Mrs S and Mr Paul Spencer

The Meadows

Inspection report

25-27 The Meadows
Shepshed
Loughborough
Leicestershire
LE12 9QJ

Tel: 01509821744

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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

Summary of findings

Overall summary

This inspection took place on 12 November 2018. It was unannounced.

The Meadows is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Meadows provides accommodation for a maximum of 10 people living with a learning disability or autism. The service comprises of two semi-detached buildings made into a larger home. All bedrooms are single rooms. At the time of our visit, seven people lived at the service.

The service was registered with the CQC prior to the CQC's publication of 'Registering the Right Support' guidance for homes which accommodate people with learning disabilities and autism. Our guidance now says people with learning disabilities should not live in homes of more than six people. Although the service does not meet our new criteria, people have lived with each other for many years and describe the home as being a 'family'.

At our last inspection we rated the service as 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service continued to be safe. People received their medicines as prescribed. Staff understood the risks to people's health and wellbeing and acted to lessen each risk. Checks had been made on staff before they started working for the service to make sure they were safe to work with people. There were enough staff on duty during each 24 hour period to meet people's needs. The home was clean and tidy and staff understood infection control practice. Premises were well-maintained, with regular checks made on water, gas and fire facilities to ensure safety.

The service continued to be effective. People enjoyed the meals prepared at the home. Staff received training to support them to work effectively with people who lived at the home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People had access to different health and social care professionals when required, and good relationships had been formed between the service and those professionals.

The service continued to be caring. People were treated with dignity and staff respected their privacy. Staff were kind to people, and had developed positive relationships with the people they supported. They understood people's needs and preferences, and what was important to them. The service supported people to maintain and develop relationships with their family.

The service continued to be responsive. People's needs were assessed and planned for with the involvement of the person. People lived purposeful lives having opportunities to work and train in the community, as well as being involved in pursuing their interests and hobbies. There was a complaints procedure, although no complaints had been made to the service since our last inspection. Procedures were in place for planned end of life care.

The service continued to be well-led. The registered manager worked hard to ensure a good quality of service was maintained. The registered manager provided good support to the staff group, and to people who lived at the home. Checks were made to ensure the service met its obligations to provide safe accommodation to people and to deliver care and support which met people's individual needs.
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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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 was a comprehensive inspection. The inspection visit took place on 12 November 2018 and was unannounced. One inspector undertook this inspection.

Before our inspection visit we contacted the Local Authority. They had no information of concern about the service. We looked at information we had received from people who shared their experience; and from notifications of events we had received from the provider.

We also looked at the Provider Information Return (PIR) sent to us by the provider. This is a form that asks the provider to give some key information about the service, including what they do well and improvements they plan to make.

During our inspection visit we spoke with the deputy manager, two care staff, and five people who lived at The Meadows. We checked one person's care record, checked a sample of medication records and health and safety records, as well as team and resident meeting records. The registered manager was not working at the service on the day of our inspection visit.

Good

Is the service safe?

Our findings

People who lived at The Meadows told us they felt safe at the home. There were enough staff on duty during each 24 hour period to keep people safe. Most people who lived at The Meadows undertook activities outside of the service during the day. During this time, support staff undertook other responsibilities such as washing, cooking and laundry, as well as supporting people who had chosen to stay at home.

Staff new to the service had to wait for Disclosure and Barring Service checks, and their reference requests to be returned before they could start work. This meant the provider's recruitment practice supported the safety of people who lived at the home.

Staff had received training to safeguard people from harm and were aware of their responsibilities to report any concerns to the registered manager. Management understood their responsibility to report safeguarding allegations to the local authority safeguarding team and to the Care Quality Commission.

The deputy manager informed us the management team had learned lessons from the management of a previous safeguarding allegation. They described the safeguarding allegation and the lessons learned. Arising from this, more robust processes had been implemented to keep the person and staff safe.

Staff understood what risks related to each person's health and social care support needs and put plans in place to reduce potential risks. For example, one person had noticeably lost a lot of weight. In response to this, the person was referred to healthcare professionals and their weight was monitored regularly. Since the referrals, the person had started to gain weight.

The home was very clean and tidy. When staff supported people with personal care, they understood the importance of using disposable gloves and aprons to reduce the risk of any potential infection transferring from the person they were supporting, to them, and other people.

The premises were maintained well, and all the necessary safety checks regarding electric, gas, fire and water facilities were carried out within expected timeframes.

People received their medicines as prescribed. Staff had a good knowledge of the medicines prescribed to people, and records checked demonstrated they received them at the expected time.

Good

Is the service effective?

Our findings

People told us they felt staff provided them with good support. Staff had the skills and knowledge to support and care for people who lived in the home. Staff told us they had undertaken training to help them provide effective care to people. This included training considered mandatory to support people with their health and social care needs, such as infection control, fire training, moving people safely, and food hygiene. Staff who administered medicines told us they had received training to administer medicines safely. Their medicine administration practice had been checked by the registered manager to ensure medicines were administered safely and effectively.

Staff received training in equality and diversity. The deputy manager told us they supported anyone who lived at the home equally, respecting their diverse needs. They told us they provided person-centred care and this meant they supported people in however they wanted to live their life.

The government recommends that staff new to working in the care sector undertake the Care Certificate. The Care Certificate helps new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. The deputy manager confirmed they had been providing induction training which was in-line with the Care Certificate. As well as undertaking on-line training, the provider was also using the services of an external training company to support staff with their knowledge and skills.

