

# Sunderland City Council

# Meadow Rise

## 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

### About the service:

Meadow Rise is a residential care home that was providing personal and nursing care to four people with a learning disability at the time of the inspection.

### People's experience of using this service:

People at Meadow Rise usually received a personalised service that met their needs. Relatives gave positive feedback about the care but felt constant staff changes were impacting on the service. Supporting people to communicate their needs and choices was a strength of the home. People had positive relationships with the staff team and they interacted well with each other.

Relatives and staff told us the home was safe. New staff were recruited safely. Accidents, incidents and safeguarding concerns were monitored and investigated thoroughly. The home was clean, modern and well decorated in line with people's preferences. Medicines were managed effectively and staff worked to reduce people's reliance on some medicines.

Staff were very well supported and completed the training they needed. 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 supported this practice. Staff supported people to have a healthy diet and to access external healthcare services.

People's needs were fully assessed. The information was used to develop detailed and personalised care plans. People were engaged in activities meaningful to them and had opportunities to access their local community.

The home was well-led with staff and relatives giving positive feedback about the registered manager. The provider had effective quality assurance checks which were successful in identifying areas for improvement. There were good opportunities for relatives and staff to provide feedback.

More information is in our full report.

### Rating at last inspection:

Good (the last report was published on 17 June 2016).

### Why we inspected:

This was a planned inspection based on the previous rating.

### Follow up:

We will continue to monitor this service and inspect in line with our reinspection schedule for services rated good.

## 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 effective.

Details are in our Effective findings below.

Good ●

### 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 ●

# Meadow Rise

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One adult social care inspector carried out the inspection.

#### Service and service type:

Meadow Rise 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.

Meadow Rise accommodates up to four people in one adapted building.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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:

We gave the service 48 hours' notice of the inspection visit because it is small. We needed to be sure that they would be in.

#### What we did:

We used information the provider sent us in the Provider Information Return. This is information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information all the information we held about the service, this included notifications of significant changes or events.

We checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We also checked Companies House records.

We spoke with four relatives of people who used the service, as people living at Meadow Rise were unable to provide us with direct feedback. We also spoke with the registered manager and three care workers.

We reviewed two people's care records, two staff personnel files, audits and other records about the quality and safety of the service.

We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Relatives and staff felt Meadow Rise was safe. Relatives said, "Safe, yes. I have no concerns [about safety]" and "You couldn't get [family member] any safer." Staff commented: "It is very safe, there are a lot of measures in place" and "I have no concerns about safety. We all work very well together."
- Safeguarding concerns continued to be investigated thoroughly.
- Staff knew how to raise safeguarding and whistle blowing concerns to keep people safe. One staff member said, "If I saw something I thought was neglect I would always report it to management. I would be supported by management to do it as well."

Assessing risk, safety monitoring and management

- Environmental risk assessments and health and safety checks were carried out regularly to check the building and equipment were safe.
- Assessments were completed depending on people's individual circumstances. For example, where people had specific medical conditions or were potentially at risk of falls or poor nutrition.
- At times some people could display behaviours that challenge. Staff knew people's needs well which meant they were supported sensitively. Staff had completed individualised training to support people positively. This resulted in one person no longer requiring physical restraint, allowing them to visit relatives in their home.
- The provider had developed plans to deal with emergency situations. People's support needs had been assessed and documented in a Personal Emergency Evacuation Plan (PEEP).

Staffing and recruitment

- Staffing levels were sufficient to ensure people received personalised care. However, relatives told us staff were continually changing. They commented, "There has been a lot of coming and going [with staff]", "Staff turnover is a little bit high" and "Staff keep changing."
- Staff told us staffing levels were good. One staff member commented: "Most of the time staffing is okay."
- When we visited Meadow Rise we observed staff responded to people's needs quickly.
- The provider continued to operate effective recruitment procedures.

Using medicines safely

- The provider continued to manage medicines safely. Accurate records were kept confirming people had received the correct medicines at the correct times.
- Staff were aware of the national campaign STOMP. They had successfully, with input from medical experts and relatives, supported one person to stop some 'when required' medicines. STOMP is a national initiative for stopping the over medication of people with a learning disability, autism or both with certain medicines which affect the mind, emotions and behaviour. One staff member said, "This was a big achievement for

[person] and the staff team."

