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

The inspection took place on 31 March 2016 and was announced. We gave the registered provider 48 hours notice as it was a small service and we wanted to make sure people would be in.

We previously inspected the service on 4 December 2013 and found the service was meeting the requirements of the regulations we inspected against.

Meadow Rise is registered to provide residential care and support for up to four adults with a learning disability or autistic spectrum disorder. At the time of our inspection there were three people living in the home.

The home had a registered manager who had been in post since 29 July 2014. They had taken up a new role in September 2016 as an assistant operation manager and was no longer based at the service. However, the registered manager visited the service regularly each week and worked closely with the service manager. The service manager told us they were in the process for applying for registration and would be taking over the responsibility. 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.

Relatives told us their family members were happy living at Meadow Rise and they felt safe. Staff showed a good understanding of safeguarding adults and were confident of how to keep people safe.

Risk assessments were in place for people when required with clear links to care and support plans. General risk assessments regarding the premises and environment were available.

Medicines were managed safely, effectively and in a way which reflected people's individual needs. All records were up to date and fully completed, with medicine audits being carried out regularly.

Staff were recruited in a safe and consistent manner with all appropriate checks carried out. Staffing levels were consistent with people's needs and reduced accordingly on weekends and during holiday periods when people were spending some time away from the home.

Staff had up to date training in autism, safeguarding, Mental Capacity Act 2005 (MCA) for people who lacked capacity to make a decision and deprivation of liberty safeguards (DoLS) to make sure people were not restricted unnecessarily.

People were supported to maintain a balanced and healthy diet, and to attend any health services when required.

The service manager and staff we spoke to had a good understanding of the MCA and DoLS. Best interest decisions were evident within care files.

Staff received regular supervision and annual appraisals. Staff told us they felt supported in their roles and they could approach the service manager if they had any issues or concerns.

The service provided personalised care. Staff had good knowledge of each person and knew how to support them in a way that met their specific needs. Relatives told us they felt people were looked after and well cared for in the home.

Each person had a weekly planner of activities they took part in to meet their social needs and interests as well as to promote their independent living skills.

Staff were aware of how people might communicate if they were unhappy with a situation.
Relatives felt involved in care planning and knew how to make a complaint or comment. The service had never received a complaint.

Relatives and staff felt the service was well run and the home was well managed. The atmosphere in Meadow Rise was calm, open and friendly.

Staff felt supported in their roles and were kept informed and updated in relation to any changes in the service and with the registered provider.

The provider had a quality assurance system to check the quality and safety of the service provided, and were effective in identifying issues and areas that required improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Relatives told us their family members were safe at Meadow Rise.

Staff understood the principles of safeguarding and were confident in their role of protecting people from abuse.

There were enough staff to meet people's needs both in the home and out in the community. Staff were recruited in a safe way.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Relatives told us staff were skilled and understood people's needs and preferences.

Staff received regular training, supervision and competency checks. Staff also received annual appraisals.

The Mental Capacity Act (2005) was followed appropriately and Deprivation of Liberty Safeguard (DoLS) were authorised.

People's specific dietary requirements and nutritional needs were met. There was evidence of professional intervention, such as Dietician and Speech and Language Therapy team. People planned their own weekly menus with staff support.

People had access to healthcare professionals as they needed them and were supported to attend appointments.

Is the service caring?

Good

The service was caring.

Relatives told us the service was very good and staff were friendly and talkative.

Staff supported people respectfully and friendly, maintaining people's dignity.

People were supported and encouraged to maintain contact with relatives using a variety of methods.

Is the service responsive?

Good

The service was responsive.

Relatives told us their family members were always busy and took part in a wide range of activities both in the home and the community.

Care and support people received was personalised and tailored to reflect the individual needs of each person.

People's lives had improved from the service they received. Relatives told us and records showed people had developed skills to deal with situations more positively which improved their quality of life.

The manager had a procedure in place for dealing with complaints. Relatives knew how to complain and told us they felt comfortable raising any issues or concerns but had no complaints with the service.

Is the service well-led?

Good

The service was well-led.

