

Stoke-on-Trent City Council

The Meadows

Inspection report

Wrenbury Crescent
Berryhill
Stoke On Trent
Staffordshire
ST2 9JZ

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Website: www.stoke.gov.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Meadows is a care home providing short stay and respite care for adults with a learning disability or /and autism. Some people who used the service also had a physical disability. The service was registered to accommodate a maximum of 12 people, and eight people were living at the home at the time of our inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than a domestic style property and was adjacent to other services that used space in the building as offices, these with separate dedicated entrances. These services were also managed by the provider, for example shared care services. The Meadows is registered to accommodate 12 people. 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 offering a range of high-quality facilities, as well as extensive internal and external space which enhanced people's experiences. In addition, the service did not offer a permanent residence for people, only short breaks which some people likened to stopping in a hotel for a holiday. Support staff did not wear anything that suggested they were care staff when coming and going with people and transport used by the service was not identifiable as anything other than family transport.

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

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of the thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

People and relatives told us the service was safe and staff were very aware of how to minimise risks to people and promote their safety, without compromising their freedom. Staff knew how to work with people to identify risks and change their approach to minimise these.

People were supported by care staff that were caring, showed compassion and expressed genuine interest about the people they cared for. People received person centred care and support based on their individual needs and preferences. Staff were knowledgeable about people, their needs and preferences and used this to develop a good relationship with the people who stayed at the Meadows.

People were supported by care staff who had the skills and knowledge to meet their needs. Staff understood, felt confident and well supported in their role. People's health was supported as staff worked with other health care providers when needed to support people's healthcare needs.

People were supported to have maximum choice and control of their lives and staff understood they should support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they enjoyed meals they chose and there was access to a range of foods that met people's needs due to their health, culture or specific preferences.

People's care plans reflected people's needs and preferences and the staff were able to explain how people were involved to ensure care plans were current, person centred and fully involved people and their wider family. We saw the service was responsive to information from people and relatives.

People knew how to complain and felt concerns would be listened and responded to by the staff. Complaints and comments were used as a tool to drive improvement of the service.

People, relatives and staff gave us a positive picture as to the quality of care people received, and said they were able to share their views with staff. People enjoyed their stays at the Meadows and said they were able to follow their chosen routines and enjoyed access to activities at the service.

Quality monitoring systems included audits, regular checks on people's satisfaction with the service they received, by surveys, phone calls, social events or meetings. The provider has systems in place to ensure they kept up to date with developments in the sector and changes in the law.

People and relatives told us the registered manager and staff were approachable, organised, listened and responded to them and acted on feedback when they shared this with them. The registered manager had high expectations in respect of the quality of the service. This reflected the views of staff. People and relatives told us the service they received was to a high standard. The registered manager demonstrated they were not complacent and wished to improve the service further, for example developing support networks for people so the service was more inclusive.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was 'good' (published 12 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 exceptionally caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

The Meadows

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 Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

The Meadows 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.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, assistant manager, three care workers and the cook.

We looked at four people's care records, medicine records and other records related to the running of the home.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager sent further information (for example training data and quality assurance records). We also spoke with two relatives of people by phone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same at good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe when they stayed at the service and if they had any concerns they could talk to staff. One person told us, "Its brilliant, no one picks on you."
- Staff clearly understood what actions to take to protect people from harm and said they would follow the local authority's safeguarding procedures. There was an understanding of what may constitute abuse, for example one staff member said, "It could be unexplained bruising, people may look unkempt, we made need to talk to the social worker if concerned."
- Relatives told us their loved ones were safe when staying at the service but knew who to contact should there be any concerns. We saw information about safeguarding was available in the service.

Assessing risk, safety monitoring and management

- Assessments were in place to identify risks to people and how these risks could be minimised. These assessments covered a range of risks that reflected those related to the individual, such as going outside of the service, use of equipment and how to positively respond to any behaviours of concern.
- Relatives told us staff would always contact them before a person came for a stay at the home, so they could check if there were any changes or risks to a person they needed to respond to.
- Staff were well informed of any risks to people who used the service. One member of staff told us, "Risk assessments in people's records can change daily, if there is an incident it's recorded, analysed and there is learning. We are all involved and keep up to date".

