

The Hesley Group Limited

Meadow View

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Meadow View is a residential care home providing accommodation and personal care to 80 people. At the time of the inspection 72 people were using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right support:

The setting at Meadow View was based in a rural location, which enabled people to have access to the countryside. Staff also ensured people had links to shops and other community services. People were protected from the risk of harm because robust safeguarding processes were in place. Risks to people's safety were considered and the registered manager made sure there was a culture of person-centred care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right care:

Care was person-centred and promoted people's dignity, privacy and human rights. Education and learning were promoted. People were supported to lead active lifestyles of their choosing. People's wellbeing was promoted, and their communication needs were assessed. People were supported to use various communication tools to assist in their engagement with others. People received good quality care, support and treatment because trained staff could meet their needs and wishes. People were supported to maintain good health, were supported with their medicines and had accessed healthcare services when needed.

We have made a recommendation about the management of some medicines.

Right culture:

There was a positive culture of person-centred care for people. The ethos, values, attitudes and behaviours of leaders and support staff made sure people were leading confident, inclusive and empowered lives. People and their families and advocates were informed, engaged and involved in developing and improving the service. Families told us the registered manager was approachable and good at listening. They were very happy with communication and engagement from the service. Families felt that the staff promoted a safe, consistent and predictable atmosphere which met people's individual needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 26 February 2019.).

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding people, staffing and medicines. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meadow View on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Meadow View

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors, 1 medicines inspector, 1 specialist advisor and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Meadow View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Meadow View is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on the first and third days.

Inspection activity started on 1 March 2023 and ended on 14 March 2022. We visited the service on 1, 2 and 14 March 2022.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We asked for feedback and information about the service from the Local Authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time talking with 12 people who used the service. We spoke with 5 family members about their experiences of the service. We spoke to 16 members of staff including the registered manager, assistant managers, team leaders, support staff, senior support staff and members of the quality assurance team. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We took time to observe the care and support people received in their homes and we reviewed their risk assessments, positive behaviour support plans, care plans and day to day records. We reviewed all aspects of the management of people's medicines. We looked at staff records in relation to staff recruitment training and support. We reviewed a range of management records spanning how the provider monitored people's access to their community, their health and their quality of life, safeguarding records and accident and incident investigation and review.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from harm and abuse.
- Some people relied on non-verbal ways of communicating. Their body language was relaxed and positive indicating they felt safe. Other people we spoke with told us they felt happy and safe with the staff. One person said, "I'm happy living here. I can make choices that are sensible and wise... The staff talk to me and make me laugh." We asked another person if they were happy, and they gave a thumbs up to indicate they were.
- All relatives we spoke with felt their family members were safe at Meadow View. One relative said, "Yes, I feel [person] is 100% safe and I can sleep at night knowing that. If I didn't feel [person] was safe I would speak with the staff and the care manager, they are very good at letting us know if there are any concerns." Another relative said, "[Person] is very happy. The home is nice. [Person] is safe the staff read [person] well."
- Staff had been trained in safeguarding people. They were aware of their responsibilities to protect people from abuse, behaviours which may cause them harm and exploitation by others.
- Effective systems were in place to report concerns or incidents to the registered manager and the commissioners.

Assessing risk, safety monitoring and management

- Risk assessments and support plans were in place and regularly reviewed. The risk management plans described each person's personal risks, things which are important to them, and indicators which may suggest changes in their well-being.
- Staff were aware of individual support strategies and planned interventions if people showed, distress, a decline in their wellbeing, or other risks. Information about preventative measures, positive behaviour support strategies and actions staff should take to minimise risks to the people were documented to guide staff. People and staff benefitted from input and advice an in-house multidisciplinary team, which included psychology, behavioural analysis, psychiatry services and speech and language therapy.
- Staff were aware of how to support people to reach their potential and achieve positive outcomes. There was a balanced approach to enable the people to retain their independence, respect their privacy whilst managing any associated risks. We were provided with several examples of how people had reached some of their personal goals and reductions in incidents and distress.
- A clear communication system had been established to report/escalate any emerging risks relevant to people's care and support, both within the organisation and to relevant external services when appropriate.
- There were comprehensive systems for monitoring all aspects of maintenance and health and safety and records were well organised. Certificates, such as for gas and electrical safety were in place and current. Fire alarm testing was carried out regularly and fire drills recorded appropriately. Legionella and water

temperature checks were completed regularly. Environmental risk assessments were detailed and thorough. For example, we saw a risk assessment for the use of a chainsaw, which considered the needs of people who live at Meadow View in relation to noise.