Relatives told us they felt the service manager was approachable, kept them updated and sought their views on their family member's care and support.

The service manager operated an open door policy which staff used regularly.

A range of communication methods and quality assurance systems were in place to measure quality of the service and drive improvement. Systems were in place to learn from accidents or incidents where possible.

Meadow Rise

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.

The inspection took place on 31 March 2016 and was announced. We gave the service 48 hour's notice as it was a small service and we needed to be sure people would be in.
The inspection team consisted of one adult social care inspector.

Before the inspection took place we reviewed the information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider also completed a Provider Information Return (PIR) and this was returned before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We contacted the local authority commissioners of the service, the local authority safeguarding team and Healthwatch. Healthwatch England is the national consumer champion in health and care.

We used a number of different methods to help us understand the experiences of people who lived at Meadow Rise. As part of the inspection we conducted a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

The three people who lived at this home had complex needs and this limited their communication, so we spoke with relatives and asked for their views.

During the inspection we spent time with some people who lived in the home and observed how staff supported them. We also spoke with four members of staff, including the manager, two residential officers and a support worker. We looked at three people's care records and medicine records. We reviewed three staff files, including records of the recruitment process. We reviewed supervision, appraisal and training

records as well as records relating to the management of the service.

Good

Is the service safe?

Our findings

We asked relatives for their views about whether people were safe at this service. One relative told us, "[Family member] is safe. They look after them, I have no concerns about that." Another relative said, "Yes [family member] is safe. It's peace of mind for us that they are living there."

The service manager and staff had a good understanding about safeguarding people and how to protect them from abuse. Staff were able to give examples of changes they looked for in people's usual behaviour and when they would know something was wrong. For example, a person who was very active around the home, staying in their room and not engaging with activities. Staff could describe the process they would follow, should they identify any concerns.

The service had a safeguarding file in place which contained the safeguarding policy and procedure and blank copies of alerts were available. During our inspection we noted there had been no safeguarding concerns identified in the previous 12 months.

There was a whistle blowing policy in place called 'Speak Up' that was readily available and accessible for staff. Posters of the 'Speak Up' policy were displayed around the home for staff information to keep ensure they knew how and when they could use it.

Risks to people's safety and health were assessed, reviewed and updated when required. All identified risks had associated management plans which detailed how people should be supported to manage those risks. For example, people at increased risk of seizures due to lack of sleep when suffering with epilepsy. Staff supported and encouraged people to keep to their preferred routine and sleeping pattern to increase the chance of them having a settled night and getting enough sleep.

We saw a range of risk assessments relating to the premises and environment. These included first aid, legionella, slips, trips and falls, lone working, gardening including using hand tools and infection control. All risk assessments were reviewed on a regular basis to ensure they were up to date and relevant to the service.

Fire evacuation procedures were on display throughout the home in pictorial format. A fire file was in place which contained a fire risk assessment and detailed evacuation procedure. Each person had a personal emergency evacuation plan (PEEP) in place. Plans included barriers people may experience during evacuations as well as their support needs and methods of communication to use with each person. They also included contingency plans for circumstances where people did not respond to requests and support to leave the building. Plans were reviewed regularly, were up to date and reflected people's needs.

There were enough staff to meet people's needs. One relative said, "There's definitely enough staff to look after [family member]. The manager told us they worked out staff rotas based on the needs of each person and the levels of support they required with different tasks both in the home and out in the community. Each person had an allocated team of workers to ensure continuity of service provision and prevent people

being supported by numerous staff as it could cause unnecessary anxiety. People had weekly planners of activities they did each day and these were used by the manager when creating the staff rota each week. We viewed staff rotas for four weeks and found staffing levels were consistent with people's needs. Throughout our inspection we saw people being supported by their key workers and additional staff where required to meet their needs.

At the time of the inspection the service had one vacant post which they were covering using an agency staff member. The service manager explained the agency staff member had worked in the home for the past year covering different staffing vacancies. They had kept the same member of agency staff for cover to ensure stability of the support provided to people as they had built relationships with the member of staff. The service manager informed us that they will eventually stop using the agency staff member after the last vacancy had been filled. However, the plan in place was for the member of agency staff to remain covering for a while after and the new member of staff would be additional. The service manager told us, "We have to drip feed new staff into the service. When new staff first start they are extra so they can observe and read up on people's needs."

