with told us they continued to be supported by staff who were competent and had the knowledge to meet their needs. One relative said, "The staff are brilliant, they are very good at what they do." Staff members we spoke with felt they were provided with the opportunities to expand on their skills with training relevant to their role. Staff members who were new to working in care or to Little Meadows undertook a period of induction training. This was to equip them with the basic skills needed to perform their role. In addition, new staff members also worked alongside existing staff members. This was so they could get to know people and to see how they liked to be supported.

People told us they were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems at Little Meadows supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do in order to protect the individual's rights.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications but the decisions regarding these applications were still pending at this inspection.

People were supported to have enough to eat and drink to maintain their well-being. People's likes and dislikes and dietary requirements were known by the catering team. When needed, people received fortified diets of supplements in order to maintain good health.

People had access to healthcare services when they needed it. These included GP, district nurses and opticians. For example, we saw one person request an assessment for equipment to aid their hearing. We later saw that this was then actioned by the staff member assisting them.

## Is the service caring?

### Our findings

People continued to be supported by staff they described as caring and approachable. One person described the staff as "lovely." Staff members spoke about those they supported with warmth and kindness. Throughout this inspection we saw many caring interaction between people and those supporting them.

We saw people receiving support from staff members at time of upset. Following one person having a fall we saw staff members spend time sitting and reassuring them. The person was not injured but staff sat and chatted with them. One staff member told us, "[Person's name] was a bit shaken, so just having a chat can help them calm a little and feel happier."

People told us they were involved in making decisions about their care. This included what assistance they wanted and when they wanted it. We saw staff helping people to make decisions about how they wished to be supported. For example, we saw one person declined support but asked staff to return a short time later. We saw staff then assisted the person at the agreed time.

People told us their privacy and dignity was respected by those supporting them. We saw staff members knocking doors and waiting for a response before entering people's rooms. People told us staff always asked their permission before doing anything to support them. People told us that when being assisted with personal care the staff ensured their dignity was maintained at all times.

Information which was confidential to the individual was kept securely and only accessed by those with authority to do so. We saw that prior to disclosing information staff members confirmed people's authority to access people's personal details.



## Is the service responsive?

### Our findings

People told us they continued to be involved in the development of their own care and support plans. One person said, "Before coming here they [Staff member's name] went through everything with me." The care and support plans we saw gave the staff members information on how individuals wanted to be assisted. These plans included what people wanted help with and what they could do for themselves.

People told us they felt the care and support they received reflected their personal needs and wishes. Staff we spoke with could tell us about those they supported which included personal histories and things that were important to people.

People regularly reviewed their care and support plans with the staff members assisting them. For example, we saw that following a change in one person's mobility their plans had been updated to reflect their changes in need. Staff we spoke with were aware of these changes and how to support them.

People provided us with differing experiences regarding activities and things to do. Some people told us they engaged in activities they enjoyed whilst others felt more could be offered to stimulate them. At this inspection we saw people engaged in puzzles and art activities. One person told us they liked to spend time outside in the garden area but owing to the weather conditions, on this day, it was not possible. There was an activities coordinator in post at Little Meadows but they were not present at this inspection. People told us that entertainers came in and performed for them which they enjoyed. One relative told us, "[Staff member's name] is fantastic. [Relative's name] is not able to leave their room at the moment. They (staff) come in and spend time with them sitting and chatting and painting their nails. They really make them feel like they matter."

People told us they knew how to raise a complaint or a concern if they needed to do so. The provider had systems in place to investigate and respond to any concerns raised with them. This included investigation and feedback to the person when necessary. People were confident they would be listened to and their concerns addressed.

## Is the service well-led?

### Our findings

Little Meadows did not have a registered manager in place at the time of this inspection. The last manager de-registered with us in May 2014. However, a manager had recently been appointed and was waiting to commence employment at Little Meadows. We met this manager at this inspection who informed us of their intention to register with the Care Quality Commission.

The registered provider understood the requirements of their registration with the Care Quality Commission. The registered provider and the head of care had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

During the absence of a registered manager the provider was supported by the head of care. However, the head of care, owing to a planned absence, had not been available for several months prior to this inspection and had only recently returned. The provider recognised that some systems and practices had "slipped" during this time.

People we spoke with did not feel that they were involved in the decisions that affected the running of their home. For example, people were not aware of the changes to the management structure. People told us they would like more consultation in matters that affected them on a day to day basis. Several people told us they would like to be involved in informal meetings where they had the opportunity to talk about where they lived. The provider told us that these meetings had occurred in the past. However, owing to changes in the management team they had "gone by the wayside" and that they were looking to reinstate such discussions.

The provider and head of care had systems in place to monitor the quality of service provision. However, when we looked at medicines we found one recording error which had not been identified as part of these monitoring systems. Although no one was put at risk as a result this should have been highlighted and addressed as part of these checks.

The newly appointed manager told us as part of their introduction to their role they would be revising quality monitoring to ensure it was effective. We saw additional checks were made regarding the physical environment and repairs were completed in a timely manner. This was to ensure people lived in a safe environment. A fire safety check had been completed prior to this inspection. The provider and head of care were aware of the results of this check and were working towards the improvements required. For example, they told us they were going to obtain a certificate of safety rather than an invoice to indicate work had been completed to a competent standard.

People and relatives had differing experiences about being asked for their feedback. Those we spoke with could not recall being asked about their views regarding their experiences at Little Meadows. However, we saw visitor feedback forms were available to people and in the reception area. We also saw a number of recently completed service user satisfaction forms which indicated that people were generally happy with

the care they received. The information we saw did not identify any suggestions for improvements. The provider told us that with the introduction of the new manager, service user feedback forms would be reviewed. This would be to see if there was a better way to get feedback from people.

Although staff members felt supported by their colleagues those we spoke with told us they did not receive formal one-on-one support sessions with anyone from the management team. However, they felt that they could approach them at any time they needed advice and guidance. Staff members felt that these sessions would assist them in identifying problems or barriers to delivering good care and personal development opportunities for them. The head of care told us that these sessions were in the process of being planned. However, owing to managerial absences over the past several months had declined.

Staff members felt part of a team with shared values. We asked staff about the values that they follow when supporting people at Little Meadows. One staff member told us, "We try and create a safe caring and homely environment for people." People and relatives we spoke with told us that they felt staff members displayed these values when supporting them.

Staff members were aware of appropriate policies which directed their practice including the whistleblowing policy. Staff members we spoke with told us they were confident they would be supported if they ever needed to raise a concern.

Staff members were involved in regular staff meetings where they were able to discuss aspects relating to their work as part of a group. This included what was going well and any areas for improvement. Staff members we spoke with told us one of the things they discussed at the last team meeting was confidentiality. They were reminded of the need for confidentiality and discussed issues relating to social media which could potentially put people at risk.