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

Overall summary

This inspection took place on 7 October 2015 and was announced. At our previous inspection no improvements were identified as needed.

Meadow Brook is registered to provide personal care to people living in their own homes. People who use the service have learning disabilities or autistic spectrum disorder and staff provide 24 hour supported living. At the time of our inspection there were 19 people using the service.

A registered manager was in post and was present during our 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.

Summary of findings

People were supported to make safe choices in relation to taking risks in their day to day lives. Staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse.

There were enough staff to safely support people who used the service. The provider monitored staffing levels and made sure extra staff were available when needed. The provider had completed checks on staff prior to them starting to work to make sure they were suitable to work with the people who used the service.

People were involved in saying what their preferences were for receiving their medicine and what support they wanted from staff. They received their medicine from staff who were trained to safely administer these and who made sure they had their medicine when they needed it.

Staff had the skills and knowledge to support people's needs. They were supported in their roles and attended training that was relevant to the people they looked after.

People were asked what support they wanted and made their own decisions about their care and treatment. When people could not make their own decisions these were made on their behalf and in their best interests by people who knew them to make sure their rights were protected.

People were supported by staff who knew them well and had good relationships with them. Staff made sure people were involved in their own care and made sure information was given to them in a way they could understand. People's independence was encouraged and staff respected their privacy and dignity.

People had a choice of food to eat and were prompted to maintain a healthy, balanced diet. People's routine health needs were looked after and people had access to healthcare when they needed it.

Staff provided care and support to people that was personalised and responded to changes in their needs. People's preferences and wishes were known to staff and were respected.

Regular checks were completed by the registered manager to monitor the quality of service that staff delivered and improvements were made where needed.

People, relatives and staff were able to share their views about the service and were listened to. The culture of the service was to put people first and this was echoed by management and staff. Relatives were happy with the care people received and the support staff gave them.

Summary of findings

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.

Staff understood how to recognise and report any concerns they had about people's safety or wellbeing. There were enough staff to safely meet people's needs. Staff had received training to make sure people had their medicine when they needed it.

Good

Is the service effective?
The service was effective.

Staff supported people to make decisions about their care to make sure their rights were protected. Staff received training that was relevant to their roles and were supported to provide care that met people's needs. People were encouraged to choose a healthy and balanced diet. People had access to healthcare when they needed them.

Good

Is the service caring?
The service was caring.

Staff had positive relationships with people and spoke about them with warmth and consideration. Staff provided information in ways people could understand to enable everyone to make their own choices and be involved in their care. People's privacy was respected and they were encouraged and supported to be as independent as they could be.

Good

Is the service responsive?
The service was responsive.

People received care and support that was personal to them and was kept under continuous review by staff. People's preferences and wishes were respected and people received their care and support the way they wanted it. People and relatives were encouraged to raise any complaints or complaints and were given opportunities to do so.

Good

Is the service well-led?
The service was well-led.

The service had a stable and established management and staff team who put people at the heart of the service they provided. Systems were in place to monitor the quality of care provided and action taken where it was needed.

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 inspection took place on 7 October 2015 and was announced.

The provider was given 24 hours' notice because they provide a domiciliary care service and we needed to be sure that someone would be present at the location.

The inspection team consisted of two inspectors and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the service. 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 spoke with the local authority and Healthwatch for their views about the service. We used this information to help us plan our inspection of the service.

During the inspection we spoke with two people and five relatives. We spoke with nine staff which included managers, team leaders and support workers. We viewed records which related to consent, people's medicines, assessment of risk and people's needs. We also viewed records which related to staff training and recruitment and the management of the service.

Good

Is the service safe?

Our findings

One person we spoke with was able to tell us that they would speak with staff if they felt worried or had problems. Relatives we spoke with all agreed that their family members were looked after safely by staff. They told us they had good communication with staff which helped them to feel at ease. One relative told us that they felt staff knew their family member's behaviour very well and that they had taken, "Lots of measures because of their behaviour, to keep [person's name] safe". One relative told us their family member did not communicate verbally. They said, "If I saw anything I would automatically speak out. I can talk to the manager freely".