Records showed the registered provider's recruitment process was followed to ensure staff who were recruited were skilled and experienced. All staff had completed an application form and had an interview. Each staff member had necessary checks prior to them being appointed which included references and a Disclosure and Barring Service check (DBS). DBS checks are used as a means to assess someone's suitability to work with vulnerable people.

Staff practiced the safe storage and administration of medicines. All medicine administration records (MARs) were completed fully with any reasons for non-administration recorded. Medicines were stored safely in two medicine cabinets kept in the allocated medicine room. All of which were locked at all times when staff were not present. All staff administering medicines had completed training and their competencies were assessed at least annually by the service manager to ensure they were skilled to do so safely. Regular medicines audits were carried out by the manager to identify any medicines errors. Records showed there had previously been some errors in how staff had recorded the stock checks. This was addressed by the service manager who communicated this to staff during staff meetings, through the communication book and in supervisions with individual staff.

Accidents and incidents were recorded in a log. Appropriate records were kept which included details of events that had happened, people involved and subsequent action taken. The service manager recorded incidents electronically and sent them to the corporate health and safety team. The health and safety team analysed incidents to identify any safety risks and fed back to the home. The service manager monitored incidents to identify any potential trends. At the time of the inspection there were no specific trends identified. Lessons were learned from accidents and incidents where possible. For example, wear protective gloves to avoid future injury. The service also had a health and safety champion who attended monthly provider meetings. Discussions took place around areas of concern, new legislation and examples of good practice.

Good

Is the service effective?

Our findings

Relatives told us they felt their family members were supported and cared for by staff who were skilled and experienced to do so. One relative said, "(Staff) have done a damn good job with [family member]. They know what [family member] needs and they get on well with them." Another relative we spoke with told us, "We have every confidence in everything at Meadow Rise."

Staff had up to date training in areas such as safeguarding adults, MCA and DoLS, fire safety, first aid and manual handling. Staff completed face to face training, in house training, e learning and quizzes to keep up to date with subject areas. At the time of our inspection several care staff were attending positive behaviour support coaching and active behaviour support training. The service manager had a system in place to monitor staff training and identify when refresher courses were due. Some refresher training had been identified for some staff in some areas and the manager was in the process of booking these courses.

Staff told us they felt supported in their roles and received regular supervisions as well as an annual appraisal. The service manager told us, "Some staff ask if they can have a word with me and it can turn into a supervision so we record the discussion. We also try to complete supervisions for all staff when there are changes to the company that we need to communicate to them." Staff records showed that staff supervisions were completed at least six times per year or more for those who have performance issues. Staff supervision discussions covered a variety of topics including key working, the care certificate, medication and learning development plans. Any action points were noted and followed up during the next supervision. For example, care certificate work to be completed and handed in. Records confirmed regular supervisions and annual appraisals had taken place for all staff. In between supervisions staff completed quizzes in different areas such as food safety, infection control, malnutrition, dehydration and fire safety. This was to give the service manager insight into their knowledge and identify any training needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service manager explained how best interest decisions were made and demonstrated knowledge of MCA and DoLS. People's care records contained best interest decisions which corresponded to the information contained in the DoLS authorisations. Detailed care plans were created to ensure the least restrictive options were considered for people. For example, one person had a weighted back pack they

carried when out in the community. One staff member told us, "This is to make them feel grounded and calm so they don't feel the need to run away in unfamiliar environments." This technique formed part of their sensory diet plan which was created through working with the Speech and Language Therapy team.

Staff had up to date training in MCA and DoLS and understood when MCA assessments should be completed. Staff also knew that every person at Meadow Rise were subject to a DoLS. The service provider had created booklets that were given to all staff which covered what the Mental Capacity Act (MCA) is and the five principles all staff must follow when using the act. The back of the booklet had prompts and details in relation to the 'Speak Up' whistle blowing policy and what to do if staff had concerns. The service manager told us staff carried these booklets on them, in the back of their passes to refer to if necessary.

