

# Cygnet Learning Disabilities Midlands Limited

## Shear Meadow

### 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

About the service:

Shear Meadow is a residential care home that was providing personal care to four people with a learning disability, autism or mental health condition at the time of this inspection.

The service has been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

People's relatives told us the care was safe and were happy with the care provided. One relative said, "[Person] is very safe and well cared for. Everybody is good at recognising the triggers and they will get in touch and ask for advice if things happen."

People were supported by sufficient numbers of staff who knew how to keep them safe from harm. One staff member said, "It is pushed at the minute, but that's while we wait for the two new starters. Usually, we aren't rushed, cover sickness ourselves, staffing is okay."

Staff knew how to identify when people may be at risk of harm, and how to raise their concerns. Staff had access to a confidential phone line to raise anonymous concerns and also knew to contact the local authority if needed.

Risks to people's safety and welfare had been identified and staff ensured these were safely managed. Staff were supported in their role through induction, supervision and training and told us they enjoyed working at the service.

People medicines were managed safely and administered when they needed them. People lived in a clean environment and staff followed clear guidance when delivering care to protect people from the risk of infection.

People were supported by staff who had received appropriate training and were well supported by management. People's consent was obtained and when people were unable to provide this consent, it was obtained within legal requirements. People were supported to make healthy choices with their diet.

People were encouraged to be independent, to develop life skills and to take part in activities and hobbies they were interested in. People's relatives felt able to raise complaints which were responded to.

People's relatives, staff and health professionals told us the service was well led. The registered manager and staff knew people and their care needs well. Staff told us the registered manager was supportive, approachable and knowledgeable.

There were systems in place to monitor the quality of the service and make improvements where needed. The service worked in partnership with a range of agencies to improve the quality of care provided.

Rating at last inspection:

The service was registered on 13 July 2017. This was the first inspection of Shear Meadow.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

The service was safe.

Details are in our findings below.

### Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

# Shear Meadow

## Detailed findings

### Background to this inspection

#### Background:

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

#### Inspection team:

The inspection team consisted of one inspector.

#### Service and service type:

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:

Notice for this inspection was not given.

#### What we did:

Before the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse.

We assessed the information contained in the providers information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning and safeguarding teams for their views about the service. We used all this information to plan our inspection.

#### As part of the inspection we:

People who lived at the service chose to not speak with us. Therefore we spoke with two relatives, two staff, two health professionals, the registered manager and the provider.

We looked at two people's care records.

We looked at training records for staff along with recruitment records for staff members employed in the last

12 months.

We reviewed medicine administration records for people, along with records of accidents, incidents and complaints, and reviewed documents relating to the management of the service such as audits and quality assurance reports including those relating to fire safety.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us the service was safe. One said, "It's my first experience of this, but I think [Person] is safe and well looked after otherwise we wouldn't have moved them here."
- Staff could describe to us potential signs of abuse, and then explain to us what they would do if they had any concerns. Staff were trained in areas such as safeguarding adults and knew how to raise their concerns anonymously if needed. Staff told us they were confident that management would take appropriate action if concerns were raised.
- Daily handovers discussed any concerns staff had and reviewed incidents when they occurred.
- Records seen of incidents or any concerns raised were documented and reviewed. The registered manager only had cause to refer one incident to the local authority in the previous twelve months.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and staff were well aware of the actions to take to manage the risks to people's safety and well-being.
- Care plans developed to manage the risk gave clear guidance to staff to follow. These included areas of support including management of health conditions such as epilepsy, skin integrity, eating and drinking, anxiety, medicines and behavioural support.
- People had experienced positive outcomes as a result of the care provided. For example, one person who moved to the home and was extremely anxious, volatile and resistant to allowing personal care. This person had made significant improvement and been discharged by the local communication and autism specialist team [CAT] team due to no longer requiring this level of intensive support. A second person had been discharged by the dietician for improving and maintaining their weight within healthy levels.
- Regular assessments were carried out on fire and water systems. Actions from a recent fire assessment were completed and maintenance of the alarm systems was carried out. People had personal evacuation plans in place that were individual in the event of needing to leave the building in an emergency.

