

Tricuro Ltd

# Streets Meadow

## Inspection report

Hanham Road  
Wimborne  
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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

Streets Meadow provides accommodation and personal care for up to 60 people. There were 57 people living there at the time of our inspection. The service is located in Wimborne and is a large detached building with bedrooms on both the ground and first floors.

All of the bedrooms have their own en suite bathrooms and there are several fully accessible showers and assisted bathrooms available for people. There is lift access to the first floor of the home. The home is divided into four separate units which each have 15 bedrooms, a lounge, dining room and small kitchen area. People have access to a level garden to the rear of the home and use of a sensory garden, sensory room and sensory bathroom.

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

People felt safe living at Streets Meadow. Relatives were confident their family members were being looked after properly. Staff understood how to keep people safe from harm or abuse and knew how to raise concerns if they observed or heard about poor or abusive practice. Staff were confident they would be listened to by the management and appropriate action taken if they raised concerns.

People were supported to maintain their health and well-being via timely referral to relevant health care services such as GPs, district nurses and specialist dentists. Good oral health support was increasingly emphasised and seen as beneficial to people's dignity, dietary intake and weight.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had the opportunity to participate in a range of group and 1:1 activities in the home and local community which were tailored to their interests and abilities.

The benefits of regular contact with family and friends was recognised and encouraged. Relatives told us they were made to feel welcome when visiting, were involved in decisions about their family member's care and had got to know staff well.

Regular feedback was sought from people, relatives, staff and professionals with this used to determine what the home was doing well and what could be improved.

The management understood the importance of developing and maintaining good working relationships with other organisations. This included a community dementia alliance and a university. These connections helped the home discover and introduce new ways of supporting people with dementia and other life limiting conditions to stay well and thrive.

#### Rating at last inspection

The last rating for this service was Good (published 13 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

# Streets Meadow

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two of the inspection was carried out by one inspector.

#### Service and service type

Streets Meadow is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 the 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. This is information providers are required to send us 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 with 16 people who used the service and six relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, deputy manager, a unit manager, healthcare assistants, laundry and domestic staff, activities officer and assistant cooks. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five 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 oral health support and quality assurance records. We spoke with two professionals who have regular contact with the service.

# 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 told us they felt safe living at Streets Meadow. Relatives also expressed confidence that their family members were kept safe. One person said, "They (staff) keep an eye on me as I use a frame." A relative told us, ""They take care that people don't fall here." One staff member commented, "People put their trust in you to look after them properly."
- Staff had a good understanding of how to safeguard people in their care from harm and abuse. They told us they felt confident management would listen and act if they raised concerns. They knew how to raise concerns internally and to external organisations such as the local authority safeguarding team or CQC.
- Staff said they would feel confident whistleblowing if they observed poor practice. They felt they would be listened to and appropriate action taken by management.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People had personalised risk assessments to help reduce risks associated with areas of their lives such as fragile skin, poor dietary intake and mobility. Control measures had been introduced to help minimise risks. For example, some people had specialist equipment such as pressure relieving mattresses to reduce the chance of skin damage or alarm pendants to alert staff if they had a fall. One person said, "In the past I had a few falls, so I know how important it is to have it with you and wear it."
- General environmental risk assessments had been completed to help ensure the safety of the people, staff, relatives and visiting professionals. These assessments included: water temperature and systems, fire procedures and home security.
- During a walk around of the home we found all free-standing wardrobes were not secured to the wall. This presented a risk to people's health as unsecured wardrobes could topple onto people and cause them harm. We raised this with the registered manager who said they would contact a company to get the wardrobes secured. After the inspection we received email confirmation this had been done.
- Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to help people to safety in an emergency. We noticed there were PEEPs on file for two people who had recently passed away. When we raised this with the registered manager these documents were removed.
- The home was visibly clean and odour free throughout. Domestic staff were on duty on each floor. Staff had received infection control training and understood their responsibilities in this area. Staff made appropriate use of the available Personal Protective Equipment (PPE) such as gloves and aprons. A relative expressed, "The cleaning here is absolutely wonderful - the bedding is always clean whenever I come." Although people's rooms were clean we noticed two cleaning records had not been signed by staff. We raised this with the registered manager who reminded staff at handover to ensure these were completed.