People's care records contained information about their nutritional needs about their eating and drinking. One person had special dietary needs of requiring supplements in their drinks to help maintain a healthy weight. Staff told us this was due to them "being more of a grazer rather than eating large meals," and because they, "burned off energy as they're constantly on the go." Another person had difficulties maintaining a healthy weight so staff supported them to have a healthy living diet where possible. One staff member told us, "Horse riding has a weight restriction and [person] loves going. If they gained too much weight they wouldn't be able to go which would have a detrimental effect on their emotional wellbeing. So we try to encourage them to choose healthier foods so this doesn't happen".

People's personal preferences and particular likes in relation to food were included in the activities. For example, making fresh bread. One staff member told us, "[Person] makes bread in the bread maker as their parents said they used to love fresh bread when they were younger." The relative of the person said, "[family member] still likes fresh bread plus the smell of the bread is a sensory factor for them."

Staff told us people were involved in menu planning each week. One staff member said, "Each week we sit with them (people) and they choose the main meals they want." Staff told us and we saw there were photos and picture exchange communication systems (PECS) on the fridge of different meals for people to use when deciding and communicating to staff what they wanted to eat. Each person also had their own snack cupboard with their name and photograph on the door. Staff told us they bought snacks each individual liked, according to what they liked and what they asked for. We saw one person enter the kitchen, open their cupboard and tap on a packet containing chocolate teacakes. The member of staff took the teacakes out of the cupboard and opened the packet so the person could get one out. The staff member was speaking to the person throughout this time, in a friendly, familiar way. It was clear the staff member was the person's key worker from this interaction.

The three people who lived at Meadow Rise were physically healthy. There were 'hospital passports' in place for each person that described how their autism affected them, how to communicate with them and things they would like to happen including preferred personal routines, likes and dislikes. This important information about each person could be shared with health care professionals if the person needed to go hospital in an emergency.

People had access to a range of health professionals and were supported by staff to attend appointments such as GPs, dentists and ear nose and throat clinics. Other professionals specific to people's needs included speech and language therapists, occupational therapists, dieticians and specialist nurses such as epilepsy. Staff used a diary to record appointments people had booked either in the home or in the community.

Good

Is the service caring?

Our findings

Relatives told us the service was caring. One relative said, "[Family member] is happy and settled. [Family member] visits me for a couple of hours each week and sometimes I can see they're just dying to get back to Meadow Rise. [Family member] loves it." Another relative told us, "We are happy with the service. [Family member] is very happy and settled. Most staff are very talkative and go into detail about what [family member] has been doing when we visit the home. Staff at meadow Rise always make us feel welcome."

The atmosphere at Meadow Rise was calm, friendly and warm. One relative told us staff were "Open and friendly" when they visited. They said, "I just feel at home when I visit." Staff told us they try to keep the atmosphere relaxed so people feel comfortable and to avoid triggering people's anxieties. During our inspection we saw people responding positively to staff. People were smiling and engaging in various activities with staff which told us they were happy with the support they received.

We observed one person went to see the service manager with their support worker, wearing a new outfit they had bought that morning whilst out shopping with staff. Both the manager and the staff member were talking to the person about their outfit and complimenting them in an encouraging way. The person was smiling, seeming proud and looking at the support worker affectionately. The support worker then said to the person "let's go and get the hoover" (as the person had asked to hoover). The person happily walked away with the support worker.

We saw people chose to spend time with staff members in the communal lounge, kitchen and garden areas and were comfortable in their presence. We observed staff treated people with dignity and respect. People communicated their wishes to staff in different ways. Staff were able to explain different methods each person used and we observed staff communicated effectively with people and were able to understand what they wanted. For example, one person was being supported by their key worker to water plants in the green house. After a short while the person tapped the member of staff on the hand twice and walked back into the home. The staff member told us, "That was [person's] way of telling me they've had enough of watering the plants."