Staffing and recruitment

- People were supported by sufficient staff who knew them well. People's needs varied across the home and required additional staff to support them. This was particularly needed when people left the home to go swimming, shopping, in the car etc. The registered manager was able to ensure that the required staffing levels were provided to meet people's care and social needs.
- When we inspected, the registered manager had recruited to two full time posts. The referencing process was taking longer than usual, which had placed additional pressure on staff. However, we were reassured by staff who told us, "It is busy at the minute, but that's while we wait for the two new starters. Usually, we aren't rushed, we cover sickness ourselves, staffing is okay."

- Staff employed to work with people were recruited following robust, safe procedures. Previous employment references were sought, alongside a criminal record and entitlement to work check.
- People and where appropriate their relatives were able to meet potential staff as part of the interview process.

#### Using medicines safely

- People were supported to take their medicines by staff who had been trained. Medicine administration records (MAR) were completed when people's medicines were given to them. There were no gaps in the records and stock counts tallied with records. This meant people had received their medicines as prescribed.
- Medicines were stored safely. Daily stock balance checks were carried out, alongside daily checks of room temperatures where they were stored. The registered manager carried out regular competency assessments to ensure staff were safe to administer medicines to people.
- Some people were prescribed additional medicines, such as for constipation, on an as required basis (PRN). PRN protocols were in place and gave clear guidance to staff about when to administer medicines and when people may be unable to communicate their discomfort.

#### Preventing and controlling infection

- People lived in a clean home, communal areas and people's own flats were regularly cleaned and well maintained.
- Staff received infection control training were provided sufficient personal protective equipment such as aprons and gloves.
- The registered manager carried out regular audits of the environment, care practises and safe storage of chemicals.

#### Learning lessons when things go wrong

- Staff reviewed incidents daily to manage these and reduce recurrence. For example, one person refused their medicines for no apparent reason. Staff identified this may have been due to them using new cups to administer the medicine. They reverted back to the old cups used which led to no further refusals.
- Team meetings regularly reviewed staff practise and where staff could respond to people differently. This was evident from where staff discussed approaching a person differently who had consistently damaged property. From the discussions held and a shared approach from staff these incidents had reduced.
- Incidents were reported to the provider for monitoring, and the registered manager reviewed incidents to identify patterns, themes and trends to enable them to understand potential causes or triggers.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and regularly reviewed. One person's relative said, "The assessment process was over six to seven months. Multi professional meetings involving Shear Meadow staff along with assessments by speech and language therapists, SALT, occupational therapist, and behavioural therapist. It was thorough and actually was just about getting the best care possible by getting to know what [Person] needs.
- Staff reviewed people's care regularly with a range of health professionals and specialists to provide care in line with best practice guidance.
- The service had been developed in line with the principles and values that underpin Registering the Right Support. This ensured that people who use the service live as full a life as possible and achieve the best possible outcomes.

Staff support: induction, training, skills and experience

- New staff were provided with an induction which provided them with the knowledge and skills needed to support people. They did not provide care or support to people until they had been assessed as competent.
- People were supported by skilled and knowledgeable staff who received ongoing training and knew how to provide effective, person centred support to maximise people's wellbeing.
- Staff told us they felt supported by the registered manager, and through supervision were able to discuss their development needs. One staff member said, "[Registered manager] is fantastic, amazing, they instil confidence in us."
- Records showed staff had received training in areas such as safeguarding, medicines administration, positive behaviour support and autism. Staff were being encouraged to develop their knowledge further. For example, one staff member had been on the nutrition pathway to give them a greater understanding and enable them to support staff. Staff were also provided with leadership training to support them in senior roles. The registered manager told us they were looking at developing further champion roles which would enable staff to each be trained in a key role, such as autism, and then support colleagues and champion good practise.

