# Shepherd Heights Limited

# Meadow View

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This inspection took place on 18 April 2018 and was unannounced.

Meadow View is a 'care home'. 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.

Meadow View is registered to accommodate up to six people. The service supports people with autism and a learning disability. The service is a house with six bedrooms and communal living areas, in a residential area in Northampton. The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our inspection, five people were living at the service.

The service had two registered managers in post. 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.

People were safe, and staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. People had risk assessments in place to cover any risks that were present within their lives, but also enabled them to be as independent as possible. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by the registered managers.

Staffing levels were adequate to meet people's current needs, and rotas showed that staffing was consistent.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. References and security checks were carried out as required.

Staff attended induction training where they completed mandatory training courses and were able to shadow more experienced staff giving care. Staff told us that they were able to update their mandatory training with refresher courses.

Staff supported people with the administration of medicines, and were trained to do so. The people we spoke with were happy with the support they received.

Staff were well supported by the registered managers, senior team and provider, and had one to one supervisions and observations.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Consent forms were signed and held within people's files.

People were able to choose the food and drink they wanted and staff supported people with this. Staff supported people to access health appointments when necessary. Health professionals were involved with people's support as and when required.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us they were happy with the way that staff spoke to them, and they provided their care in a respectful and dignified manner.

People were involved in their own care planning as much as they could be, and were able to contribute to the way in which they were supported. Care planning was personalised and mentioned people's likes and dislikes, so that staff understood their needs fully. People were in control of their care and listened to by staff.

The service had a complaints procedure in place. This ensured people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it or felt confident in raising concerns.

Quality monitoring systems and processes were in place and comprehensive audits were taking place within the service to identify where improvements could be made.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and improvements were highlighted and worked upon as required.

## 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.

There were risk assessments in place to mitigate any identified risks to people.

There was sufficient staff to provide the care people needed. Recruitment practices ensured that people were safeguarded against the risk of being cared for by unsuitable staff.

There were safe systems in place for the administration of medicines and people could be assured they were cared for by staff who understood their responsibilities to keep them safe.

### Is the service effective?

Good

The service was effective.

People were involved in decisions about the way their support was delivered; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People received support from staff that had the skills and experience to meet their needs and who received regular supervision and support.

People had access to a healthy balanced diet and their health care needs were regularly monitored.

### Is the service caring?

Good

The service was caring.

Positive relationships had developed between people and staff. People were treated with kindness and respect.

Staff maintained people's dignity and there were measures in place to ensure that people's confidentiality was protected.

People and where appropriate their families were involved in making decisions about their care and support.

## Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they came to stay at the home to ensure that all their individual needs could be met.

People were encouraged to maintain their interests and take part in activities.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

## Is the service well-led?

Good

The service was well-led

There was an open and inclusive culture which focussed on providing person-centred care.

There were effective systems in place to monitor the quality of care and actions were taken whenever shortfalls were identified.

People, relatives and staff were encouraged to give their feedback and be involved in the development of the home.

# Meadow View

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was the first comprehensive inspection of the service; it took place on 18 April 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and considered this when we made our judgements.

We checked the information we held about the service including statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also contacted the health and social care commissioners who help place and monitor the care of people living in the home.

During our inspection, we spoke with four people who lived in the home and eight members of staff; this included three care staff, the deputy manager, both registered managers and two provider representatives. We were also able to talk with two relatives who were visiting at the time of the inspection.

We observed care and support in communal areas including lunch being served.

We looked at the care records of three people and three staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, meeting minutes and arrangements for managing complaints.

Good

# Is the service safe?

## Our findings

People were safe living within the service, and with the support that staff gave them. One person we spoke with told us, "The staff are great, I feel safe and they make sure I am safe when I go out for my walk on my own." One relative told us, "[Person] is very safe here, the staff know [person] really well and the support they give is fantastic, honestly no concerns at all about how safe the service is." All the people we observed appeared comfortable with the support staff were giving them, and staff were able to identify when people may have been feeling uncomfortable and therefore more likely to display behaviours that may challenge.

