

Blue Opal Limited







The Meadows

Inspection report

Anstey way
Instow
Bideford
Devon
EX39 4JE
Tel: 01271 861124

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Ratings

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

Overall summary

This unannounced inspection took place on 7 May 2015. Our inspection in October 2014 found a number of breaches of the Health and Social Care Act (2008). The breaches were in relation to staffing levels and training, staff understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and how they applied to their practice, involving people in their care and treatment and record keeping. The provider sent us

an action plan as a result of the breaches. We arranged with the registered manager to return on 14 May 2015 to go through their action plan in detail. This inspection confirmed that improvements had been made.

The Meadows provides accommodation with personal care and support for up to 14 people with complex needs who have a learning disability and/or mental health issues. At the time of our visit there were eight people receiving a service from The Meadows

Summary of findings

A registered manager was 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 said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. Risk management was important to ensure people's safety. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the home followed the appropriate processes.

People received personalised care and support specific to their needs and preferences and their views and suggestions were taken into account to improve the service. They were supported to maintain a balanced diet

and encouraged to be involved in preparing meals with staff support. Health and social care professionals were regularly involved in people's care to ensure they received the right care and treatment.

Staff relationships with people were strong, caring and supportive. Through our observations and discussions, we found that staff were motivated and inspired to offer care that was kind and compassionate.

Staffing arrangements, which included recruitment, were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately. Staff spoke positively about communication and how the manager worked well with them, encouraged team working and an open culture.

A number of effective methods were used to assess the quality and safety of the service people received.

Summary of findings

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.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

Staffing arrangements, which included recruitment, were flexible in order to meet people's individual needs.

People's medicines were managed so they received them safely.

Good



Is the service effective?

The service was effective.

Staff received a range of training and regular supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well.

People's rights were protected because the home followed the appropriate processes.

People were supported to maintain a balanced diet and encouraged to be involved in preparing meals with staff support.

Good



Is the service caring?

The service was caring.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

Good



Is the service responsive?

The service was responsive.

People received personalised care and support specific to their needs and preferences.

Activities formed an important part of people's lives.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Good



Is the service well-led?

The service was well-led.

Staff spoke positively about communication and how the manager worked well with them.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported.

Good



Summary of findings

A number of effective methods were used to assess the quality and safety of the service people received.

The Meadows

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 unannounced inspection took place on 7 May 2015. We arranged with the registered manager to return on 14 May 2015 to go through their action plan in detail. The action plan was sent to us as a result of our inspection in October 2014 where we found a number of breaches.

The inspection team consisted of one inspector.

Before the inspection, we reviewed the information we held about the home and notifications we had received.

We spoke with six people receiving a service, the registered manager, a provider representative and eight staff members. We reviewed three people's care files, three staff files, staff training records, medicine records and a selection of policies and procedures and records relating to the management of the service. Following our visit we sought feedback from relatives and health and social care professionals to obtain their views of the service provided to people. We received feedback from one relative, a GP and care manager.

Is the service safe?

Our findings

People confirmed they felt safe and supported by staff at The Meadows and had no concerns about the ability of staff to respond to safeguarding concerns. Comments included: “I feel safe here. If I was concerned, I would speak to staff”; “I like living here and the staff look after me” and “Things are a lot better. The staff are wonderful.” A relative commented: “I have no concerns.”

Staff demonstrated a good understanding of what might constitute abuse and knew where they should go to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission (CQC). Staff and records confirmed recent safeguarding training had been undertaken.

The registered manager demonstrated a clear understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. The organisation’s policy and procedure for safeguarding adults was in place. It included the measures which should be in place to safeguard vulnerable adults, such as working in partnership with the local authority. The policy included how to report safeguarding, which broke down the actions to be taken if an alleged safeguarding concern, had been identified. Staff confirmed that they knew about the safeguarding adults’ policy and procedure and where to locate it if needed.

People’s individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. As far as possible, people were involved in decisions about risks to themselves. For example, risk assessments for managing behaviours which challenge, mental health, medicines management and going into the local community. Risk management considered people’s physical and mental health needs and showed that measures to manage risk were as least restrictive as possible, such as the use of distraction techniques when a person was becoming distressed. Another example was how to support and manage a person’s diabetes through taking their prescribed medicine, eating a balanced diet and having their blood sugars monitored regularly. Staff had also received positive behaviour management training accredited by the British Institute for Learning Disabilities

(BILD). This was to ensure the safety of people when a person was displaying behaviours which challenged. This showed that staff were using up to date evidence based interventions to protect people in their care.