One staff member said, "We keep people safe by using the training we receive, we follow care plans and risk assessments and we make sure we record and report concerns. We also get to know people and look out for their wellbeing". Staff had received training and understood how to recognise signs that people may be discriminated against or abused. They knew the procedures they needed to follow and where this information was located. However, we did note that safeguarding information was not current. This meant that staff may not follow correct procedures if a safeguarding referral needed to be made to the local authority. The registered manager told us they would ensure they downloaded this policy from the local authority's website.

Risks to people had been assessed and these were monitored by staff. Where risk was identified we saw care plans were in place for staff to follow to ensure this risk was reduced as far as possible. Staff understood the risks associated with people's care but all told us that as far as possible this did not put any restrictions on people's lives. One staff member said, "Risk assessments are in place so we can balance risk with the person's needs". We saw risk assessments where specific risk had been reduced to enable people to safely do what they wanted to do and receive safe care and support.

We saw that the accident and incident reporting procedure was followed by staff who took action as necessary. This information was used to identify if there were any patterns in why these occurred or if there were changes in people's needs. As a result of monitoring these reports staff had identified a pattern in a change of behaviour in one person. Through consultation with other professionals they had ensured a more structured routine for this person which had resulted in improvements in their behaviour.

Relatives and staff told us they considered there were enough staff to safely support people who used the service. One relative said, "The staffing levels are brilliant. I sometimes visit unexpectedly and when I have gone round the staffing levels are good". They spoke about the freedom their family member had and that because there were enough staff they were not restricted in any way with what they wanted to do. Staffing levels were agreed with the local authority and if the registered manager felt people required more staff support they would contact the local authority to discuss their needs. They told us that the service was flexible to meet people needs and that staff would always help out where needed. They said, "Sometimes if we don't put the staff in that person does not go out".

We looked at staff recruitment records and saw that employment checks were completed on new staff before they were allowed to start work. This included obtaining references from previous employers and completing checks to ensure they were suitable to work with people who used the service.

People received support from staff to ensure they took their medicine when they needed it. One person liked to help when staff gave them their medicine. They were involved in counting and checking their medicine with staff and had their own medicine records which they signed. We saw that each person had a medicine profile in place which gave clear information on how they preferred to take their medicine and what support staff were to give them. Staff told us they received training before they were allowed to support people with their medicines and their continuing competence was confirmed through regular assessment. These competency checks were person specific so if they supported a different person they were required to be assessed again. People's medicine records and profiles were reviewed regularly by staff and managers to ensure they were kept up to date with people's needs.

Good

Is the service effective?

Our findings

Relatives told us they thought staff had the knowledge and skills to meet their family member's needs. One relative said about the staff, "They understand [person's name] needs. It's not just their training it's their personalities. They are well trained in coping mechanisms". Another relative said, "They pick the staff very carefully. These people are trained. We are satisfied with the staff we meet". Staff told us they felt the training they received meant they could provide the best care for the people they supported. One staff told us that the training on autism they had attended had helped them to understand how routine and external stimulus could increase people's anxiety. They told us they had implemented what they had learnt straight away. They said, "We receive a lot of training as soon as we are employed, so it is embedded in your everyday work".

We saw that new staff had a structured induction programme where they shadowed more experienced staff and also attended relevant training. The registered manager had a system in place to monitor all staff's training and ensured this was kept updated. We saw that staff had attended training considered relevant to their roles and where this needed to be updated further training was booked. Staff and the registered manager told us that training needs were discussed at regular supervisions and staff had the opportunity to request role specific training. One team leader told us they had recently completed training in areas of management to help them in their role. Staff told us that during supervisions they also received feedback on their practice and had the opportunity to discuss any issues which may affect how they were able to meet people's needs.

