

## The Meadowside Charity Newton Abbot and District

# Meadowside Residential Home

### 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Meadowside Residential Home is a care home for mostly older people with learning disabilities. The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 11 people. 11 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service:

People had active and fulfilled lives and were part of the local community. Staff were highly motivated and enabled people to achieve their goals and dreams. People were empowered to make their own choices. The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance.

Without exception, people and their relatives told us staff were kind and caring. People told us "I'm very happy because everyone's very kind to me" and "A home is not the building it's also the people in it."

People felt safe and comfortable when staff were with them. People were kept safe as potential risks had been assessed and managed.

People's needs were met by staff who had received regular training and support. People were treated with respect and staff understood how to protect people's rights.

People were involved in making decisions about their care and supported to maintain their independence. Care plans contained up-to-date information about each person's needs and preferences. People received personalised care from staff who knew them well.

People were involved in the running of the service, expressed their views, and made decisions about areas such as meal choices, the environment, and activities.

There were systems in place to monitor the quality of the service.

The registered manager was committed to improving care where possible and had developed effective working relationships with other professionals and agencies. The service had been nominated for The Outstanding Care Awards for Devon and Cornwall 2019 in the categories of 'care home manager of the year' and 'care home of the year'.

The service met the characteristics for a rating of "good" in four key questions we inspected and "outstanding" in one key question. Therefore, our overall rating for the service after this inspection was

"good".

More information is in the full report.

Rating at last inspection: Good (The report was published on 5 October 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about this service until we return to visit as part of our re-inspection programme. If we have any concerns, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Meadowside Residential Home

## **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 this inspection.

#### Service and service type:

Meadowside Residential Home is a care home registered to provide accommodation and support for up to 11 people with learning disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

When planning our inspection, we looked at information we held about the service. This included notifications about significant incidents which the provider is required to inform us about by law. The provider had submitted a Provider Information Return (PIR). This is a form that asks to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people and two relatives. We spoke with the registered manager, team leader and four staff. We spoke with one healthcare professional and received feedback form one other healthcare professional.

We looked at three people's care records, three staff recruitment files and other records relating to the management of the service including quality assurance.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and appeared comfortable when staff were with them. A relative said "I have no worries at all."
- Staff had completed safeguarding adults training. They knew how to report concerns about people's safety.
- The registered manager worked with other relevant authorities to make sure people were protected from abuse and avoidable harm.

Assessing risk, safety monitoring and management

- Detailed risk assessments had been completed for each person which considered personal care, risk of falls, and management of behaviours. Records gave staff guidance on how to reduce risks and were up to date.
- Staff had completed training in epilepsy and risk assessments contained clear information on what to do in the event of a seizure.
- Each person had a personal emergency evacuation plan. The fire service had carried out an inspection in February 2018. They made several recommendations to improve fire safety. The registered manager had taken action to resolve these.

Staffing and recruitment

- There were enough staff to meet people's needs. This included providing personal care, supporting people to healthcare appointments, outings, and time to spend chatting.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check had been carried out before staff were employed. This made sure they were suitable to work with people.

Using medicines safely

- People received their medicines when they should.
- Systems in place ensured medicines were received, administered, stored and returned safely.
- Only staff who were trained and assessed as competent, administered medicines.
- A pharmacy audit had been carried out in March 2019. Where a recommendation had been made, the service had actioned this.
- The registered manager carried out observations of staff administering medicines to ensure safe practice.

Preventing and controlling infection

- The service was clean and smelt fresh throughout.
- Systems were in place to prevent and control the risk of infection. Staff had completed infection control

training and were provided with personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- Accidents and incidents were reviewed monthly to identify themes or increased risks. This reduced the risk of reoccurrence.

# 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

Good: 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

- Care assessments were carried out before people began to use the service. Staff received information on how best to meet each person's needs in line with best practice guidance and people's preferences.
- When people's needs changed, care reviews were carried out.

Staff support: induction, training, skills and experience

- People told us staff knew how to meet their needs.
- Staff told us they had the skills and knowledge to meet people's needs effectively. All staff told us the training was good. Specific training to meet people's individual needs was provided.
- Staff had opportunities for regular supervision and appraisal. Staff told us they were well supported in their role. They said the management team were always there to give help and support if needed.