We observed people received verbal support of encouragement and prompts from staff in relation to their care and positive behaviour, which promoted their independence in doing things for themselves. For example, supporting people to complete domestic tasks in the home. We saw staff encouraged people through praise when they demonstrated positive behaviour. For example, one person had apologised for showing signs of aggression earlier that day. Staff praised them for being responsible. The person smiled and responded positively to the praise.

Staff supported people to maintain contact with their families using a variety of methods. Two people were supported to visit their parents each week and have dinner with them. Relatives also often visited their family members at the service. During the inspection a member of staff showed us a kindle they updated daily with information of activities one person did and general news about their daily routine. The staff member told us relatives looked at this when they visited to stimulate conversations with the person as they

didn't communicate verbally so were unable to tell relatives themselves. The person's relative told us, "When we go to visit staff give us the kindle so we can see what [family member's] been doing. It's like a daily diary." They went on to tell us, "They took [family member] away overnight recently. When they came back they gave us a travel log in pictures of [family member's] holiday. There were pictures of the cottage, of [family member] in the pub having their dinner and everything we could have asked for really. We sent copies to their sister, brother and nana so everybody feels involved."

Another person was supported by staff to create a monthly newsletter to send to their relative. The newsletter included details of activities the person had done and any achievements they had made. A third person had a diary which staff updated with details of what they had been doing over the previous weeks so relatives could read these. One person was supported by staff to email or facetime their relatives. The service manager told us this was particularly useful when their relatives were on holiday abroad.

Each person had a large single bedroom. Bedrooms were decorated and furnished to reflect people's individual interests and hobbies. For example, posters, pictures and cuddly toys on display. The home was well decorated in a modern style that suited the people who lived there. Staff made sure the home was warm, clean and comfortable for people and included them in housework. One person had their own private apartment area which also contained a separate lounge and bathroom. This allowed the person to have their privacy and quiet time away from other people in the home. This also gave the person privacy to follow their religious beliefs and pray in private at specific times.

To the rear of the home there was a garden patio area with a green house, picnic bench and lots of potted plants which one of the people helped to plant and maintain. There was then a wooden ramp that lead down to a private, enclosed meadow. This had a trampoline set into the floor, a summer house, swings, a rope bridge, a sling swing and some garden seating. People could enjoy the garden area whenever they chose to as it was fully enclosed and safe for them to do so.

Good

Is the service responsive?

Our findings

Relatives told us the service was responsive to the needs of their relatives. One relative said, "[Family member] is very confident now. Their behaviours are still there but they are less often. (Staff) have ways of keeping [family member] calm and preventing their behaviours (from escalating and become challenging). They also told us their family member used to present behaviours that challenge if there were any changes in their routine but said, "Because of the work staff have done with [family member] they understand when there's changes now and doesn't (become aggressive)." Another relative told us, "At first [family member] was quite unpredictable and would [show challenging behaviour]. At Meadow Rise they have the space to run around and it's peace of mind for us that [family member] is living there." The relative went on to tell us that their family member's behaviours have calmed down a lot since living in Meadow Rise.

Staff organised a wide range of activities for people. One relative we spoke with said, "[Family member] does all sorts like horse riding, discos, swimming, theatres and concerts. They go all over. [Family member] is going to flamingo land for two days with staff because they love animals and zoos. They love rides too." Another relative told us, "The activities are great. [Family member] goes bowling and swimming. They took them away overnight which was lovely."

During our inspection we noted each person had individual weekly planners which detailed what activities each person planned to do each day. Staff explained that routines and schedules were extremely important to people living at Meadow Rise and how sudden changes could make people feel uncomfortable and trigger anxieties resulting in behaviours that challenge. This was reflected in care records we saw which included specific support and processes to follow to ensure the person remained calm and followed their routine to allow them to enjoy the activities. For example, one person's care plan for eating out at a local pub included preparation processes to complete prior to travelling and that two staff members were to accompany the person to the pub, travelling via the service bus. The care plan also included specific details around which entrance to use when entering the pub, routines to follow with ordering food and bathroom support and details of the specific seat the person likes to sit in.