Staffing levels had improved at The Meadows with the recruitment and retention of staff. This has allowed the home to facilitate more activities. For example, during the weekdays, additional staff worked 9am to 5pm so that planned and unplanned community trips could take place. We observed these staff supporting people to access the community during our inspection. Staffing was maintained at safe levels within the home over a 24 hour period. People using the service did not voice any concerns about staffing levels and felt their needs were met by staff. Staff confirmed people’s needs were met and felt there were sufficient staffing numbers on duty. Staff told us the number of staff on duty always matched people’s individual support plans and that commissioned by the local authority. They added that skill mix was integral to this to meet people’s needs. Staff explained that, in unforeseen shortfalls in staffing levels, such as sickness, regular staff would cover the shortfall to ensure people’s needs were fully met by staff who knew the people well. In addition, the service had senior staff on-call arrangements for staff to contact if concerns were evident during their shift.

Effective recruitment and selection processes were in place. Staff files contained completed application forms and records of interviews undertaken. In addition, pre-employment checks had been completed, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. This demonstrated appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

People’s medicines were managed so they received them safely. Appropriate arrangements were in place when obtaining medicine. The home received people’s medicines from a local pharmacy on a monthly basis. These were supplied, where appropriate, in blister packs so that staff could administer people’s medicines with ease.

Medicines were kept safely in a locked medicine cupboard within the staff office, which was also kept locked. The cupboard was kept in an orderly way to prevent mistakes from happening.

Is the service safe?

Medicines were safely administered. Medicines recording records were appropriately signed by staff when administering a person's medicines. When the home received the medicines from the pharmacy they had been checked in by staff and the amount of stock documented. Certain additional checks had been put in place by the

home to ensure that people received the correct type and dose of medicines. For example medicines were dispensed by two members of staff, with one dispensing and the other witnessing the procedure and audits were carried out on a daily, weekly and monthly basis.

Is the service effective?

Our findings

People did not comment directly about staff's ability to meet their needs and the training they received. However, people spoke about how well the staff cared for and supported them.

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's mental health and physical health. Staff were able to speak confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported when feeling anxious through effective communication. Staff felt people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, from GP's, care managers and a consultant psychiatrist. People now had 'Health action plans' which had been developed in consultation with relevant health professionals. People were now receiving annual health check-ups with their GP and/or consultant psychiatrist. A Health Action Plan holds information about a person's health needs, the professionals who support those needs, and their various appointments. The plan is based on a full health check that is kept under constant review. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Staff had completed an informal induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a three month probationary period, so the organisation could assess staff competency and suitability to work for the service and were suitable to work with people. The registered manager had recognised that inductions should be formally documented and was in the process of implementing this.

Staff training had improved at The Meadows since our inspection in October 2014. The registered manager and provider had committed to starting afresh with a suitable training programme to ensure staff were consistently trained to a level to meet people's current and changing needs. Training courses included learning disability and mental health awareness, safeguarding vulnerable adults, the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, equality and diversity, skin care, influenza, pneumonia and first aid. A continuous rolling training programme was in place with subjects including, diabetes management and nutrition. Staff confirmed they received this range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. One staff member commented: "Training has really improved" and another said "We are getting lots of training specific to people's needs. I have learnt a lot." This showed care was taken to ensure staff were trained to a level to meet people's current and changing needs.

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the registered manager and the wider organisation. Staff commented: "X (the manager) is really approachable"; "If I raise anything, X (the manager) backs me" and "I feel really supported, which helps me carry out my role." Staff files and staff we spoke with confirmed that supervision sessions took place on a regular basis. Appraisals were planned for May 2015 and would be structured to cover a review of the year, a personal development plan and comments from both the appraiser and appraisee. This showed the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. People's individual wishes were acted upon, such as how they wanted to spend their time.

Is the service effective?

Staff understanding of Mental Capacity Act (2005) (MCA) had improved since our inspection in October 2014. This was due to them receiving up to date training. Staff demonstrated an understanding of the MCA and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. For example, what actions they would take if they felt people were being deprived of their freedom to keep them safe. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. Three people were subject to DoLS and others were in the process of being assessed. DoLS were in place due to people's constant supervision within and outside of the home to maintain their safety.