Using medicines safely

- Overall, safe medicines management processes were in place.
- People's medicines were regularly reviewed to monitor the effects of medicines on their health and wellbeing. People using the service, those close to them, their advocates, staff, and healthcare specialists were all involved in decisions made about the treatment given to a person. Staff followed systems and processes to safely administer, record and store medicines.
- We received positive feedback from relatives. One relative said, "I am fully aware of the medication [person] is taking. The medication is written down and recorded as and when given. The staff 100% also let me know if there are any changes to the medication."
- Detailed guidance was available specific to each person on how to administer medicines to be taken as and when required (PRN).
- Staff worked alongside prescribers to make sure the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).
- There were individual balance checks of quantities and stocks of medicine supplied for each person. This meant we could be assured that medicines had been given when signed for by staff on the medicine's administration record. The service managed medicines safety incidents well. Staff recognised incidents and reported them appropriately. Managers maintained people's safety, investigated medicines incidents and implemented changes to practice based on learning from these.

We recommend the provider consider current guidance on paraffin-based skin products, time sensitive medicines and the use of body maps, and take action to update their practice accordingly.

Staffing and recruitment

- There were sufficient numbers of suitably qualified staff to meet people's needs and to support them to stay safe.
- Before new staff started working for the service checks were carried out to make sure they were suitable to work with vulnerable adults. Disclosure and Barring Service (DBS) checks were completed for all staff. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager was passionate about making sure staff with the right skills, attitude and values were employed to support people with complex needs.
- The service had experienced some challenges in recruiting and retaining staff since the last inspection. This had led to an increase in the use of agency staff. However, the provider was making progress in this area and staffing levels had improved.
- We found agency staff were suitably vetted and trained to support people. We also found where it was necessary for people to be supported by agency staff, the provider made all efforts to make sure people were supported by regular agency staff who knew them well.

Learning lessons when things go wrong

- A clear system was used for recording accidents and incidents.
- Information was analysed and reviewed by the registered manager and senior management team. This was to identify themes and trends and lessons learned.
- Discussion with staff identified a 'reflective practice' approach to supervisions, where lessons learned from accidents and incidents were discussed to support improvement in practice. All incidents relating to

people's behaviour were recorded and reviewed by the management team and the multidisciplinary team and shared with key health professionals and commissioners when needed.

- Where people had shown signs of deterioration in their well-being, the service liaised with key professionals who knew people well, to seek support and to guide staff to effectively respond to their changing support requirements.
- The staff teams were encouraged to use reflective practice to help identify the cause of changes in people's, behaviour, mental wellbeing and general welfare.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visits from families were facilitated safely for people who lived at The Meadows.
- Systems were in place to ensure visitors, including family, friends and professionals visited people in a way that minimised the risk of the spread of infection.
- Family members confirmed there was an open approach to family visits. One relative said, "I visit anytime. I'm here at least 3 times a week."
- Trips and overnight stays with families and for short breaks were planned with people and arranged safely.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant 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 had comprehensive and detailed assessments of need and care planning was undertaken in line with best practice guidance and research.
- Due to the nature of the service provided at Meadow View, a range of professionals were usually involved in people's care and support planning. For example, for people who sometimes expressed their emotions in a way that may be considered as challenging, a behaviour specialist or psychologist would complete an assessment to help inform decisions about interventions. This led to a detailed, positive behaviour support plan being implemented. The plans we saw identified strategies designed to improve a person's quality of life and remove the conditions likely to promote behaviour that challenged others.

Staff support: induction, training, skills and experience

- Staff received thorough induction training and ongoing training tailored to the needs of the people who used the service. For example, staff received specific training on providing care and support for autistic people.
- All the relatives we spoke with spoke positively about the training provided to staff. We met one relative who had spent their day providing staff induction training, from a relative's perspective, alongside the registered manager. Another relative told us, "I feel the staff are well trained, we recently had a Zoom meeting with the home the purpose of which was to inform us of the training the staff undertake."
- Before new starters began to work unsupervised they undertook a structured induction program that included a period of shadowing with experienced staff. This meant key learning objectives were met, such as checking their competency and their understanding of the provider's policies and procedures.
- Core staff teams received person-specific training so they knew exactly how to effectively apply their training to support the person they were supporting. We saw lots of positive examples where staff applied their training to good effect.
- The management team supported staff through regular 1 to 1 discussion with their line manager and provided access to confidential counselling services should staff require this.

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

- People were engaged and involved in the design and redecoration of their homes.
- While a small number of people lived in shared accommodation, most people lived in their own self-contained houses or flats, which were fully accessible. Whether sharing or living alone, people's preferences and interests were well reflected throughout their accommodation, which was of a very good standard and adapted to meet people's specific personal, physical and sensory needs.