- Audits were completed to check staff followed the agreed medicines management procedures.

#### Preventing and controlling infection

- The home was clean, well decorated and maintained to a high standard. One relative commented, "It is very nice [Meadow Rise]. It has recently all been decorated."
- Monthly infection control audits usually identified a good standard of cleanliness in the home.

#### Learning lessons when things go wrong

- We identified numerous areas where information gathered from audits or other checks was analysed and used to drive improvement.
- The registered manager kept an incidents and accidents log. This showed action had been taken to keep people safe.
- Incidents and accidents were monitored centrally to check effective action had been taken and to identify any lessons learnt.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed to identify their care needs and wishes. As well as care, the assessment considered any needs people had relating to religion, culture and ethnicity. Some people had needs in these areas, which required adaptations to be made to how their care was provided. These were documented in detailed care plans.

Staff support: induction, training, skills and experience

- Staff received good support. They commented: "I have had loads of support. This was my first ever care job, I had no idea what to do. Anything I have needed, [deputy] and [registered manager] have helped me through so that I know what to do in the future" and "I am very, very supported."
- Records confirmed training, supervision and appraisals were up to date.

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

- Staff supported people to have enough to eat and drink in line with their individual needs.
- Care plans described in detail the support people needed with eating and drinking, including any special equipment required.

Staff working with other agencies to provide consistent, effective, timely care

People had emergency health care plans and care passports providing a summary of their needs and support. This helped to ease the sharing of important information when people were accessing external services.

- People's transition to the home was tailored specifically to their individual needs. One relative told us, "[Family member] had a long introduction. We talked about preferred routines, they were very obliging."

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

- The home had been purpose built to meet the needs of people living there. There was a large garden with recreation equipment for people who liked to be active. One relative said, "There is a lovely garden with a trampoline dug into the ground."
- Adaptations had been made specifically for one person due to their needs. They had their own entrance and private garden area which had been personalised to suit their love of bright colours.
- People had been supported to decorate and furnish their bedrooms in their own style.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a range of health care services when needed. This included GPs, speech and language therapists (SALT) and community nurses.



- Where professionals gave specific recommendations, these were incorporated into people's care plans.
- Staff successfully used the trusting relationship they had with one person, plus careful planning and a 'social story' to support them to attend various health appointments. A 'social story' is a tool designed to help people with autism to better understand social communication in various scenarios.

#### 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS authorisations had been agreed for people requiring this. The registered manager monitored the renewal of DoLS authorisations to ensure they remained valid.
- Where restrictions had placed on people, MCA assessments and best interests decisions had been made.
- Staff had a very good understanding of MCA, as well as an in-depth knowledge of people's preferred communication methods. They used this knowledge to provide personalised support to help people make daily living choices.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives told us their family members were well cared for. They commented, "I am very happy with the care. [Staff member] is wonderful", "I can't praise them enough" and "I do think they are providing good care."
- All relatives also mentioned the current staffing situation and some felt this was not ideal for people with autism. One relative also felt that there had been a slight reduction in the standard of care as a result. Comments included, "The only negative is the amount of staff turnover. With autism people need continuity. We have started to see few little dips in standards and communication" and "My [family member] is always looked after. With autistic people you need a stable staff team, change affects them." However, relatives did stress their family members were still well cared for.
- Throughout our time at Meadow Rise, we saw there were good relationships between people and staff.

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

- The provider understood their responsibility to comply with the Accessible Information Standard (AIS) and made information available to people in different formats to meet their diverse needs. The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- Staff showed a good understanding of people's preferred communication methods. People were well supported in individual ways to express their choices and make decisions. For example, one person excelled at communicating using bespoke 'social stories' which enabled them to understand more complex information and be more active in decisions about their life. The provider was working with a speech and language therapist to use a sound based communication system with another person.
- Relatives advocated for people living at the service. They told us the provider was good at keeping in touch and involving them in decision making. One relative commented, "They ring us if any decision is to be made. We feel in the loop with decisions" and "[Registered manager] rings to let us know what is changing."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people were treated with dignity and respect. They commented, "They are very good. Definitely [treated with dignity and respect] when we are there. They are absolutely fabulous", "They are very respectful" and "[Family member] is well looked after. They make sure [family member] has nice clothes to wear."
- Relatives described how their family member's skills had developed from being supported at Meadow Rise. They commented, "When [family member] was living at home, his world was getting smaller. When [family member] went to Meadow Rise they were pushed [motivated] a bit [to develop new skills]" and "[Family member] has come on a lot. They seem to take [family member] out quite a bit."