Staffing and recruitment

- People told us they had support from staff as needed and staff were always available.
- The registered manager told us the staffing was based on people's individual requirements and assessments, which reflected what we found.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Where people received medicines as a part of their care support they told us this was done on a regular basis and safely. Their comments included, "I have my tablets morning and night" and "I have tablets and they stop my seizures.". One person told us how they had some independence when taking their medicines, this was risk assessed.

- Staff who gave medicines had received training in medicines administration and their competency was assessed.
- Medicine administration records were completed by staff for each administration and for 'as required' medicines there were clear protocols in place to ensure staff knew when these should be given.

Preventing and controlling infection

- The Meadows was visually very clean and smelt fresh.
- Staff were able to tell us what they did to ensure cross infection was minimised, for example making sure all equipment was clean as well as people's personal items such as their spectacles. They told us there was a ready supply of protective wear such as gloves and aprons and these were used appropriately.
- Systems were in place to monitor the cleanliness of the environment, these supported by regular audits of the environment.

Learning lessons when things go wrong

- Where incidents or accidents had occurred, these were analysed to ensure learning took place to prevent a re-occurrence and minimise risks. For example, the registered manager told us how they considered which rooms people who came to stay would use to avoid the anxiety that may be caused by other people. For example, where people may become anxious due to noise made by others, they would be able to use areas of the home where it was quieter.

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 the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same at, 'good'.

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

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

- Staff worked with other health and social care professionals to ensure positive outcomes for people. The registered manager explained how joint working with other professionals had enabled individuals to have cohesive care with reduced pressure on other services.
- A relative told us their loved one was, " Well supported through transition (to use of the service) with lots of people such as occupational therapists and physiotherapists." They said the person had a positive experience of the service.
- People had 'hospital passports', so key information was available if a hospital visit was needed. Links with a hospital learning disability nurse had been developed, with this nurse having visited the Meadows to talk to people about hospital visits to allay any fears about attendance and explain medical procedures.

Staff support: induction, training, skills and experience

- People told us staff had the skills and aptitude to provide the care they wanted.
- Staff received regular and appropriate training and were able to demonstrate they were knowledgeable and skilled. Training methods included online, face to face training and competency assessments. Staff told us training was always updated and one staff member said, "We can ask for training when needed" and it was based on their individual training needs.
- New staff had a robust induction and completed the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in health and social care.
- There was a system in place to monitor staff one to one supervision and staff told us they were well supported and received regular supervision.

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

- The Meadows was refurbished to provide an environment for the specific needs of the people who used it. For example, there was ample space, numerous rooms available including purpose built sensory areas, quiet rooms and all single bedrooms. Several bedrooms were designed to offer a safe area with thought given to ensure these were inviting and comfortable.
- People we spoke to told us they liked the environment. A person told us, "The bedrooms are nice, the en-suites are very nice". Relatives comments included, "The Meadows is very accommodating, nice wide corridors for wheelchairs and bedrooms fitted out to a high standard" and, "We were involved with all the refurbishment, invited down to give views, input into colours, furniture. There is plenty of space, it's a bit

more personal. Everybody I know is thrilled with it."

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

- People and their relatives told us initial assessments were completed with people to ensure their care was planned and reflected their individual needs and preferences. People said they were asked about what was important for them.
- Staff had information to enable them to provide care which reflected people's choices and needs. Staff understood what people's needs were and what was important for them as an individual.
- The provider considered protected characteristics covered by equality legislation such as disability, and we saw reasonable adjustments were in place, for example assessments considered how the needs of people with a learning or physical disability would be met.

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

- People stayed at the service for short stays, which meant their overall healthcare was managed by their relatives. Relatives said communication with them was promoted to ensure healthcare was accessed as needed. They said staff asked for updates, so they were able to ensure they provided appropriate care.
- Staff were aware of when access to healthcare services was needed in unforeseen circumstances with access to a GP arranged should the person be moving out of their existing GP's catchment area.