### Staffing and recruitment

- There were enough staff to meet people's needs in a timely and flexible way. At busy times of the day people said they had to wait a little longer for staff to respond. Staffing levels were set according to people's dependency and were regularly reviewed. One relative expressed, "I'm very impressed with the staffing levels."
- Due to the dependency levels of people living at Streets Meadow the home had recently put a temporary embargo on admitting new people with high needs in recognising 'the right to keep current residents safe as a priority.'
- The home used a bank of relief staff rather than agency workers to cover holidays or sickness absence. The registered manager told us they had not used agency workers for over two years. This meant people were supported by staff familiar with them and their needs. A relative said, "What's good is the consistency of staff, [name] sees the same faces."
- The home had safe recruitment practices. Pre-employment checks had been done to reduce the risk that staff were unsuitable to support people. This included dated references from previous employers and criminal record checks.

### Using medicines safely

- Medicines were managed safely. People received their medicines on time and as prescribed from staff with the relevant training and competency checks. Medicine Administration Records (MAR) were completed and legible.
- Where people were able to self-administer their medicines a risk assessment was in place to support this.
- Where people were prescribed medicines that they only needed to take occasionally (referred to as 'PRN'), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. People's medicines were regularly reviewed to ensure they were benefiting from taking them.
- Medicines were stored safely including those requiring additional security

### Learning lessons when things go wrong

- Accidents and incidents were recorded and escalated appropriately.
- All accidents and incidents were analysed by the management to look into what had happened, the cause, identify trends and determine the actions required to help reduce the risk of a re-occurrence.
- Learning was shared with staff at handovers, supervision, performance reviews and team meetings.



# 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 pre-admission assessments that supported their move to the home. On moving in, staff worked with the person, their family and relevant professionals to develop a personalised care plan that identified achievable outcomes. A relative told us, "[Name] has blossomed here."
- People's outcomes, and guidance on how staff met them, was recorded. Staff knowledge and records demonstrated plans had been created using evidence-based practices. This included support with medicines, moving and repositioning, nutritional needs and oral health support. A healthcare professional said, "I am confident people are being looked after there."
- Staff were attentive to people's needs including their need for effective pain management. We heard one staff member speaking to a person, "How are you feeling now, any better? Can I get you some paracetamol or anything else?" Staff used a recognised pain management assessment tool for people at the home who found it more difficult to articulate their needs.
- When the home identified shortfalls in practice standards timely internal investigations took place and disciplinary action was taken where required.

Staff support: induction, training, skills and experience

- New staff had an induction which included shadow shifts with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- Staff received mandatory and role specific training in areas such as equality and diversity, pressure area care, moving and repositioning and safeguarding. People and relatives expressed confidence in the competence of the staff. A relative said, "They've healed a pressure sore on [name's] heel, it's gone now." One person said, "Staff often say 'I'm off on training.'"
- Staff received individual and group supervision. This provided them with an opportunity to discuss concerns, reflect on practice, consider professional development and regulatory changes. One staff member said, "We're not perfect but we learn."

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

- People were supported to maintain a well-balanced diet and remain as independent as possible with their meals. Adapted cutlery and plates were available if required.
- People who required staff support to eat were helped in a way that maintained their dignity and ensured their meal times were enjoyable. Support was at the person's pace.
- People's dietary needs were known and met, including if they had allergies to certain foods or were on safe swallow plans created by speech and language therapists [SALT]. People with a low dietary intake were

weighed weekly. A relative told us, "When [name] came in, I was struggling to get [name] to eat but [name's] put on weight here."

- People told us they enjoyed the food. One person said, "There's plenty of food to eat. It's really good." Another person told us, "There's good food here, I have double helpings sometimes." Alternative options and snacks were available including a plentiful supply of fresh fruit.

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

- The service understood the importance and benefits to people of timely referral to health and social care professionals. People had been supported with visits to or from district nurses, GPs, chiropodists, dentists and opticians. One person said, "The district nurse comes in to check my skin at least twice a week." Another person commented, "They are good at getting the GP out if I'm unwell."
- People's current and emerging care needs were discussed in daily handovers. This information was recorded on the electronic handheld system and readily available to staff.
- There was improved information sharing with healthcare professionals, via a new communication board, and more stringent oversight of pressure care from management. One relative commented, "[Name] came here with an ulcer on [name's] leg. I never thought it would get better but after a few months it was healed." A healthcare professional told us, "Staff are very good at following up on our advice."
- Management recognised and promoted the importance of supporting people's oral health. The home used an evidence-based assessment tool to determine people's needs in this area. Staff training had emphasised the connection between good oral health, nutrition and weight. People who were living with dementia were supported to attend a specialist dentist that was more able to meet their needs. The registered manager said there would be an increased focus on oral health within the induction process.