Staff told us they felt supported by the service's management. They said because it was a small home, they regularly worked with managers and were able to talk with them on a daily basis if there were any issues or concerns. For example, one staff member told us, "If I have any issues or anything, I can go and talk to management – they will help me and follow it up."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). We found people who were not able to leave the premises of their own accord because they were at risk when doing so, and who were unable to understand the risks and to consent to this; were legally deprived of their liberty with a DoLS.

People had access to healthcare when necessary. Records showed people were supported with healthcare appointments when required. One person told us they had recently visited the optician, and showed us their new glasses.

People told us they enjoyed the meals provided and the choice of meals offered to them. One person told us they liked curries and chillies, another told us they liked salad. At lunch time we saw people have a lunchtime snack of a sausage roll and a side salad. We saw some people ate a carrot cake which staff had supported people to bake at the week-end. The menu was a four week programme, and people were informed by pictures as to what the choices were that day. We saw people being offered plenty of drinks throughout the day.

The home was not built specifically as a care home. Where necessary, the service had adapted the home to meet people's needs. If adaptations could not be made, the provider looked at other ways in which to support people. For example, one person was having difficulties in using the stairs because of a medical condition. To support this person, they were moved to a ground floor bedroom.

Good

Is the service caring?

Our findings

People told us they felt well cared for. One person told us staff were kind, and were helping support them because a family member was unwell. Another told us they used to live on their own in the community, but they had been lonely. They said that since they had lived in the home their confidence had started to improve again.

The staff on duty knew people's needs well and were caring and kind towards people. For example, one person had excessive saliva, and the member of staff made sure their mouth was wiped regularly. They did this in a way that was respectful of the person and ensured they maintained their dignity.

Staff formed good relationships with people who lived at the home. The two staff we spoke with and the deputy manager all told us they 'loved' working at the service, and supporting the people who lived there. They told us it was like an extended family. For example, "We're very close, it is more personal, more like a family. They see us as family without overstepping the mark. We can have a laugh and a joke and meet all their needs."

Family and friends were welcomed to visit the home. One person told us they had a girlfriend who came to visit. Staff supported people to maintain contact with their relatives and others who were important to them.

People were provided with information in a way which was accessible to them. Some of this was through 'easy read' information and some was by staff talking through and explaining what written information meant.

People's privacy was respected. Staff knocked on people's bedroom doors and waited for a response before they entered. Staff understood the importance of confidentiality.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Where possible they were involved in the care planning process.

People were supported to follow their interests and take part in activities both within the home and in the community. On the day of our visit most people were out of the home in the morning and early afternoon undertaking activities of their choice. One person told us they had been doing sewing, an activity they really enjoyed, and they had been sewing items for Christmas. Another person told us they had a part time paid job undertaking administrative duties, and went to college with another person who lived at the home to do cookery. Another told us they liked going to drama and out on different trips.

We were informed that funding for some of the activities had been cut, and the staff at the service had tried to ensure people could still participate in activities they enjoyed. One person, who did not go out as much on a daily basis, now went horse riding once a week. Staff supported people to go out for walks in the area and undertake activities in the home such as baking.

The service encouraged people to be as independent as possible. Two people used public transport independently. One told us how they went to different places independent of staff. In the home, people were encouraged to undertake domestic duties such as washing up and drying up; tidying their rooms, and bringing their laundry down to the laundry area.

From August 2016, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. Whilst the deputy manager was not aware of the AIS, the registered manager had ensured people received information to support them understand and communicate their needs. People also had communication passports to support others to understand how to communicate and respond effectively to them.

The provider had a complaints procedure, but there had been no complaints made about the service.

People's preferences and choices for their end of life care were recorded in their care plan. The provider had policies and procedures to support end of life care.

Good

Is the service well-led?

Our findings

The service had the same registered manager as at our previous inspection visit. 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. The registered manager was on annual leave at the time of our visit.

People who lived at the service knew who the registered manager was. One person told us the name of the registered manager and also their husband's name. They told us he worked at the service too. Both the manager and her husband owned the service. Some of the staff who worked at the service were also family members.

Staff told us they all got on well. They said they could go to management if they had any concerns. We asked a member of staff whose family owned the business, what they would do if a person alleged one of the owner's family members had harmed them. This staff member told us that 'residents come first' and said they would go through the right channels to protect the person. The deputy manager and staff we spoke with were committed to supporting people to have good lives.

The provider sent yearly quality assurance questionnaires to relatives and to professionals involved in people's care. All relatives rated the home as 'excellent' at the last survey undertaken. The feedback from professionals was also good. One said, "Staff always advocate service users well being, and appear committed to the care they give." People who lived at the home were routinely asked if their needs were being met, as well as having two more formal review meetings a year.

The registered manager has a legal obligation to notify us of certain events which happen in the home. There had been very few events in the home which required notification. The registered manager had notified us, as required of the DoLS applications, and of a death in the service. However they had not notified us of a person who had injured themselves during a seizure and had required hospitalisation. They said this was an oversight and would make sure it did not happen again. Appropriate action had been taken in relation to the person who had been hospitalised.

The provider also has a legal obligation to send us a Provider Information Return (PIR) when requested by the CQC. The provider sent us a PIR, and we found it reflected what we saw during our inspection visit.

Staff received support through appraisal sessions, as well as informal chats with the registered manager or deputy manager when they had concerns or issues which needed addressing. Staff also attended team meetings once every six months which covered a range of issues to support them in their roles.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided. For example, the service had worked with learning disability community nurses to support a person to feel safe

to have a healthcare procedure.

At the time of our visit, the latest CQC inspection report rating was not on display at the home. The display of the rating is a legal requirement, to inform people who live at the home, those seeking information about the service and visitors, of our judgments. The deputy manager confirmed after our visit that the inspection report with the rating of 'good' had been placed in the foyer of the home.