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

- People's comments about the food available included, "The food is really nice, we have a choice and I like my food" and "The food is brilliant and the choice."
- Staff were aware of any specialist requirement or risks in respect of people's nutrition or dietary needs. The cook told us how they provided meals that catered for people's specific needs, for example, people with lactose intolerance, cultural requirements and those who were vegan.

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 and found they were.

- People were always asked for their consent by staff when receiving care, or when asked about any support offered.
- Assessments were clear about what specific decisions people could make, and how or when they may need assistance with these decisions.
- Staff had received training about the MCA and demonstrated a good understanding what this meant in respect of gaining people's consent and how any restrictions were to be managed so they were minimal.

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.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained as 'good'.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and their relatives were all extremely positive about how staff treated and supported people with person centred care. Their comments included, "I feel well looked after", "It's really good, I really enjoy it, the staff are friendly", and, "it's absolutely brilliant all staff are so nice". A relative said, "I think everything is done extremely well and there is a high standard of care."
- Staff presented an insight into the importance of understanding and respecting people's background, needs and listening to what was important for them, so they knew what this meant for how they wanted to be supported. One member of staff said, "It's important to know the person as we have a lot of people with autism and routines can be very important. We must learn from them."
- The registered manager and staff were passionate in respect of ensuring people's diversity was respected and catered for. An example of how this was to be developed was demonstrated by links the registered manager was forging with a local LGBT (lesbian, gay, bisexual and transsexual) group to look at developing support for people with a learning disability who were LGBT and their friends/family.
- Staff were sensitive to times where people may need additional support. For example a relative told us of the unfortunate death of a member of staff and said, "They [staff] handled this well, a lot of the clients were able to say goodbye, they were so supportive of clients, they took clients to the funeral ."

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

- People and their relatives told us they were involved in their care and they were always offered choices about their routines, food, where they wished to be and what they wanted to do and where they wanted to go. A person said, "Staff give me a choices". Staff approaches to people during our inspection consistently showed staff offering people alternatives that were clearly explained.
- The registered manager told us how they empowered people to be involved in shaping their care, for example people were involved in interview panels for staff recruitment and the views of people using the service were sought when the building was refurbished. There was also drop in sessions for people and relatives, and food tasting sessions were used for menu planning.
- The registered manager and staff were acutely aware of the importance of promoting people's communication needs to understand what the person wanted and how they felt. There were various methods in use to enhance communication with people. For example, staff used Makaton (a system to support spoken language with signs and symbols), communication passports, visual aids and accessible documentation. One person brought their tablet PC with them and staff engaged with use of this as a

communication tool.

- Staff were fully aware of the importance of offering choice to people. One member of staff said, "You cannot assume people's routines, its subject to the person's choices, for example, with washing, do you want a bath? A shower?", Another member of staff said, "People's preferences are so important. People are asked what these are, and these are in their care plans."

Respecting and promoting people's privacy, dignity and independence

- People told us they had ample space where they could have privacy if they wished. Where able and wished people could have keys to their bedrooms, lockable storage, and ample private space.
- People told us they were able to have independence, and this was promoted by staff. One person said, "I make myself sandwiches, I feel better then."
- People felt they were treated with dignity as staff were all very nice, kind and treated them well. We saw people were very relaxed with staff and they had warm, positive relationships with each other.
- There was very limited use of any restriction which reflected the services approach that predicted when people may be anxious and responding proactively. Which evidenced staff skills in exploring and resolving conflict.
- A relative told us how they and their loved one had been supported by the service and other professionals so the person's transition between children to adults' services had gone smoothly.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'good'. At this inspection this key question has now remained the same at 'good'.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us they were fully involved in planning their care and any updates or changes to their care plans. One person told us how they had looked through their care plan. Relatives comments included, " We have discussed care plan and fully involved on [person's name] care" and, "Staff always ring and ask if any changes i.e. medication."
- Staff were knowledgeable about people's needs and personal preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about the service was available to people in various formats to assist with communication. For example, the rating from the last CQC inspection was on a very large display in the entrance to the building and was very visible.
- People's individual communication needs were explored, and staff could easily tell us how individual people communicated through use of differing communication methods.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were able to follow their chosen routines when staying at the Meadows and these were when wished the same as those they would follow at home. For example, one person told us how they brought their tablet computer with them, so they could use this as they would any other day, and where people attended day-care at other services this continued as usual.
- People told us they enjoyed their time at the Meadows with comments including, "I play games and use the sensory room", "I do crafts and drama" and "The best thing is having my hair done by staff, I love having my hair done." A relative told us, "They have a sensory activity room, [the person] has the run of the place, they take them out in the community, they have one to one staff to support them."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to.
- The provider had a complaints policy and procedure. Written information about how to raise a complaint