- People indicated they were happy in their homes. One person added, "I have a key to my bedroom and keep the door locked."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet

- The service supported people to eat and drink enough and to maintain a healthy, balanced diet.
- People's plans for eating and drinking were developed collaboratively with people, their representatives and health professionals. There were systems in place to make sure people's preferences around food and drink were known and respected. One person gave a thumbs up for the food. Another person said, "I can choose my own breakfast from my cupboard. I do this on my own. I help out in the house. I do the pots, set the table and wipe the kitchen sink down."
- A relative said, "[My relative] is encouraged to go shopping and eat out as much as possible. [My relative] has a dairy intolerance and recently the home have introduced a milk free flan which [my relative] is very fond of." Another relative told us, "Staff help [person] to follow a healthy diet. I feel [person] is provided with a balanced diet as far as possible. The diet being followed has been prepared by the speech and language team. [Person's] diet is regularly discussed with us by the home. it is difficult for [person] to be involved with preparation and cooking meals. That said, the staff help [person] to take part in baking activities by adopting the hand over hand method."
- People benefitted from the service's on-site professionals and a multidisciplinary approach to care. Staff were made aware of any changes to people's needs through regular handovers, debriefs and multidisciplinary meetings involving care managers, relatives and relevant professionals.
- People were supported to access a range of health and social care professionals externally. Care records were updated to reflect this. One person said, "I am in good health and recently went to the dentist. I have a hand massage once a week, go to a health and wellbeing clinic off site and I have been weighed recently. I missed my eye test."
- Relatives told us staff kept them informed of any medical appointments and updates.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Appropriate DoLS applications had been made where the service thought it was depriving people of their liberty. Where conditions were imposed, these were being met.
- Where people lacked capacity to make certain decisions, we saw evidence best interest processes had

been followed to help make sure people's rights were protected.

- Where unplanned restrictive interventions were necessary for people's safety, the principles of the MCA had been applied, to make sure staff and the service were supporting people in the least restrictive way.
- There was positive use of assistive technology, such as motion sensors, as the least restrictive and most practical way to make sure staff were aware if people who were at risk as a result of being up and about during the night.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had developed and implemented a range of audits which enabled them to assess, monitor and improve the quality and the safety of the service effectively.
- The provider and management team had good oversight of the service and were able to monitor people's care in real-time, through good integration of technology. This enabled the service to respond quickly to potential safety concerns. The provider employed a dedicated quality assurance team. They audited the service regularly. Where potential shortfalls were identified, they supported managers to improve the service.
- The registered manager and wider leadership team had a good understanding of their roles in ensuring good governance and compliance with legislation. Systems and processes for review and questioning of practice were effective. Organisational learning from audits or incidents were shared with all the provider's care services.
- The registered manager made sure records relating to people's support, the management of staff and the running of the service were complete and detailed. They received detailed monthly quality reports about the performance of the service and this information was used to identify improvements.
- The provider had systems in place to supervise, train and to assess the competence and knowledge of staff. There were effective systems to monitor and manage health and safety, such as monitoring fire and water systems.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a culture that made sure people received effective care, based on current best practice with the aim to achieve good outcomes for people.
- Some people told us they were happy with their care and support and the positive, relaxed body language of other people also indicated this. People were involved in planned and regular activities. One person told us about a festival they enjoyed, saying, "I enjoy looking at the stage, carousel, wigwams and tepees in the grounds." They went on to say, "I like living with the other people here. I have lots of activities. I go out on the bus. I enjoy using my iPad which I can use when I want."
- People's relatives praised the progress their family member had achieved. They told us of improvement in people's wellbeing, mental health, and personal achievements. One relative said, "Really happy we fought for [person] to be there! [Staff] involve me in everything. It has enabled us to have [person] home. The staff are great. Most of them know [person] well. No concerns or worries. I wouldn't change anything."

- Staff acknowledged and respected people's rights. Their protected equality characteristics were considered and respected.
- Staff we spoke with spoke knowledgeably about tailoring support to each person's individual needs.

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

- People, their relatives and staff were given the opportunity to contribute their views about the service. Their views were listened to, and people's wishes were acted upon.
- The registered manager valued feedback from people, their relatives, staff and other key stakeholders and made sure people were involved in decisions relating to the health and social care needs. Meetings were held regularly so people could offer their views and remain updated on any changes planned.
- One relative told us, "The communication is very good and there is a good staff group. The overall experience for [person] and us is very good, which is a relief after a poor experience at a previous placement. [Person] appears happy and we are very happy. We get asked for our comments and feelings about the home via questionnaires. We also attend meetings and receive the minutes. We can't praise this home enough." Another relative said, "A regular family forum is held to keep families informed about developments within the home."
- Relatives told us they knew the registered manager and communication was good. One relative said, "Yes, I know who the manager is, and we have regular updates about activities from her. She also says hello and chats when we attend social events."
- Staff and management meetings were held, providing opportunity for information sharing as well as enabling staff to share their views and ideas. Overall, staff felt well supported and were well informed of people's support requirements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong, Continuous learning and improving care; Working in partnership with others

- The provider cascaded important learning to all their services through regular senior manager meetings.
- The provider had developed systems to support and evaluate learning from incidents and events to help them drive improvement.
- People were supported by staff to access the local community. Staff worked in partnership with people, relatives and key professionals. The registered manager shared appropriate information and assessments with other relevant agencies for the benefit of people who lived at Meadow View.
- The registered manager understood their duties under duty of candour and was open and honest when things went wrong. The management team was clear about their responsibilities for reporting certain events and incidents to CQC. They had worked openly with people, relatives and other professionals.