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

- People lived in an environment that had been adapted to meet their needs. Signage helped people understand what each room around the home was used for. The home had consulted with a specialist at Bournemouth University to ensure signage and the home environment supported people living with dementia.
- People had memory boxes outside their rooms which contained items and photos that celebrated their interests and achievements. These helped people find their rooms and encouraged staff and visitors to recognise people as individuals. A relative said, "They decorated [name's] room before [name] moved in."
- People had access to a secure, level-access garden. There was evidence people used this space including a greenhouse used to grow and share vegetables. The registered manager told us people at the home had won a prize for their garden in the town's gardening competition.

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.

- People had mental capacity assessments for each significant decision affecting their day to day lives. Best interest discussions took place with all relevant parties, including advocates, when people did not have the capacity to make a particular decision.
- Staff understood the importance of seeking consent before supporting people. They said they did this before helping people with personal care, brushing their hair and support with medicines.
- The home had applied to the local authority for people who required DoLS and kept a record of when these were due to expire. One person had conditions attached to their DoLS with records confirming the condition was being met by staff.

# 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 were supported by staff who consistently treated them in a kind and caring way. Interactions were warm, natural and often included appropriate humour. People told us staff treated them well and knew how to support them when they felt upset. One person stated, "I can't say anything bad about them here, they're all good" while adding, ""One morning I was down in the dumps and they made me laugh to cheer me up." Another person commented, ""They are nice carers here."
- People could live their day to day lives as they chose. Some people preferred to be more private and this was respected.
- People's needs and right to sexual expression and intimacy was supported. This included who they wanted to spend time with, time in private and their preferred clothing. One person said, "Twice a week we have a coffee morning with people from the other side. I have a lady friend here, that's where we met at the coffee mornings. I can visit her on [name of unit] and we can sit together."
- The service kept a record of compliments with these displayed around the home for people, staff and relatives to view. Comments included: 'Thank you for all the care and kindness you showed [name] during [name's] stay' and 'To say that [name] spent 4½ happy years with you is an understatement – they were some of the happiest of [name's life].' A relative told us, "The whole family feel [name's] in the best place [name] could be."

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

- People were supported to express their views about their care and makes decisions affecting their lives. A person's plan advised, 'I don't like to be rushed or ordered what to do. Please be calm, cheerful and sing along.' One person told us, ""Some of the older carers have known me for a while. They know what I like and what I like done."
- People had personalised their rooms with some of their own furniture and other items of sentimental value such as photos and ornaments. This had helped people to settle in. One person told us, "I used to have a room around the corner but could only see trees from the window. I asked to move to a room where I could see the road and they found me my new room. It's good because I can sit and watch the traffic go by, I like that."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of maintaining people's privacy. For example, a sign was attached to people's doors during personal care support to prevent intrusion and maintain their dignity.
- People were supported to maintain their appearance for example, by being helped to wear clothing or

jewellery of their choice, apply make-up, shave or have their hair done. A relative said, "They take care of [name's] hair. [Name] has [name's] hair done each week. [Name] is always well dressed."

- Staff supported people to live their lives with as much independence as possible. Staff understood the importance of encouraging people to do as much for themselves so that they were able to help maintain their daily living skills and increase their sense of self-worth.

# 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 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 received person-centred care. Their needs, abilities, background and things important to them were documented, known and supported by staff. People's needs were regularly reviewed, with support from their relatives if they experienced difficulties communicating what was important to them. One relative confirmed their family member "has a yearly re-assessment." Another relative said, "Yes they do invite me, and I have been to some."
- People were encouraged and supported to maintain contact with those important to them including family, friends and other people living at the home. Relatives told us they were made to feel welcome at the home and had got to know the staff there. One relative commented, "I visit regularly, and I'm always welcomed here."
- People had the opportunity to participate in a wide range of activities. This included concert trips, reminiscence, 1:1 sessions, visiting entertainers and celebrating anniversaries of national events such as PRIDE. People could also choose to do their own thing if they wished. One person said, "I like to do my word searches. They keep my brain sharp." Another person said, "I don't join in with activities as I prefer to stay in my room." A relative told us, "There's lots going on here." On day two of our inspection people enjoyed a trip out to a symphony orchestra. The activities officer said, "I'm passionate about music being key to people's well-being and communication."
- The home was part of a community dementia friendly alliance and had secured the donation of a 'Magic Table' – a light projector designed to support people with dementia by helping staff promote participation and stimulation through interactive games. This helped ensure meaningful activities were available to each person at the home. A member of the organisation that donated the equipment spoke highly of Streets Meadow and told us, "We chose this home to have the table as we knew they'd use it and they do."