was available to people. This was in accessible formats when needed.

- People said they had a good relationship with staff and felt able to discuss concerns with them if needed. People's comments included, "I can talk to staff", and "If worried would talk to my friend [a member of staff]."
- Relatives comments included, "The staff are next to none will deal with any niggles and put right" and, "If there's a complaint Its dealt with straight away, staff will go out of their way."

End of life care and support

- The provider was not catering for any person that was on an end of life pathway at the time of the inspection.
- The registered manager told us they would respond to any wishes or advance wishes they were made aware of should they support anyone with end of life care. They also said as needed contact would be made with other appropriate services.

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 the last inspection this key question was rated as 'good'. At this inspection this key question has now remained the same at 'good'.

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

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

- People, relatives and staff expressed confidence in the service. Several people we spoke with gave the service was 'ten out of ten'. One person told us staying at the Meadows was, "Like a holiday" and a relative said the Meadows, "Ticks all the boxes."
- Staff told us the management team were open and staff were motivated, and told us they were confident to raise any concerns through a whistleblowing policy.
- Staff said the registered manager was approachable and listened. One member of staff told us, "Any problem can go to at the time, [the registered manager] cares, you can discuss things as you go."

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

- People told us the staff were approachable and open and if there were any concerns they were able to raise these with the staff, and they would do their best to resolve them.
- The registered managers philosophy was 'honesty is the best policy' and this view was reflected by staff we spoke with. People and relatives said the registered manager was approachable.

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

- The registered manager had high expectations about standards of care the service provided and people, relatives and staff confirmed the provider had achieved this. We found staff were motivated and committed to providing a person focused service.
- The provider had a range of effective quality monitoring arrangements in place. For example, there was regular audits of medication and care records, and there were regular checks on the quality of differing aspects of the service. □
- The registered manager demonstrated they had a good understanding of legal requirements. For example, they had ensured we were notified of events as required by the law and the previous CQC inspection rating was conspicuously displayed at the home.

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

characteristics

- People and relatives told us they were involved, and their opinions were sought. A relative confirmed methods were used to open communication channels with them telling us there were, "Open days, coffee mornings go any time that you want can go in to update the care plan at any time, but I don't need to." A newer member of staff confirmed people had been involved in the interview panel when they were recruited and felt this was inclusive.
- The provider used surveys to canvas people's views and we saw on clear display in the home a 'you said – we did' board so people and visitors could see what had been done in respect of comments received. For example, a food tasting event had been arranged in response to comments about the menu, this evidenced with photos of the event.

Continuous learning and improving care

- The registered manager said various senior managers had visited over the last 12 months and any feedback was captured to assist with learning and improving the service.
- The service learnt from incidents, with these reviewed by senior staff and then the registered manager to ensure that policies and procedures had been followed, and whether there was any learning from the incident to help with improvement. Learning was communicated through handover and staff meetings.

Working in partnership with others

- People, relatives and staff all told us the provider worked in conjunction with other organisations and professionals to offer better opportunities for people. For example, we saw positive written feedback about a 'Healthy me day, working together is better' where the provider had made a room available for other professionals to offer a learning day for people.