People were supported to make their own decisions and consent to their own care and treatment. One relative said, "Staff discuss things with [person's name] and give them choices". The registered manager told us that everyone had capacity to consent to their own day to day care. Staff were aware of when they might need to make decisions on people's behalf. Where decisions had to be made on people's behalf we saw staff had followed the correct process for assessment of people's capacity and best interests. One person required a procedure as part of their routine health screening and relevant people had been involved in agreeing that this procedure was in the person's best interest. Staff showed us records of discussions they had with people about their care and we saw that people had signed or annotated these to show their consent and agreement. Staff understood the procedures they had to follow under the Mental Capacity Act 2005 (MCA) if people did not have capacity to make their own decisions. They understood that these had to be decision specific and shown to be in people's best interest.

People were supported to have enough to eat and drink. Relatives told us staff supported their family members to choose and shop for healthier options. One relative said, "The staff show us the shopping they have got and it's always healthy food. They sometimes have fish and chips but don't we all! They steer [person's name] in the right direction". Staff told us they spoke with people to choose their meals and for some people they had books with photographs of food which they could point at to make choices. People were supported to be involved in the preparation and cooking of their meals where possible. Staff told us they always prompted healthy options but would always offer alternatives. One person had been supported to lose weight and their relative commented on how much weight this person had lost with the support of staff. They told us that staff were very good at managing their diet and said, "[Person's name] can be sneaky, like hiding chocolate bars in their bag. Staff are good at managing this".

Risks associated with people's ability to eat and drink had been assessed and were monitored by staff. Where necessary referrals were made to the speech and language therapist (SALT) for assessment and guidance. One relative said, "[Name] has swallowing difficulties and the SALT team gave guidance to the service which they are adhering to". Staff were aware of and monitored people's dietary needs and preferences, weights and BMI's to ensure that people maintained a balanced diet.

People had access to healthcare services and were supported to maintain good health. One person told us they went to the doctor's surgery and also visited the dentist. Relatives spoke about staff supporting their family member to go to their doctor, dentist and chiropodist on a regular basis and also when needed. We saw people were supported to attend routine health screening appointments and clear records were kept of these and what the outcomes were. Staff told us they had good links with their local medical practice who had got to know people and understand their communication and needs.

Good

Is the service caring?

Our findings

Both people we spoke with told us that staff listened to them. All relatives expressed positive feedback about the relationships staff had with family member. One relative said, “They [staff] are all about care and providing people with the best care they can give them”. They told us that staff knew their family member’s needs well and understood their behaviours and personalities. One relative said, “There is always a continuity of staff. They do have new staff from time to time but they are always introduced by someone [person’s name] knows well”. When staff spoke about the people they supported they did so with warmth and consideration. One staff member said, “Everything that is done is done for them”.

People were involved in making decisions about their own care and support. One relative said, “[Person’s name] interests are put over our interests and that is the way it should be. [Name] is at the centre of everything”. Staff spent time with people to identify how they wanted to be supported. Each person had a keyworker who worked closely with them to ensure their views and wishes were identified and respected. Staff told us they sat and spoke with people regularly to enable them to express their views. Some people had communication difficulties and staff told us they made sure their wishes were always sought. One staff member said, “We have communication books for people and we can find out their preferences by offering choices through pictures or objects. We always respect the person. They can always make a decision and will always find a way to communicate it”. Staff told us and we saw that information was presented in an easy read format where possible. They also told us they would use information leaflets and the internet if needed so that people were always able to make choices.

Relatives told us staff supported their family member’s to be as independent as they could be. One relative said, “They give [name] as much independence as they can”. Another relative said, “As far as possible they take the view that this is their life and they are there to support them to live it”.

People’s privacy and dignity was respected by staff. They told us that they respected people’s choices and if for example, they wanted to go to their room or be left alone they respected this. They also told us they respected that they supported people in their own homes. They recognised that even though people received 24 hour support from staff they were only visitors. They told us they would always knock on people’s doors before entering and be aware of privacy and dignity when supporting them with personal care.

Good

Is the service responsive?