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 with appropriate legal authority.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- People were actively encouraged to make day to day decisions, and staff checked that people gave consent before they provided any support.
- Staff had received training in relation to capacity and consent and understood the basic principles of the MCA.
- Where DoLS authorisations were granted the conditions of this were being followed. Where an application was awaiting authorisation, a risk assessment and care plan was in place to manage the restriction.

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

- People could choose what to eat and drink and when. Staff supported people to shop for their food and cook within their own living space.
- Staff supported people to make healthy choices to maintain a balanced diet.
- Staff had a good awareness of people's dietary needs and preferences and monitored people's nutritional intake when needed. For example, staff were supporting one person to lose weight.
- Where people required specialist assessment, for example dietician or speech and language input this was sought. We saw staff followed appropriate guidance and people experienced good outcomes. For example, one person at risk of weight loss had been discharged as they had improved and maintained their weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People's care was reviewed by a vast range of health professionals. These included GP's, dieticians, nursing teams, social workers, behavioural and autism specialists among others.
- People's relatives confirmed that staff organised health appointments when required. They told us they received feedback and were aware of changes to people's health needs.
- The registered manager regularly reviewed people's care with health professionals and kept in regular contact with people's social work teams. Any changes were reported, and interventions quickly put in place to meet people's needs swiftly. One health professional said, "[Registered manager] is quick to pick up the phone when they think they need our support. They are open to suggestions and follow our instructions. They run a good service."

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

- The service was purpose built. It was bright and airy, and people had access to both their own living areas and communal spaces. Adaptations to the design of the service were made when required and based upon each person's individual needs at that time.
- People's bedrooms were personalised and reflected their personal interests and preferences.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were observed to be kind and caring towards people and relatives confirmed this. One relative said, "Staff are all very good and care about the residents very much. The last place [Person] was at was not caring at all and I have been able to see here how caring staff can actually be, and [Person] is so much happier because of that."
- Staff had developed positive, meaningful relationships with people and had a good rapport. One person's relative said, "[Staff member] and [Person] seem to synchronise and get along well. They have built a good rapport but all the staff are comfortable with [Person] and [Person] is with them. I can see it is working and they are building relationships well."
- Staff received training in equality and diversity and people were treated equally and without discrimination.
- People were supported individually as required and received planned and co-ordinated person-centred support which was appropriate and inclusive for them.

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

- People were involved as far as possible in planning their support. Staff found creative ways to communicate with people in addition to words, to aid people's understanding. One person's relative said, "[Person] doesn't communicate well, they see the speech therapist and have created a training package to help. It can be difficult to convey feelings, but staff find methods to communicate and now they know the trigger points. They will try anything to make sure they can communicate and [Person] understands."
- Staffing support hours were reviewed which enabled people have choice and control over their day to support their independence. This meant staff could be responsive to meetings people's wishes or support people according to their wishes.
- Specific staff were allocated to work with people and manage their care and support. Through regular reviews staff ensured people's views were central to the care they received. The registered manager told us, "It's difficult sometimes, their families want certain things but that's now always what [the person] wants. We listen and act of their [People's] wishes and take account of family views but we have to remember all these people are adults now so make their own choices."

Respecting and promoting people's privacy, dignity and independence

- People looked clean and presentable when we met them. Staff complimented people on their dress and how they looked, which visibly lifted people.
- People could be independent and were supported to develop life skills.
- Staff were clearly able to describe how they respected and maintained people's dignity and privacy and our observations confirmed this was practised when supporting people.