We talked with the staff about safeguarding people from abuse, and they were all clear on the correct procedures to follow. One staff member said, "I would speak with the registered manager or the owners, and make sure the person was safe." Another staff member said, "I have done the safeguarding training, and I feel confident in reporting anything of concern." We saw that staff had been trained within this area, and were confident that concerns were always followed up promptly by the registered manager.

The service supported people with learning disabilities and autism, who may at times display behaviours that challenge. We saw that comprehensive risk assessments had been created to identify risks that were present for each person. Risk assessments were personalised to each individual and clearly explained how staff should support them. Environmental risks were assessed to include each person's road safety awareness, and risks that may be apparent within the community. Behavioural support plans were in place to describe what might trigger a certain feeling or behaviour for a person. This included the social and emotional support for people with complex needs, and promoted people's independence as much as possible.

There were enough staff to meet people's needs. The staff we spoke with all felt that enough staff were available to make sure people got the support they needed. One staff member said, "We are fully staffed here, and people who receive one to one hours have consistent staff." Rotas' we looked at confirmed that staffing was consistent and people's needs were being met. Our observations during our inspection were that people were safely supported by the correct amount of staff to meet their assessed needs.

Safe recruitment procedures were carried out by the service. We looked at staff files, which showed that all staff employed had a disclosure and barring service (DBS) security check, and references and identification had been obtained before new staff started working at the service. All the staff we spoke with confirmed that these checks took place and they were not able to start work until the results had come back clear.

People were supported safely with their medicines. The staff completed medication administration records (MAR). We checked the MAR and saw that they were completed accurately and signed for every time. Appropriate storage and disposal methods were being used, and regular temperature checks took place within the medicines storage area. We looked at stock levels of several medicines, and saw they were accurate.

People were protected by the control of infection. The service was clean and tidy and we saw that regular

cleaning took place. People were supported to take part in cleaning and tidying their environment as much as they were able to. We saw that the service was given a four star food hygiene rating by the local authority. This means that food and cleanliness standards in relation to the kitchen area, food served and staff knowledge on food hygiene practice was good. Staff told us they had all the necessary equipment to make sure standards of cleanliness were kept high.

All staff understood their responsibilities to record any accidents and incidents that may occur, and lessons were learned from any mistakes that were made. Staff we spoke with confirmed that any issues were discussed with the team, usually at team meetings. We saw that any incidents were discussed within the team meeting or within individual supervisions when required, and staff worked together to create actions for improvement.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place. Equipment used to support people, such as hoists were regularly maintained. Hoist slings were clean, odour free and the correct size and type of sling was outlined in individual care plans.

Good

# Is the service effective?

## Our findings

People received pre assessments before receiving any care, to make sure the staff were able to provide the correct care and fully understand their needs. The service worked with the local authority commissioning team in assessing referrals, and then personalising a transition for each person. This would consist of a full assessment of needs, and visits to the service to ensure they were happy, and that they could be supported effectively.

Staff received induction training before starting work within the service. The staff we spoke with confirmed that this included basic mandatory training such as safeguarding adults, moving and handling, infection control, food hygiene and more. One staff member told us, "The training was good quality. It was enough to be confident to support people with complex needs." Another staff member said, "The shadow shifts were important, I could see first hand how to respond to certain situations." All new staff were enrolled on to the Care Certificate. The care certificate is a qualification that covers the basic requirements to work within care. We saw that on-going training was provided to all staff, which was monitored and kept up to date.

Staff had supervision and annual appraisals, which gave them the opportunity to discuss their performance and personal development. Staff said they were well supported and that they could approach the registered managers at any time for guidance and advice.

People were supported to eat and drink and maintain a healthy balanced diet. One person we spoke with told us they enjoyed the food that was on offer and was looking forward to their lunch that day. We saw that pictorial guides were available for people to choose foods they wanted to eat and pictures to assist with people knowing where food was kept in kitchen. A staff member told us, "We use the pictures to help people choose, and we know what people like. We can show people what's on offer and they can have whatever they like." People's care plans clearly documented what their preferences were, and any dietary requirements were observed by staff.