Each person's activity plan was tailored to their individual interests and things they liked doing. Some activity plans included periods of working with people to build up to a particular task. This was to increase the likelihood of success. For example, one person was due to go on a two day break to a holiday lodge with support from staff. Strategies were in place to help the person feel more calm in preparation for travelling to locations by car but journeys had always been relatively short. The person had travelled with staff to the location of the holiday lodge on two occasions to allow them to adapt to the increased journey time.

During our inspection the service manager told us they had arranged a further visit to the location with the person. They had arranged for the person to pay for their holiday in person rather than online. This was to encourage the person to be independent and give them further opportunity to adapt to the travel time. One staff member told us, "We took [person] to the holiday home and took them around the area to familiarise themselves with the surroundings. [Person] has chosen a pub they would like to visit when they go on holiday." Staff told us the person took a while to adapt to new surroundings and this was a strategy they had

used with other activities successfully. For example, they introduced the person to a local bowling alley. During the first visit the person walked into the building, tapped a bowling ball and walked back out. Staff told us they worked with the person and visited the bowling alley on a regular basis to build up the familiarity for the person. This approach had been positive and resulted in the person regularly attending bowling with staff and enjoying a couple of games.

We observed people making decisions in relation to food and drinks. Staff supported people to make decisions and responded positively to decisions people made. For example, one person communicated using tapping gestures and singular words to tell staff what they wanted such as a drink of lemonade. Staff told us, and we read in the person's care file, what different gestures and singular words meant for the individual.

People had a range of care and support plans in place to meet their needs including personal care, skin integrity, medicines, nutrition and activities, as well as more specific care plans for things such as epilepsy and anxiety. Care plans were personalised to individuals and included strategies, where necessary, to guide staff in how to support people in the most effective way. For example, strategies in place for people to try and prevent escalations of anxiety leading to behaviour which may challenge.

We reviewed people's care records and noted they were personalised, regularly reviewed and reflected the needs of the person. We saw personal preferences and choices were included in care plans. For example, one person's personal care plan stated they, 'I like lots of smelly toiletries and using scrubs.'

People had detailed behaviour support plans that had been created with the input from community nurses and SALT. They included information regarding people's behaviour that challenge and potential causes of these. They also included detailed pro-active strategies and positive programmes to reduce the likelihood of people's behaviours escalating. For example, having a structured visual timetable in place that detailed their activities each day.

One person had a sensory diet of activities in place that included examples of how the person's sensory needs could be met using different inputs. For example, planting vegetables and fruit in the sensory garden. One member of staff told us, "[Person] enjoys stimulating activities for sensory purposes. They grow tomatoes and enjoy gardening, growing fruit and watering plants. [Person] makes fruit smoothies from the fruit they grow in the greenhouse and poly tunnel." The registered provider had gone to great lengths to ensure the garden was suitable and safe for people to spend time in. For example, all the plants were carefully selected to ensure they were not harmful if consumed as one person liked to lick things and may try to eat one.

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Staff had created a social story for one person based on their wishes and goals as well as detailing what good behaviour was. The service manager told us, "[Person] reads this every morning (to help them focus) and will ask for it when they feel anxious as it helps to calm them." The service manager also explained that they created and used social stories when introducing people to new activities. The service manager told us, "It helps people understand."

We saw from care records that people and their relatives were involved in planning their care and support. Relatives told us and records showed that people and their relatives were involved in planning their care and support. One relative said, "They usually come to my home to do reviews with [family member]. We talk about things (to do with family member's care and support) and they update their plans." The service manager told us, "We have good relationships with parents. We'll hold meetings on an evening to meet within the times they are able." We saw from one person's record that the manager met with their relatives

every three months to discuss the care and support the person received. There was a small issue raised at the last meeting regarding staff communication with relatives. We saw the service manager had taken appropriate action to resolve the matter.

Staff we spoke with were able to tell us about people's individual needs and how best to support them. They were also able to explain people's routines, preferences, likes and dislikes in relation to daily routines. For example, what time people preferred to get up, what they usually had for breakfast and what their day usually entailed, including people's individual set routines. This meant staff had a good level of knowledge about people who lived at Meadow Rise.