- Staff treated people with privacy, dignity and respect and provided support in an individualised way.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received individualised support which reflected their physical, mental and emotional needs.
- People's support plans contained their likes and dislikes and what was important to them. These had been developed with the person and with people who knew them well. People's communication needs were identified and recorded in their support plans.
- Information around the home was in an easy read, pictorial format to aid people's understanding.
- People accessed their local community to regularly to engage in activities based on their individual interests. People's individual hobbies were important to them and staff regularly supported them to pursue these. For example, one person when living with family enjoyed cycling. They had stopped this for a while, but staff were supporting them to resume this. Their relative said, "[Person] was really active at home. Cycling, karate, walking, they are more happy when they are active. They went through a tough time and stopped. Now they are here they are cycling again, going to college. When the staff do these things, it takes the anxiety away, distracts and the exercise really helps."
- Staff were working with the transition team to move one person to their own accommodation. This was their wish, and staff had supported them to the point they were able to live in their own home with support. The transition manager overseeing the move told us, "Staff have demonstrated a flexible and proactive approach, with good understanding of the service users' needs and preferences as well as giving good input and feedback to make the process work for the service user."
- People were encouraged to maintain relationships with their family and friends.

Improving care quality in response to complaints or concerns

- People were provided with information about how to complain in a format they could understand. People's relatives told us they would speak with staff if they were unhappy.
- The service had one complaint which had been dealt with appropriately and following the policy for the investigation and management of complaints. Whilst we inspected a relative raised a concern with the registered manager. We saw that this was handled sensitively, the registered manager took time to understand the concerns and remedied them immediately. They then discussed the concern with staff to ensure lessons were learned.

End of life care and support

- No-one was currently receiving end of life care; however, the management of the service knew how to access support from other healthcare professionals should this be required.

# 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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was clear how they wanted staff to provide person centred care. They were visible in the home, knowledgeable about people's needs and led by example.
- Quality assurance processes were in place with regular quality monitoring carried out by the registered manager, which was checked by the provider. Weekly reports were sent to the provider for them to monitor areas such as incidents, complaints and safeguarding. Changes to the senior management team meant that visits from the provider to verify the findings and improvements had been less frequent. This had not negatively impacted on the safety or quality of the service but following our visit the provider carried out a full quality audit of the service.
- We found that some care records required updating and reviewing. Care records were cumbersome and at times did not contain sufficient detail. However, the registered manager was in the process of completing this at the time. One person's relative said, "There is just too much paperwork for the staff. It seems to be complicated for the sake of it. It takes away from time with [Person]. The registered manager assured us they would review and simplify the paperwork with the providers support.
- The registered manager however, clearly led by example, and was acutely aware of each person's needs. They were able to accurately describe people's care, preferences and knew what was important for each person we discussed. This meant the lack of recording in these areas did not adversely affect the care provided to people.
- Duty of candour was promoted by all working at Shear Meadow. The registered manager demonstrated an open and honest approach if something went wrong. Notifiable incidents were being made within a reasonable time frame.

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

- Peoples relatives, staff and health professionals were positive about the registered manager. One staff member said, "[Registered manager] is approachable and supportive. I think they are a good leader and honest." One relative said, "The manager is very good. Very open, very approachable."
- Staff were clear about their roles and the expectations of them by the provider and registered manager. Staff were held to account for their performance where required.
- The registered manager understood their responsibilities and kept up to date with best practice through networking with other managers across the organisation and attending meetings. They were considered to be knowledgeable by the provider and been asked to support a local service with no manager in post.
- The registered manager reported to CQC appropriately and submitted any statutory notifications that

were needed.

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

- The registered manager and the staff knew people. The care provided was based on positive outcomes for people and having built close relationships with people meant these outcomes could be achieved.
- Meetings were held where people and staff could share their views about the service, raise ideas and suggestions, and reflect on their practise. Relatives were kept informed via email, however the registered manager planned to hold specific meetings with relatives in the coming weeks. This would enable relatives to give input into how the home was run and what they would like to improve.
- The registered manager sought people's views, opinions and feedback about the service. A formal survey for staff feedback was due to be completed.

Continuous learning and improving care

- The registered manager had an open and positive approach to feedback and to ideas contributed by staff, relatives, or professionals regarding service improvement.
- The registered manager was committed to the continued development of the service and improving the quality of life for people living at Shear Meadow.

Working in partnership with others

- The registered manager and staff worked with other professionals such as the community learning disability team, autism specialists, transitional teams' doctors, nursing teams among others to ensure positive outcomes for people.