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

- People had use of their own kitchen, where they could make drinks. Staff also offered people a choice of hot and cold drinks.
- People told us they had been involved in the menu planning and had a choice of what they wanted to eat.
- People were supported to make healthy choices and go food shopping.
- People were protected from risks associated with swallowing difficulties. Professional guidance was sought and followed where necessary.

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

- People were supported to maintain good health and had access to external healthcare support as necessary.
- Staff worked with other healthcare professionals such as the learning disabilities team, physiotherapists, speech and language therapists, GPs, and district nurses to ensure people received appropriate care. A healthcare professional told us "[Manager's name] has good contact with the Learning Disability Services locally and is also keen to ensure that other agencies get involved as appropriate."
- Each person had a 'Hospital passport'. This contained important information about them to ensure their care and support remained consistent.

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.

- Staff were aware of the MCA and knew to always ask for people's consent.
- Mental capacity assessments had been completed where appropriate. Following this assessment staff had also completed best interest decisions.
- DoLS applications had been made appropriately.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

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

- The service was a large house, bigger than most domestic style properties. It was registered for the support of up to 11 people with learning disabilities. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.
- The environment was very homely. People had been involved in choosing the décor for the communal areas and their bedrooms. People's artwork was displayed throughout the service.
- People had personalised their bedrooms with things that were important to them.
- There was a lounge, kitchen, dining room and hobbies room on the ground floor. Since the previous inspection, a lift had been fitted to provide easier access to the upper floor. Accessible bathing facilities had been fitted to meet people's changing needs.

# 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

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

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception, people and their relatives told us staff were kind and caring. People told us "I'm very happy because everyone's very kind to me" and "A home is not the building it's also the people in it." A relative said "It's a lovely home, nothing is too much trouble."
- A healthcare professional said, "When I have visited Meadowside, there has always been a warm welcome and the staff team have been happy for residents to chat with me."
- Interactions between people and staff were relaxed. People knew staff well and there was chatting, smiling and open affection. Staff showed an interest in what people were doing.
- It was evident people who lived in the service cared for each other. A relative told us if a person was feeling unwell, other people would always offer to get them anything they needed.
- Staff told us they enjoyed supporting people. One staff member said, "People are really well looked after."
- Staff spent one to one time with a person who had just moved into the service. They sat with the person chatting, offered them lots of choices, and reassured them so they did not get distressed.
- Staff were keen to ensure people's rights were respected and were aware of their cultural and spiritual needs.

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

- The registered manager told us "The service users are continually and actively involved in all decisions relating to the home."
- People were encouraged to express their views in relation to their care and support. People had choices about how they spent their day.
- Relatives told us they had a good relationship with staff, were always made to feel welcome and were kept informed.

Respecting and promoting people's privacy, dignity and independence

- Peoples' privacy and dignity was considered and upheld by staff. Staff knocked on doors and waited for a response before entering.
- Each person had a key to their bedroom and could choose to lock it for privacy.
- People's independence was respected and promoted. We observed people making their breakfast and going out into the community. One person proudly showed us around their home.
- One person told us, "I fiercely guard my independence. I like to do as much as I can for myself."
- Staff received training in equality and diversity. People's cultural and spiritual needs were respected.

# Is the service responsive?

## Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Staff told us significant improvements had been made to focus on enabling people to lead as full a life as possible. One staff member said, "If there's something they want to do we organise it." A relative said "They keep people so entertained, they go way over and above."
- In line with 'registering the right support', people received very personalised care and support specific to their needs and preferences. Staff worked individually with people to support them to design their own daily schedules and routines. For example, people chose when to get up, when to have their breakfast, and how they were going to spend their day. Each person was seen as an individual by staff, who knew their wishes and aspirations.
- People told us, and we observed, they chose how they spent their time. People enjoyed activities such as shopping in the local community, attending day centres, visiting places of interest and seeing their friends and family. People were able to spend time in a number of different areas including the dining room, kitchen, hobbies room, and lounge or privately in their own bedroom.
- Staff had a can-do attitude and supported people to achieve their goals and dreams. For example, one person had showed an interest in wanting to play the ukulele. They learnt to play and joined the local ukulele club. They went out independently with the club to play gigs locally. The service had asked the group to perform at their open day. The registered manager had nominated this person for a BASH award. This award aims to recognise the positive efforts people with disabilities make to be more Active, keep Safe and take up a Healthy lifestyle. The person had recently attended the awards ceremony and was proud of their achievement.
- Staff had spent time discussing with people what was important to them. For example, some people had a 'bucket list' of things they wanted to do. Staff had supported one person to book and go to concerts to see their favourite musical artists.
- Events and special days were celebrated within the service. For each event, people decorated the environment, planned the food, and each person was given a gift bag.. For example, at Christmas, each person received a Christmas Eve box containing a pair of pyjamas, hot chocolate and sweets.
- People were keen to tell us about the wide range of activities they enjoyed. People had visited attractions, been to sporting events, concerts, the theatre and cinema, and enjoyed holidays.
- The service had built strong links with the local community. One staff member said "[Registered Manager's name] works really hard on getting our name out there to give people more opportunities."
- People were excited about their annual entry into the local carnival and were planning their theme for this year. One person showed us the photographs from their previous entries and proudly told us the service had won first prize.
- The local town council had chosen the service to be their charity for their annual ball. People were looking forward to going to the ball and told us they were travelling in a limousine.