Where people did not have the capacity to make particular decisions about their care and support, due to their learning disability, there was evidence of mental capacity

assessments. For example, assessments had taken place regarding where a person should live, their medicines and managing their physical health. There was supporting evidence of how people's capacity to consent had been assessed and best interest discussions or meetings which had taken place.

People were supported to maintain a balanced diet. People were encouraged to be involved in preparing meals with staff support in line with their care plan. One person told us how they were encouraged to eat healthily. They recognised this was to promote their physical health. Care plans and staff guidance emphasised the importance of people being involved in the weekly menu and ensured choice. The weekly menu was agreed each week at the resident's meeting. Where people were at risk of weight gain, their weight was monitored on a regular basis. Staff had completed people's food and drink logs in order to monitor the amount of food and drink people had on a daily basis. Staff recognised that this helped them recognise changes in a person's eating habits and when they needed to consult with health professionals involved in people's care. In addition, staff told us and records confirmed they had training on diet and nutrition. This enabled them to be knowledgeable about the importance of maintaining a healthy and nutritious diet.

Is the service caring?

Our findings

We spent time talking with people and observing the interactions between them and staff. Interactions were good humoured and caring. Staff involved people in their care and supported them to make decisions. Comments included: “It’s good living here. The staff are nice”; “The staff help me here” and “I like living here, the staff are wonderful”. A relative commented: “I am generally happy with the care X receives. The registered manager is a good chap.”

Staff treated people with dignity and respect when helping them with daily living tasks. Staff told us how they maintained people’s privacy and dignity when assisting them, for example by knocking on bedroom doors before entering and gaining consent before providing care and support. Staff adopted a positive approach in the way they involved people and respected their independence. For example, people’s specific plans for going out in the local community.

We heard and saw staff supporting people. They demonstrated empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. For example, how one person wished staff to talk with them about things which interested them and provided them with reassurance.

Staff relationships with people were strong, caring and supportive. For example, staff spoke confidently about people’s specific needs and how they liked to be supported. Through our observations and discussions, we found staff were motivated and inspired to offer care that was kind and compassionate. For example, staff spoke about how working as a team motivated them and how they gained inspiration from each other. Staff demonstrated how they were observant to people’s changing moods and responded appropriately. For example, when a person was feeling anxious. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. We observed that staff communicated with people in a respectful way. This showed that staff recognised effective communication to be an important way of supporting people, to aid their general wellbeing.

Staff adopted a strong and visible personalised approach in how they worked with people. There was evidence of commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued. For example, staff were seen to work with people individually on activities of their personal interest. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs.

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated other health and social care professionals were involved. Since our inspection in October 2014 the structure of care files had been redesigned with a greater focus on personalised care. People now had documents entitled 'Getting to know me' and 'A guide to a good day with me.' These had been developed in consultation with people so that staff could understand them as individuals.

There was evidence of people being involved in making decisions about their care and treatment through their discussions with staff. We read three people's care files, which gave information about their health and social care needs. Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific goals to aid their wellbeing and sense of value.

Care files included personal information and identified the relevant people involved in people's care, such as their care manager, GP, consultant psychiatrist and advocate. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them. People's likes and dislikes had been taken into account in care plans. This demonstrated when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, health needs, personal care, communication, anxiety management,

activities and eating and drinking. Staff told us they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

Activities formed an important part of people's lives. People commented: "I am going on holiday tomorrow, to a farm in Bodmin"; "I am going to the farm on Monday. There are ponies, a pig, guinea pigs and rabbits" and "I went to Butlins on holiday. I enjoyed it." Throughout our visits we saw people going out in the local community to shop for clothes and personal items. People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance of people seeing their family.

There were regular opportunities for people and those that mattered to them to raise issues, concerns and compliments through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system. One person commented "If I am concerned about anything, I talk to staff." The complaints procedure. It set out the procedure which would be followed by the provider and included contact details of the provider and the Care Quality Commission (CQC). The complaints procedure was also displayed around the home in an easy read format so people could refer to it if needed. This ensured people were given enough information if they felt they needed to raise a concern or complaint. We saw that, where a complaint had been made, there was evidence that it had been appropriately followed up by the management team, for example additional support, training and guidance for staff.

