

Blue Opal Limited

The Meadows

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Meadows provides accommodation with 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 inspection there were ten people living at the service.

At the last inspection in May 2015 the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

The service continued to provide safe care to people. One person commented: "I feel safe here with the staff." Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service.

People were supported to maintain a balanced diet, which they enjoyed. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

The service was caring and people had built strong relationships with each other and staff. People engaged in a wide variety of activities and spent time in the local community going to specific places of interest.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received and made continuous improvements in response to their 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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 checked 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: It took place on 27 April and 4 May 2017 and was unannounced.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with seven people receiving a service and eight members of staff, which included the registered manager. We spent time talking with people and observing the interactions between them and staff.

We reviewed three people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from three professionals.

Is the service safe?

Our findings

The service continued to provide safe care to people. People commented: "If I am worried I speak to (registered manager) and he sorts it out" and "I feel safe here with the staff." Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. For example, staff communicated with people in a way they understood in order to meet their needs.

To minimise the risk of abuse to people, all staff undertook training in how to recognise and report abuse. Staff told us they would immediately report any concerns to the registered manager and were confident that action would be taken to protect people. A staff member commented: "I would go straight to (registered manager) and report. I would also document all the details."

People's individual risks were identified and risk assessment reviews were carried out to keep people safe. For example, risk assessments for behaviour management, accessing the local community and epilepsy management. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, people had positive behaviour support plans in place for staff to follow if an incident occurred. A positive behaviour support plan is a document created to help understand and manage behaviour in adults who have learning disabilities and display behaviour that others find challenging.

Staff confirmed that people's needs were met promptly and they felt there were sufficient staffing numbers. We observed this during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in a range of activities both within the home and in the local community.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines safely from staff who had received training to carry out this task. Medication administration records were correctly signed when they were administered. 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, audits were carried out on a monthly basis at the time when medicines were ordered from the pharmacy.

The premises were adequately maintained through a maintenance programme. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. People had personal emergency evacuation plans (PEEPs), which are individual plans, detailing how people will be alerted to danger in an emergency, and how they will then be supported to reach safety. Staff had received

health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. People were protected because the organisation took safety seriously and had appropriate procedures in place.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. There was evidence of health and social care professionals involvement in people's individual care on an on-going and timely basis. For example, GPs, learning disability practitioners and psychiatrists. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. The registered manager had also liaised with the Intensive Assessment and Treatment Team (IATT) for people who required additional support to manage their behavioural needs. As a result of this staff reported that people were more settled and their well-being had improved. For example, through a consistent approach incidents had reduced significantly.

Care continued to be taken to ensure staff were trained and supported to a level to meet people's current and changing needs. Staff received a range of training and supervision, 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. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), learning disability awareness, epilepsy and rescue medicines, first aid and behaviour management strategies. Staff had also completed nationally recognised qualifications in health and social care. Staff members commented: "The training is great" and "I shadowed until I was confident enough." Planned training was also displayed on a board outside the staff office.

People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005). For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions and manage their emotions, they had worked closely with other health and social care professionals. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, for health care interventions and suitability of placement. This demonstrated that staff worked in accordance with the MCA. The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe. Three people were subject to DoLS at the time of our inspection and a further four were pending assessment from the local authority.

People were supported to maintain a balanced diet. One person told us, "I choose what I have to eat on a daily basis. I love my food." People had preferred meals documented, which helped inform the menu. A staff member commented: "People are involved in choosing the menu. There are always alternatives." Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's nutrition with the need to consult with health professionals involved in people's care. People's weights were monitored on a consistent basis to ensure their general well-being.

Is the service caring?

Our findings

The Meadows continued to provide a caring service to people and was very much people's home. People had built strong relationships with each other and the staff who worked with them. There was a happy atmosphere. People commented: "Happy happy"; "I like living here; "They (staff) look after me" and "They (staff) are nice." The atmosphere was relaxed and happy. We observed how staff involved people in their care and supported them to make decisions. For example, how they wanted to spend their day.

Throughout the inspection there were kind and friendly interactions between people and staff. Staff knew people well and were able to communicate effectively with everyone. Staff took time for people to communicate their wishes through the use of individual cues, and looking for a person's facial expressions, body language, spoken word and objects of reference. The service used a variety of communication tools to enable interactions to be led by people receiving care and support. For example, pictures and specific signs.