- Staff understood the importance of promoting dignity, respect and independence. For example, explaining what they were doing, prompting people to do things for themselves and keeping people covered as much as possible. They described how they adapted their approach for each person in line with their needs.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had very detailed, personalised care plans which clearly described how they wanted to be supported to meet their needs. They were written in an easy to follow way with step by step guidance for staff to follow to help ensure people received consistent care.
- Where people had specific needs relating to medical conditions or their culture, care plans described in detail how staff should support these needs. Care plans were evaluated regularly to reflect people's current needs.
- Staff supported people to engage with meaningful activities. These were tailored to the needs of each person. People had personalised weekly activity planners, which documented what they were doing each day.
- Relatives felt their family members were engaged with activities. One relative told us, "They take [family member] bowling. [Family member] goes shopping for bits and pieces. They also go to the climbing wall and the wetlands centre. [Family member] comes to visit us." On the days we visited the service, staff pro-actively supported people to engage in activities.
- Staff supported people to visit family members to maintain important relationships. People regularly visited their relatives and relatives were welcomed at the service.

Improving care quality in response to complaints or concerns

- Although relatives gave mostly positive feedback, they were confident to raise concerns if needed.
- Since we last inspected the home there had been three complaints received. These were not related to the care provided at the home but had been fully investigated and resolved.

End of life care and support

- Currently no-one living at Meadow Rise was receiving end of life care.
- People had the opportunity, if they wanted, to discuss their future care wishes.
- The registered manager had developed a good practice file for end of life care. This provided information to help staff develop an understanding of end of life care.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider and staff worked to a set of values that underpinned the care provided at Meadow Rise. These were based around being customer focused, providing quality services and respecting people and staff members.
- Staff told us they felt valued and respected. They commented, "I love working for [the provider], it is the best decision I ever made" and "It is a nice place to work."
- The home had a friendly, homely and welcoming atmosphere. Staff described staff morale as good and gave positive feedback about teamwork. One staff member said, "The atmosphere is good. All the staff get on well together. There is good rapport with the residents."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Relatives told us the provider was regularly restructuring its services resulting in frequent staff changes.
- The registered manager was pro-active in submitting the required statutory notifications to CQC following significant events at the home.
- The registered manager had good oversight of the service. They regularly carried out observations to check staff competency to administer medicines and to check quality information was shared during staff handovers.
- Relatives and staff described the registered manager as supportive and approachable. One staff said, "It's an open door with management. If I have an issue, I don't have to wait for a supervision or team meeting."
- The staff team regularly received internal recognition from the provider for providing excellent customer care, team work and demonstrating the provider's values. For example, a nomination for the provider's 'outstanding service of the year award' and individual staff were nominated for showing commitment and dedication to the people living at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were opportunities for people and relatives to share their views about the home. This included monthly 'customer meetings'. The agenda and minutes were written in a pictorial format as people preferred information to be presented in a more visual format.
- Likewise, staff could share their views and suggestions. Minutes were available of meetings which showed staff members' views had been discussed.

#### Continuous learning and improving care

- The provider continued to operate a structured approach to quality assurance. This included regular checks of care plans and infection control. These had been effective in identifying and addressing issues in the home.
- There was a process of monthly 'team leader peer audits' covering areas such as infection control, health and safety, training and finances. The registered manager completed further monthly checks looking at similar areas. Where required, an action plan was developed and followed up and subsequent audits.

#### Working in partnership with others

- The provider held an annual review with people and important people in their lives. Information was presented in various format to help people engage with the review. People's care was discussed in detail including considering what was working well and where improvements were required. An action plan was developed outlining key priorities. People and relatives also had the opportunity to talk about hopes and aspirations for the future.