### 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.

- People's communication support needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others, including professionals.
- Staff knew and met people's individual communication needs. For example, one person's plan noted, 'I would like the staff to use small sentences and give me plenty of time to respond. Our observations confirmed staff were practicing in the required way.'

#### Improving care quality in response to complaints or concerns

- The home had an up to date complaints policy with the procedure displayed prominently in the home. The management logged, tracked and resolved complaints in line with the provider's policy.
- People and relatives told us that if they needed to complain, they would speak to the manager or care staff.

#### End of life care and support

- People who had expressed a wish to discuss their future care needs had advance care plans. These included details about choice of burial or cremation, funeral arrangements and the service.
- Although there were no people receiving end of life care at the time of the inspection, staff were trained in this area. The home had received compliments from relatives for the care and emotional support they had provided when people had passed away. This support included a bereavement support group held at the for friends and family.
- The home ensured that people who had passed on were not forgotten with a wall in the home commemorating people who had lived there. The home also hosted an annual Salvation Army remembrance service.
- The home had been involved in an end of life best practice scheme and had received a platinum status award from the scheme in recognition of the quality of their end of life care.

# 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;

- Streets Meadow had an open, friendly and supportive culture. The management had an open-door policy and was seen as approachable. One person said, "[Name of registered manager] is always available if you want."
- The registered manager encouraged an ethos of person-centred care and positive risk taking. The registered manager considered the home a place, "Where old age is celebrated, valued and people look forward to living life to the full, with the best yet to come."
- Staff told us they felt supported and got on well with their colleagues. Most staff spoken with had been at the home for a considerable number of years and said they enjoyed working there. One staff member said, "We're not only close as a team. We support each other with work and home issues." Another staff member said, "I'm happy in my work and we're happy as a staff team."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management and staff were clear about their roles and responsibilities. The deputy manager said, "The staff are really dedicated and hard working. They are a good team."
- Staff told us they felt recognised and valued. Records confirmed this. The home had a staff recognition scheme where 'staff of the month' were awarded vouchers for exemplary practice.
- People, relatives and health professionals felt the home was well managed. One person said, "'I think it's well run here."
- The registered manager had ensured all required notifications had been sent to external agencies such as the local authority safeguarding team and the CQC. This is a legal requirement.
- The home manager understood the requirements of Duty of Candour. They told us it is their duty to "Inform people and their families when things have gone wrong. To take accountability, investigate, be clear about what happened, and the steps taken to resolve the issue."

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

- Regular residents' meetings and surveys, including for people on short breaks, were undertaken with feedback used to reflect on what was working well and what could be improved. Action plans then tracked progress on identified issues. When people had feedback they were unsure who their keyworker was



laminated signs were made with these then fitted discreetly to the rear of people's doors for easy reference.

- The management completed regular checks and audits which helped ensure that people were safe, and the service met their needs. Audits covered areas including: health and safety, falls, safeguarding, wound management, medicines and complaints. Action plans were created and tracked to resolve any issues identified.
- Supervisions and a range of team meetings were used as a forum for discussing people's changing needs, reflective practice, audit feedback and care industry developments. A staff member said, "We can raise things at team meetings and our ideas are listened to."
- There was a focus on staff well-being at the home which management considered a key driver of quality care. One staff member had recently attended a mental health first aid course and said this had given them an increased understanding of how to support colleagues. The deputy manager told us the home had been recognised by the provider as the top team for staff support.
- Staff were encouraged and supported to develop professionally. Staff and records confirmed this. For example, one person had been supported to enrol on an accredited training course as a chair exercise tutor.
- The home had established and maintained good working relationships with other organisations such as GPs, district nurses, social workers, a university and a dementia friendly alliance. The latter connection demonstrated the contribution the home recognised it could make in creating a dementia friendly community. One professional expressed, "Streets Meadow is one of my favourite places to place people due to the leadership and staff."