During the inspection the service manager told us about a number of positive outcomes that had resulted from intensive support provided to people. One example related to a person who had recently left the service and moved into supported living accommodation. The service manager explained how the person was supported in the home and during the transition. The allocated team of care staff continued to provide support to the person in their own home to maximise the success of the move and the comfort of the person.

The registered provider had a 'complaints procedure in place called 'Tell us what you think' that was available to people and their relatives. Relatives told us they knew how to use it. One relative told us, "I have no complaints whatsoever. I would feel confident (to make a complaint) if I had an issue and they would definitely sort it." Another relative said, "Any issues we have had we have raised these with the manager and they have been addressed." At the time of our inspection the service had not received any complaints.

Good

Is the service well-led?

Our findings

Relatives told us they felt the manager was approachable and the service was well led. One relative said, "I think it's great." Another relative we spoke with told us, "[Service manager] is fairly new in post but she does everything a manager should do. We have a catch up every three months. We go to meadow rise, have a cuppa and talk through any concerns and things like what to buy [family member] with some money we had put aside for them."

The home had a registered manager who had been in post since 29 July 2014. They had taken up a new role in September 2016 as an assistant operation manager and was no longer based at the service. However, the registered manager visited the service regularly each week and worked closely with the service manager. The service manager told us they were in the process for applying for registration and would be taking over the responsibility. We noted during the inspection that statutory notifications had been submitted.

The service manager told us they operated an open door policy to enable and encourage staff to come to them with any issues or concerns or to have a chat. During our inspection we saw staff entering the manager's office to speak with them or to obtain care files and other documentation.

Throughout the inspection visits there was a management presence in the home with the service manager and assistant service manager both readily available for staff, people who use the service, relatives and other professionals to speak to. During out of hours, the service manager told us that there were on call arrangements in place which included senior staff, as well as service managers from a number of locations in an area. The service manager told us there were five service managers in the hub and each one covered the on call rota for the five services on a weekly basis. Contact names and numbers were available in the office for staff to access as and when required.

Key workers held monthly meetings with individual people to seek their views on the service they received. Areas covered included what activities people did and would like to do, if they were happy living at Meadow Rise and with their personal space, family contact and to review the life of the person in pictures. Staff also took the opportunity to support people to practice a fire evacuation according to their PEEP.

The manager and senior supporting staff members completed a number of audits in the home which varied in frequency. Audits included fire alarm system checks and medicine audits. Other audits regularly carried out related to areas such as health and safety, care plans and staff files which were effective in identifying issues and required improvements.

Another part of the quality assurance policy was for the manager to complete an audit visit to another service under the registered provider and complete a quality monitor audit. The service manager told us they were able to share best practice with other services when carrying out audits and had the opportunity to adopt approaches used in other services.

Surveys were distributed annually to relatives in order to obtain their views of the service received by their

family members. Responses received from the latest surveys were mainly positive but there were two negative comments received regarding staff communication and activities. In both instances we saw the service manager met with relatives to discuss the issues and took appropriate action.

Staff told us they had regular staff meetings. The service manager explained the meetings took place on a weekly basis and included discussions about the people and service. She also explained that she chose particular themes to cover in some staff meetings based on current topics or for continuity of knowledge in specific areas such as safeguarding. The service manager distributed quizzes to staff members and assessed their awareness. During the inspection we saw regular staff meetings took place. Discussions included people, staffing, health and safety issues and updates in relation to refurbishment of areas in the home.

There was also a communication book which was used to communicate specific information to staff that couldn't wait until the next meeting. For example, night check sheets not completed. The communication book was also used to record when workmen were due to attend the home.

During the inspection the service manager told us they attended meetings every month with other home managers under the registered provider. These meetings were used as a mechanism for sharing good practice methods and information. Discussions that took place included people, service delivery and sharing experiences. The service manager also told us they visited the other services in the hub and completed a quality review. They told us they were able to share best practice with other services when carrying out reviews and had the opportunity to adopt approaches used in other services. They confirmed that other manager's reviewed the service provided at Meadow Rise also.