

Shepherd Heights Limited

Meadow View

Inspection report

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Tel: 01604843923

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Ratings

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

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Meadow View is a residential care home providing personal care for up to seven people with learning disabilities and autistic spectrum disorder or associate physical health needs. The home is a large bungalow with seven en-suite bedrooms, communal kitchen/diner and living room with access to outside space. It is situated in a residential area. At the time of the inspection seven people were living there.

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

Right Support

Staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

People were supported by staff to take part in activities and pursue their interests in the local area. Staff supported people to achieve their aspirations and goals.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Staff supported people to play an active role in maintaining their own health and wellbeing. People were supported with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff ensured people had full access to health and social care to maintain their health and wellbeing.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs and promoted equality and diversity in their support for people.

People told us or communicated with us they were happy living at Meadow View. Relatives' feedback was

their family members were safe and comfortable at the service. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. There was enough appropriately skilled staff to meet people's needs and keep them safe.

People who had individual ways of communicating, using body language, sounds, pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People could take part in activities and pursue interests that were tailored to them.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff placed people's wishes, needs and rights at the heart of everything they did. They knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

People and those important to them were involved in planning their care. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

The registered manager and provider had implemented effective checks and audits on the quality and safety of the service. When shortfalls were identified, action was taken to address these.

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

Rating at last inspection

The last rating for this service was good (published 29 June 2018)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test

the reliability of our new monitoring approach. We also inspected to assess that the service is applying the principles of Right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe 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.

Meadow View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two Inspectors.

Service and service type

Meadow View 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced

What we did before inspection

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

During the inspection

We spoke and communicated with five people who used the service and six relatives about their experience of the care provided. Some people who used the service were unable to talk with us but used different ways of communicating including sounds, objects, pictures and their body language.

We spoke with eleven members of staff including support workers, night staff, agency staff, senior support workers, deputy manager and the registered manager.

We spent time observing people.

We reviewed a range of records. This included three people's care records and seven medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- People told us or communicated with us they were happy living at Meadow View. Relatives' feedback was their family members were safe and comfortable at the service. One relative said, "[Name of relative] never seems stressed and we see they take good care of them."
- Staff had training on how to recognise and report abuse and they knew how to apply it. There had been no recent safeguarding issues.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. We saw pictures and Easy read information for people.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. For example, a GPS tracker had been fitted to one person's bike which enabled them to go out when they liked but with the knowledge staff knew where they were should they need assistance.
- People had personalised plans in relation to their safety and support needs when in the service or out in the community. People had easy read guides available to support them to stay safe. Any triggers for anxiety or stress had been identified, and the plans contained personalised signs or symbols to enable staff to communicate with people in the most effective way for them.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. A diary was kept of people's activities and health appointments which ensured staff were always available to support people.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.
- Every person's record contained a clear one-page profile with essential information and dos and don'ts to

ensure that new or temporary staff could see quickly how best to support them.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People received their medicines at the times they were prescribed or when they needed them.
- Staff were trained or assessed as competent to support people with their medicines.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans together. One relative said, "I have been fully involved with care planning for [Relative] from the start. We set up a system to communicate with staff so they could ask questions and I could answer which has been really helpful."
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- There were pathways to future goals and aspirations, including skills teaching in people's support plans. These needed to be more regularly reviewed and evaluated.

Staff support: induction, training, skills and experience

- People benefitted from reasonable adjustments to their care to meet their needs, and their human rights were respected. This was because staff put their learning into practice.
- Updated training and refresher courses helped staff continuously apply best practice
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.
- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals.
- We observed people helping themselves to snack and drinks when they wished to and given guidance from staff about healthy eating.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.
- Staff were knowledgeable about people's dietary needs and requirements and how people wished to be supported at mealtimes. People's food preferences and consistency of food and drinks for example normal, soft or pureed foods, was recorded in their care plan. We saw evidence of meetings with the speech and language teams (SALT) to ensure people received the correct meals and support.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical
- People were able to move around easily because there were visual aids in their home and staff had arranged the furniture to support this
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home
- Relatives told us they had been involved in preparing people's rooms for them. We saw recently a garage had been converted to provide a larger room for one person with their own access to outside. This enabled the person to be more independent when accessing the community.

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

- People had health passports which were used by health and social care professionals to support them in the way they needed
- People played an active role in maintaining their own health and wellbeing. We observed a number of people going out taking exercise. One person told us how they loved to go to the gym each week.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. One relative told us when they had been unable to attend a medical appointment with their loved-one the staff supported the person and telephoned them when in the appointment so they could offer their support too.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were.

- Staff empowered people to make their own decisions about their care and support
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. We saw staff encourage one person to put their earphones on when they were indicating they were feeling stressed with the noise from other people.
- Staff members showed warmth and respect when interacting with people. One person said, "The staff are good."
- Relatives described staff as passionate in what they do, showing love and compassion to all the people.

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

- People were enabled to make choices for themselves and staff ensured they had the information they needed. For example, one person preferred to stay in bed for periods of time. Staff stayed vigilant and ensured the person was safely supported when in bed.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. We observed staff spending time with people engaging with them through objects which were special to the individual.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments
- Staff supported people to maintain links with those that are important to them. One relative said, "I can visit anytime, I usually ring first just in case [Name of person] is out."

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Staff knew when people needed their space and privacy and respected this. We observed people spending time in their own rooms and staff seeking their consent before they entered the room.
- Each person had a skill teaching plan which identified target goals and aspirations and supported them to achieve greater confidence and independence. One relative told us they could see a positive change in their loved one's abilities and independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. One person told us about a theatre group they attended each week.
- Staff provided person-centred support with self-care and everyday living skills to people
- Staff offered choices tailored to individual people using a communication method appropriate to that person. For example, one person used objects of reference and pictures to communicate.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs and people were in control of how they lived their life.
- We observed people getting up when they liked and going to bed when they wished. One person told us they liked to watch Netflix in their room.

Meeting people's communication needs

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

- Staff ensured people had access to information in formats they could understand
- There were visual structures, including objects and photographs, which helped people know what was likely to happen during the day and who would be supporting them.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. Staff explained how they knew when people were happy or needed something.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked

well for them.

- One relative told us, "When I raised a complaint recently, this was fully investigated."

End of life care and support

- Whilst the service was not providing support to people at the end of their life at the time of inspection, they had supported one person to remain at Meadow View at the end of their life. Staff told us they had sought advice and support from health professionals and undertaken specific training to support the person.
- People had been supported to complete a 'My future wishes' plan. This was easy read and enabled people to express their preferences and wishes about end of life care should their needs change. Families had also been encouraged to support making the plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management and staff put people's needs and wishes at the heart of everything they did.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. One relative said, "[Registered manager] is very approachable and understood the need to have the right people to live together so as not to upset each other."
- Managers worked directly with people and led by example. We observed the registered manager showing a person and staff how to use a new communication aide.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One staff said, "We can put forward ideas and are listened to."
- Managers promoted equality and diversity in all aspects of the running of the service.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- There had been no notifiable incidents under duty of candour.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Staff were able to explain their role in respect of individual people without having to refer to documentation. They knew people well and we observed positive interactions with people.
- Staff delivered good quality support consistently.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, and those important to them, worked with managers and staff to develop and improve the service. Relatives told us they had been involved in changes to their family member's room.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. We read a comment in a recent survey about the lack of private space to meet with people. During the inspection an outside area was renovated so that everyone could easily access it and gave people another area to meet with family and friends privately.

Working in partnership with others

- The registered manager was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.
- The service worked well in partnership with other health and social care organisations, which helped people using the service improve their wellbeing.