- In line with 'registering the right support' people were part of their communities, which meant they lived ordinary lives. People had maintained long term friendships, for some since childhood and their school days. Staff told us people were well known in the local community. People used the facilities such as the sports centre, supermarket and town centre which were within walking distance. Some people went to a weekly disco to meet their other friends.
- Comprehensive pre-admission assessments and visits were carried out before a person moved into the service. This meant only those people who would be compatible with others already living at the service were offered a placement. Some people had lived at the service for many years and everyone was very happy to live together.
- People were involved in the development of their care plans. Care plans were personalised and detailed daily routines and preferences specific to each person. One person was keen to show us their care plan and talked us through it. It was clear they were proud of their care plan.
- The registered manager was aware of the Accessible Information Standard (AIS). People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, documents were available in easy read format.

#### End of life care and support

- Staff supported people to stay at the service at the end of their life and ensured their needs and preferences were met.
- Following an advanced care planning workshop, a healthcare professional told us "[Manager's name] carried out more in-depth work to capture people's future wishes in a really proactive way."
- The registered manager had worked with the local hospice to deliver training for other providers in end of life care for people with a learning disability. A healthcare professional said "[Manager's name] spoke very powerfully about the work she's been doing with her residents and their 'bucket list' wishes."
- One person had recently passed away. As the person had no family, people chose to lead the memorial service for their friend. People made the floral arrangements together. Staff and people were supporting each other through this difficult time.
- When the relative of a charity member passed away, they didn't want to be at home on their own. Staff invited them to come to the service for lunch every day until they felt comfortable being at home.

#### Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt able to raise concerns if they were unhappy.
- The complaints procedure was available in an easy read format.
- The service had not received any complaints since our previous inspection. Relatives said, "No complaints whatsoever" and "I've never had an issue."

# 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

Good: 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 with openness; and how the provider understands and acts on their duty of candour responsibility

- People, staff and relatives told us the service was well managed. Comments included "It's brilliant" and "[Name] is the most wonderful manager." Healthcare professionals said "[Manager's name] advocates for residents well" and "I have always found [manager's name] to be an open, honest and approachable manager."
- People benefited from a positive and open culture that promoted person-centred values. There was a strong commitment to promoting independence and social inclusion.
- The service had been nominated for The Outstanding Care Awards for Devon and Cornwall 2019 in the categories of care home manager of the year and care home of the year.
- Staff told us they felt listened to by the registered manager and enjoyed working at the service. Comments from staff included, "I feel privileged to work here" and "We all get on really well. I know I can go to anyone."
- The registered manager worked alongside staff and led by example. They had a good understanding of people's needs, likes and preferences.
- The registered manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.

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

- The registered manager was supported by senior care staff and care staff. There was a stable staff team. Each staff member knew their responsibilities and there were clear lines of accountability.
- Quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. This included checks and observations to assess staff competency and audits.

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

- People and their relatives were asked for their views about the service via meetings and phone calls.
- Staff meetings were held to enable staff to contribute their thoughts and experiences. Meetings were also used to discuss updates in best practice.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to improving care where possible. They kept up-to-date with national developments in the care sector.

- The registered manager attended the local manager's network with other care professionals to improve information sharing and knowledge.
- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care.