The service worked and communicated with other agencies and staff to enable effective care and support. This included effective communication with health and social care professionals from different local authorities. One relative told us, "[Person] is transitioning from children's service and the registered manager has been to visit the previous place and spoken to the staff to make sure they know all the best ways to support them with their routine; I am really impressed with all the staff." We saw that records were kept by the service in relation to other professionals involved in people's care, and that the service was able to communicate effectively for the benefit of the people using the service.

People had access to the health care support they needed. Care plans included detailed information about people's health requirements and any input from health professionals, for example diabetic nurse or community team for people with learning disabilities. It was evident that people who required medical appointments were being supported to book and attend them, and staff had up to date knowledge of people's health requirements and the input they were receiving.

The service had several communal areas including a dining room and lounge that people were able to access and use. One person told us, "I spend some time in my room some days if I don't want to mix with people but the rest of the time I like to be in the lounge and dining room." We looked at one person's bedroom with their permission and saw it had been personalised to person's tastes. A staff member told us, "People are able to have what furniture and decoration they want, it is their home." Reasonable adjustments were made to the environment to ensure that people were safe, if they were displaying behaviours that may challenge. This ensured that the house remained homely and safe at the same time.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that MCA and DoLS authorisations were completed as required and best interest meetings were held to determine the best course of action for people regarding specific decisions.

Staff gained consent from people for decisions they were able to make. During our inspection, we saw that people were asked what they would like to do, what to eat and drink, and if they wanted to go out. Staff made sure to give people choice, wherever it was possible.

Good

# Is the service caring?

## Our findings

People were treated with compassion, respect and kindness. One person we spoke with told us they liked the staff in the service and were happy with the way in which they were treated. We saw that staff, including the registered managers and the providers, interacted with people in a positive and friendly manner and clearly new each person well. When people appeared to become upset or agitated, staff were able to give them the time they needed to communicate and enable them to feel more positive. Staff all understood the individual signs which people may display to indicate they were not happy or settled, which meant that people were understood and felt well cared for.

Care planning documented the personality and skills of each person. For example, there was an overview of each person and detailed information about each person so that staff understood each person's personality, likes, and dislikes. Goals and aspiration were recorded in care plans so that staff could support people to achieve what was important to them. Staff we spoke with all had a strong belief that people should feel well cared for and happy within the service.

People felt involved in their own care and support, and relatives of people were involved in people's care when they could not be. A relative told us, "I have been really involved with [person's] care plan, any changes are discussed with me and we work together as a team which is great because in the past in other services I haven't been involved as much." One staff member told us, "We have regular meetings and reviews with people and involve them in their care planning. We have positive relationships with family members who advocate for people when they need support with certain decisions." Staff members were given the role of 'keyworker' which meant they took a lead in making sure people were as involved in their own care as they could be.

Information was available for people on using independent advocacy services. Advocacy services can represent people, where they have no family member or friend to represent them. The provider knew how to support people to access the help of an independent advocate; however, at the time of the inspection, no people using the service were currently using the services of an independent advocate.

Privacy and dignity was respected at all times. One person we spoke with confirmed they felt they had privacy and were respected by staff. One staff member we spoke with said, "I think all the staff that work here respect people and make sure to maintain privacy at all times." When we were being shown around the service, we observed that staff knocked on people's doors and were conscious of their privacy. Staff also informed us at which time it would be appropriate to meet with and speak with people, as they required privacy during certain times of the day.

We looked at the arrangements in place to ensure equality and diversity and to support people in maintaining relationships. Relatives told us they were given regular updates about their relation and said they could visit and telephone the home at any time. One relative told us, "The whole team are really good, I can call at any time and they always keep me updated." This showed the service supported people to maintain key relationships.

We saw that all care records were held securely to help ensure the confidentiality of people's personal information. Staff were aware of the need for confidentiality with regard to personal information.