People had unrestricted access to their rooms and were able to spend time alone if they chose to. Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example, by knocking on bedroom doors before entering, being discreet such as closing the curtains and gaining consent before providing care.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. Staff recognised how important it was for people to be in control of their lives to aid their well-being. For example, offering people choices of how they spent their time. Staff commented: "Care plans outline how we need to encourage people to make choices" and "We are here for the residents. It's about supporting their needs."

Staff gave information to people, such as when activities were due to take place. Staff communicated with people in a respectful way. Their relationships with people were caring and supportive and they spoke confidently about people's specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. For example, we saw staff working closely with people, engaging with them in a way they responded positively to. It was evident how kind and compassionate staff were. Staff explained it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything.

Staff showed a commitment to working in partnership with people. They spoke about the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. Staff gave us examples of how people had been empowered to develop new skills. For example, learning how to play the guitar.

The service had received several compliments about the care provided to people. For example, 'We are delighted with the care provided by The Meadows, it's person-centred and is very much right for the person I am involved with' and 'What you and your staff did was well beyond what could have been expected. We

appreciate everything you did and we view the care you provide as nothing short of outstanding.'

Is the service responsive?

Our findings

The service continued to be responsive. Staff knew people very well and provided care and support which was person centred and took account of their needs and wishes. A professional commented: "I am happy to report that our team consider The Meadows to provide a high quality of care. The registered manager and his team provide a client centered approach towards the residents and their on-going level of communication/liaison with our team is excellent. I would have no hesitation in recommending The Meadows to other professionals or agencies as an appropriate location to house their clients."

Care files included personal information and identified the relevant people involved in people's care, such as their GP. 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, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. This demonstrated that 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, physical and mental health, nutrition, communication, behaviour management, hobbies and personal care. Staff said 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 engaged in wide variety of activities and spent time in the local community going to specific places of interest. For example, attending a local centre, meals out, guitar lessons, shopping, visiting local attractions and holidays. One person told us, "I have just been to my guitar lesson." Another person said, "I go out a lot. I like shopping, handbags." People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family and friends.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and the registered manager. People were made aware of the complaints system and easy read complaints information was displayed around the home for people to refer to. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. The service had not received any complaints. However, the registered manager recognised that if they received one, they would attend to it in line with the organisation's procedure.

Is the service well-led?

Our findings

The service remained well-led. There was a registered manager 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.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged an open culture. Staff felt able to raise concerns and would be listened to. Professionals commented: "In all instances I have found The Meadows to be well run with a good person centred approach. Overall my view is that The Meadows is one of the best learning disability care homes in the area, with excellent management" and "I am very pleased with the care the residents are receiving at The Meadows, and impressed with (registered manager's) leadership."

Various staff meetings occurred on a regular basis. Staff confirmed they were kept up to date with things affecting the overall service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system which occurred at each shift change.

People's views and suggestions were taken into account to improve the service. Surveys had been completed by people using the service with staff support, relatives, staff and professionals in 2016. The surveys asked specific questions about the standard of the service and the support it gave people. Where actions were required these had been followed up by the registered manager. For example, alternative activities. This showed that the organisation recognised the importance of continually improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisations philosophy was embedded in The Meadows.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. 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, GP and social worker. Medical reviews took place to ensure people's current and changing needs were being met. Professionals confirmed that the service was prompt in referring to them and took on board advice and guidance.

There was evidence that learning from incidents and accidents 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 and additional staff training. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social

care professionals was requested to review people's plans of care and treatment. The service was both responsive and proactive in dealing with incidents which affected people.

Checks were completed on a regular basis as part of monitoring the service provided. For example, the checks reviewed people's care plans and risk assessments, incidents and accidents and health and safety. 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, these had been followed up. For example, care plans reviewed and maintenance jobs completed, including the redecoration of communal areas.

The registered manager and the provider's representative completed audits in line with the Care Quality Commission's 'five questions.' As a result an action plan was created to map out things for review or improvement. For example, policies and procedures updated and maintenance work carried out. In addition, the service had enlisted an external organisation to carry out a 'mock inspection', again in line with the Care Quality Commission's 'five questions.' This was carried out in December 2016. This proved a useful exercise to enable the service to 'sense check' how the service was meeting the Health and Social Care Act 2008 and associated Regulations.