Our findings

People received care that was individual to them and responsive to their needs. Relatives told us they considered the care was good. One relative told us how staff had responded when their family member had to go into hospital. They said, “The degree of dedication from the staff was amazing. [Name] couldn't be left on their own and between all of us we were there 24 hours”. Relative’s spoke about how their family members had benefitted from the support that staff gave them. One relative said, “{person’s name] has an exciting and extremely varied and interesting life. [Name] has a very good quality of experience”. Another relative said, “It's been a pleasant surprise for us. Since being with the project [name] has really come on leaps and bounds”.

Relatives told us they felt their family member’s preferences and wishes were respected and they spent their time how they wanted to. They told us they were kept up to date with what was happening with their family member and with their care. One relative said, “We have a regular dialog with [staff names]. I feel at ease to email or phone. I am invited to annual reviews. It's an easy open dialogue between the family and the project”. The registered manager told us that people had their care and support needs assessed before they received care from staff. This assessment formed their care plan and this was kept under constant review by people and their keyworkers. Where necessary other healthcare professional were involved in reviewing people’s needs. The registered manager said, “Because we are a small organisation we can provide very personalised support”. Staff we spoke with were able to tell us people’s preferences, likes and dislikes.

The provider and staff encouraged people to raise concerns and complaints. One person told us they had no problems but would tell staff if they were upset. People had been provided with an easy read version of the complaints process. During weekly meetings people had the opportunity to raise complaints with staff. Staff told us that they also had individual discussions with people and asked them if they were happy or if they had any problems they wanted to discuss. Staff told us they would always support a person to make a complaint if they wanted to and they hoped they created an environment where people felt comfortable to come to staff.

Relatives told us that they would always speak with staff if they had a concern. None could remember receiving a copy of the provider’s complaints process but they all agreed they would feel confident raising a complaint direct with the organisation. One relative told us they had raised a concern but they were happy with how this had been handled by the registered manager. They said, “I’m comfortable raising things”. We asked one relative if the provider encouraged them to raise concerns and complaints. They said, “They don’t need to encourage us to raise concerns, we feel we just could”.

Good

Is the service well-led?

Our findings

Relatives spoke about the culture of the service as being caring, professional, friendly and open. One relative said, "The residents are at the centre of everything they do. As a parent it is everything I could have hoped for". Staff agreed that they always worked for the benefit of the people they supported and they were supported by management to achieve this. One staff member said, "This is a very passionate organisation in so much as looking after the people to the best of its ability".

Relatives told us that their family member and themselves felt involved in what happened at the service. They were encouraged to give their opinions on the quality of the service through questionnaires and relatives felt they could speak with management about any concerns or suggestions they may have. One relative said, "I think as a parent it is easy to ask for things and they may have a different perspective. I feel they get the balance right and are able to discuss issues". Staff were provided with opportunities to express their views on the service through staff meetings and supervision meetings. The registered manager kept them up to date with current guidance and recently had been updating staff on the changes to health and social care regulations and what this meant for the service.

All staff we spoke with understood their roles and responsibilities within the organisation and in supporting people to receive a quality service. Staff told us that managers gave them clear direction and they all, "Sing off the same hymn sheet". All staff felt supported by the registered manager and found them approachable. They told us they were encouraged to give feedback, raise concerns and complaints and they felt they were listened to. One staff member said, I feel everything I have said is acted on". Another staff member said, "Yes, [registered manager] is open and honest. I know I am able to raise anything and I am always able to ask for help".

We found there was a stable and established management and leadership structure within the organisation. The registered manager had been in post since 2010 and was supported by the provider's nominated individual, a deputy manager and senior staff. The provider is a charitable organisation and has a committee with members from the local community. Some of these members are trustees for the charity who would visit people in their homes and verbally report their findings to the registered manager. Information was passed to the trustees so they were kept up to date on what happened within the service.

The provider had systems in place to monitor the quality of service provision. The registered manager told us that information was gathered from audits, observations and spot checks, meetings and conversations with people and relatives. They used this information to inform them of any shortfalls in the service. We saw that where issues were identified actions were put into place to drive improvements. A recent audit had identified that people's medicine records did not contain enough information on their preferences. We saw the action plan that detailed what actions were to be taken, who had responsibility for them and that the records had been rechecked and completed.