Good

# Is the service responsive?

## Our findings

People received care that was personalised and responsive to their needs. People had care plans in place, which documented their care in a personalised way. This included information such as lifestyle choices and preferences, religious beliefs, family and personal history, and activities people had joined in with and enjoyed.

Staff understood how to respond to people's needs and personalise their care. One staff member told us, "We have worked with [Name of person] over a period of time to build their independence skills. I am proud of the fact they can now go out for walks by themselves which they really enjoy." This showed that staff understood and were responsive to each individual they were supporting.

Care planning was personalised to people's own needs. Care plans that we looked at showed us people had involvement with making specific decisions, and that their choices, likes and dislikes were clearly outlined for staff to follow. Staff were guided and prompted by care plans to respond to each person in a way that they understood. Each person had a list of activities they enjoyed doing and how staff should support them to achieve this. Care plans enabled staff to learn about people and the specific things they liked. Staff also told us that monthly residents meetings took place where people had the chance to feedback on a variety of topics. We saw minutes that confirmed this.

Staff were made aware of any changes to people's care needs through regular handover of information meetings, during which, changes to people's care needs were discussed and staff updated. Staff used the information they received at handover to ensure that people received the care and support they required.

People were supported to take part in hobbies and pastimes, which reflected their interests. People went to local colleges and undertook courses that interested them. Other activities included cook and taste sessions, visits to local garden centres, meals out, visiting country parks, a range of sports and pampering sessions. People were encouraged to take part in household tasks and develop their independent living skills. During the inspection people went out on various activities and, while in the service, they were occupied and active. A relative commented; "There is always something going on, either in the home or in the community; I think everyone has social opportunities."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given .We saw that there were many examples of easy read and pictorial guides for people to use to understand information and make informed choices.

People knew how to make a complaint if they needed and the procedure to make complaints was available in an accessible format. The complaints procedure was shared with relatives of people who could also make complaints on their family member's behalf. Complaints that were made were recorded, and responses

were documented with any actions taken to improve quality when required.

The service did not routinely support people with end of life care; but systems were in place to support people with decisions in this area should they need to.

Good

# Is the service well-led?

## Our findings

The service had a clear vision and strategy to provide positive care for people. One of the registered managers told us, "The service has grown from strength to strength in the last six months. There were issues a while back with staffing, but the service is in a really good place." The management team and senior staff we spoke with, all had a good knowledge of the people that were using the service, and how to meet their needs. We saw that the registered managers worked directly with people using the service, covering shifts when required, and covering staff breaks. Support was also available from the providers who regularly visited the service.

All the staff we spoke with were happy that the support they got from the registered managers. One staff member said, "The registered manager is great, I can see her at any time. The team is really good, it's very well led." One relative told us, "The service is very well managed, you can tell that from how organised they are and how everything is in place."

During our inspection, we saw that staff were comfortable interacting with both the registered managers and the providers, and a positive and open working atmosphere was present. All the staff we spoke with were aware of their role and responsibility, and understood what was expected of them.

The staff demonstrated their knowledge of all aspects of the service and the people using the service. There was a clear emphasis on treating people as individuals and supporting them with care that was tailored to their individual needs.

People had the opportunity to feedback on the quality of the service. We saw that quality questionnaires had been sent out to people and their families to comment on the quality of care they received. Results were collated and looked at to identify any areas of improvement, with clear actions taken by staff and good communication with people and relatives.

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. Staff told us that they were able to feedback through a variety of forums including team meetings, supervisions, and observations, as well as informally should they wish. We saw minutes of meetings held, and staff we spoke with confirmed they took place.

Quality assurance systems were in place. Comprehensive audits were carried out by the provider and registered managers across all areas of the service including training, care planning, staff files and general health and safety. We saw that any areas for improvement were clearly identified and acted upon by the service.

We saw that the service was transparent and open to all stakeholders and agencies. The service supported people across different local authorities, and worked openly with them in monitoring their work with people. This included raising safeguarding alerts and liaising with social work teams and other professionals

when appropriate, to ensure people's safety.

Before our inspection we checked the records we held about the service. We found that the registered managers had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.