The home had received several compliments from health and social care professionals since our inspection in October 2014. These included: 'Really happy with how things have progressed in the past 6 months, happy staff at the front door and the home feels warm and welcoming. Any issues that are raised are taken seriously and responded to promptly. The new support plans (care plans) are really good, they look nice, are clear to follow and easy to find'; 'I have to say you (registered manager) have been helpful and open with the actions taken since the CQC inspection'; 'I have been very impressed with the level of communication from the manager of The Meadows. The manager is very proactive in requests I have made to him and is transparent in the sharing of information about the

Is the service responsive?

person I have reviewed'; 'Once again, thank you for your person centred and thoughtful approach to X's support' and 'You've done really well here and should feel really proud.'

Is the service well-led?

Our findings

Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open culture. Staff commented: “We have regular meetings where we are kept up to date on new information” and “There is good contact with management. We are listened to and backed up.”

Staff confirmed that they had attended staff meetings and felt that their views were taken into account. Minutes of meetings showed that meetings took place on a regular basis and were an opportunity for staff to air any concerns as well as keep up to date with working practices and organisational issues.

People’s views and suggestions were taken into account to improve the service. For example, resident meetings took place to address any arising issues, such as changes to the décor of the home. In addition, surveys had been completed by people using the service, relatives and health and social care professionals. The surveys included supporting people, safety, staffing related issues and any complaints or suggestions to improve the service. Where any issues were raised, these were followed up by the management team. For example, the complaints procedure was initiated when a person was unhappy with how another person spoke to them. Further surveys had been sent out at the end of April 2015, which also included staff. The management team were awaiting responses so they could develop an action plan to address any arising issues. This demonstrated that the organisation recognised the importance of gathering people’s views to improve the quality and safety of the service and the care being provided.

The organisation’s visions and values centred around the people they supported. The organisation’s statement of purpose documented a philosophy of encouraging honesty, involvement, compassion, safety, independence and dignity and respect. Our inspection showed that the organisation’s philosophy was embedded in The Meadows through talking to people using the service and staff and looking at records.

The service worked with other health and social care professionals in line with people’s specific needs. We saw that liaisons took place with the local authority and Care Quality Commission (CQC). People and staff commented

that communication between other agencies was good and enabled people’s needs to be met. Care files showed evidence of professionals working together. For example, the GP and consultant psychiatrist. Regular medical reviews took place to ensure people’s current and changing needs were being met. A GP commented: “The Meadows is much improved following a management change.” A care manager commented: “X (the manager) continues to be brilliant with his communication. He is very proactive with sharing information and has made good links with local health services in Devon. He has referred the person I review to services including advocacy. The staff team have also taken an interest in reducing people’s medication in liaison with the psychiatrist.”

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person’s care plan and risk assessment to reflect current circumstances. We looked at the records of incidents at the home and saw that actions had been taken in line with the organisation’s policies and procedures. Where incidents had taken place we saw involvement of other health and social care professionals to review people’s plans of care and treatment. Staff confirmed they were aware of the organisation’s whistleblowing policy and the procedure in place if they felt they needed to raise concerns due to unresolved problems. They added that to date they had not had to follow the procedure because issues had been dealt with appropriately by the management team. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected people.

Audits were completed on a regular basis to assess the quality and safety of the service. For example, the audits reviewed people’s care plans and risk assessments, incidents and accidents, medicines management and staff training and support. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, we saw that these had been followed up. For example, care plans had been reviewed.

A monthly audit was completed by the registered manager. This was conducted on an on-going basis to monitor the quality and safety of the service provided. Areas covered included care files, risk management, medicines management, staffing arrangements, including training and support, incidents and accidents and health and

Is the service well-led?

safety. Weekly information sheets had been completed and forwarded to the provider. These provided a summary of any specific events which had taken place. For example, accidents and incidents and staff related issues. These enabled them to keep up to date on events at The Meadows and for them to address any areas of concern. Both the weekly information sheets and monthly audit helped inform their visits to the home. We saw evidence of these visits, with the most recent being in April 2015. These visits involved meeting with people living at the home, speaking with staff, reviewing records and assessing the overall environment on the home.

In addition to the internal audits conducted, the organisation had instructed an independent auditor to visit The Meadows to assess progress made towards the

breaches of the Health and Social Care Act 2008 the CQC found in October 2014. Their visit took place on 10 April 2015. They found significant progress had been made and The Meadows could now be judged as 'good' against all five key questions (safe, effective, caring, responsive and well-led).

The premises were adequately maintained and a maintenance programme was in place. We saw that health and safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the organisation and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care.