

Georgian House (Torquay) Limited

Meadfoot View

Inspection report

Danby Heights Close
Lincombe Drive
Torquay
TQ1 2HR

Tel: 01803229580

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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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

Meadfoot View is a residential care home providing personal care to up to 14 people. The service provides support to people with physical disabilities. At the time of our inspection there were 11 people using the service.

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

People told us they felt safe in the company of staff and our observations supported this. One person told us, "I am happy here. The staff are lovely, caring. Absolutely wonderful staff, I feel so safe here." Staff understood safeguarding reporting procedures.

Risks to people were managed and the environment was safely maintained. People received their medicines when required. There were sufficient staff on duty to meet people's needs and this was kept under continual review. Staff were recruited safely into the service. The service environment was clean and infection control measures were effective.

People's needs were assessed prior to moving into the service and they were supported by appropriately trained staff. The environment people lived in was well equipped, well-furnished and well-maintained. People received enough support to eat and drink enough and any health concerns were escalated to relevant professionals as needed.

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. Where required, applications to lawfully deprive people of their liberty had been made and best interest processes followed.

People, relatives and health professionals spoke positively of the care provided at Meadfoot View. People were supported to be involved in choices about the care and support they received. The service provided responsive care to people and people's communication needs were considered when care was being designed. People were involved in activities both within the service and the community. People were supported to participate in their chosen social and leisure interests on a regular basis.

People were positive about the service management who were clearly driven to provide the best possible

outcomes for people. There was a governance framework in place to monitor and assess the quality and safety of the service. Within the service there were systems to ensure the involvement and views of people, relatives, staff and healthcare professionals. There was a continual development plan in place to continually evolve the service for the benefit of those living within it.

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

Rating at last inspection and update

This service was registered with us on 25 June 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

Meadfoot 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

Meadfoot View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there were 2 registered managers in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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. We also reviewed additional information we held about the service, this included previous inspection reports and statutory notifications. A statutory notification contains information about certain incidents and events the provider is required to notify us about by law.

During the inspection

We spoke with 8 members of staff. This included both registered managers, one of whom was the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with care staff, activities co-ordinators, catering staff and the provider's quality and compliance manager. We spoke with 3 people who lived at the service.

We reviewed a range of records, including people's care records, staff recruitment files, records relating to safety checks including fire safety and accident and incident records. We also reviewed medicines records and records relating to monitoring and quality assurance.

Following our site visit, we contacted 7 healthcare professionals to seek their views on the service and received feedback from 5 of them. We also spoke with 3 people's relatives and 2 members of staff. We received further clarification and documentation from the service to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse through appropriate policies, training and safeguarding processes.
- People said they felt safe. One person commented, "I am happy here. The staff are lovely, caring. Absolutely wonderful staff, I feel so safe here." People using the service were seen to be relaxed in the company of staff.
- Staff received safeguarding adults training, including during their induction period. Staff we spoke with confirmed this.
- Processes were in place to report potential safeguarding incidents to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people were identified and managed. Where able, the service had worked with people to be involved in managing risks individual to them both in the service and the local community.
- There was active engagement with other health professionals to ensure appropriate advice and support was provided to minimise risks. Feedback we received from the healthcare professionals we contacted was positive.
- The environment and equipment were regularly assessed and serviced. This included checking the safety of systems such as electricity, gas and water.
- Regular checks were conducted on fire safety equipment. Personal Emergency Evacuation Plans (PEEPs) assessed the level of support people required.

Staffing and recruitment

- There was sufficient staff deployed to meet people's needs and keep them safe from avoidable harm.
- Rotas demonstrated staffing was kept in line with the numbers deemed safe by the provider and aligned to people's commissioned care. The provider monitored staffing levels against people's required needs on a regular basis.
- The service was not frequently using agency staff other than to cover holidays or unplanned sickness. Staff knew people well and were observed being attentive to people's needs. The registered managers told us there were no current staff vacancies.
- Some staff did tell us at times staffing levels were not sufficient, but this was very often due to unplanned sickness.
- The service followed safe recruitment processes. This included checks on identity, previous employment and Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make

safer recruitment decisions.

Using medicines safely

- People's medicines were managed so they received them safely.
- There were safe and effective systems for the ordering, storage, administration and returns of medicines.
- The provider had an electronic medication management system and staff had received training in its use.
- Some medicines required additional security and recording measures. We found these medicines were stored correctly.
- Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.
- Where people had 'as required' medicines such as pain relief, protocols were in place for this.
- Staff received medicine training and assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance.
- There were no restrictions on people's relatives and friends being able to access the service.

Learning lessons when things go wrong

- When they occurred, accidents and incidents were reported and recorded. These were reviewed by the registered managers and the provider's quality and compliance manager.
- Information collated during reviews of incidents and accidents determined what if any further action was required to prevent a future reoccurrence.
- Daily meetings and handovers were held to review incidents and specific aspects of people's care.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good.

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

- Prior to admission, the service ensured they met with people and any relevant third party professionals to assess their needs. This aimed to ensure their needs could be safely met within the environment and to plan their care.
- A healthcare professional we spoke with about admission processes said, "The discharge planning from hospital into the placement was meticulous, with a lot of focus on safety of the client."
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Staff applied their knowledge of people's needs and choices to provide them with effective support.

Staff support: induction, training, skills and experience

- People were supported by staff who received sufficient training, mentoring and ongoing supervision.
- New staff completed an induction to ensure they had sufficient knowledge of people and the service before working alone. This induction was aligned to the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed training the provider considered mandatory to ensure they had the right level of knowledge to effectively support people. Training was also provided in areas specific to people's needs.
- Staff told us they felt supported with their training and there was a continual supervision programme to discuss performance and areas for further training development.

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

- People were supported to be involved in choices about the food they ate. There was a new chef employed at the service who had impacted positively on this.
- Staff were aware of people's varying dietary needs and preferences.
- Where required, specific medical conditions that may impact people's dietary requirements were clearly recorded in their care records to reduce risk.

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

- Staff could respond to people's specific health and social care needs, for example recognising changes in a person's physical health and escalating concerns as appropriate.
- The service liaised with other professionals to consider ways people's independence could be further

promoted.

- Healthcare professionals we spoke with were positive about the care and support people received at the service, with one telling us, "I find the care team skilled and knowledgeable in their 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 needs.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- All of the bedrooms were en-suite and designed with the people living at the service in mind and included wet room facilities. Some rooms had built in kitchen facilities which were also purpose built and suitably adapted to ensure accessibility.
- Technology was incorporated to promote people's independence. This included having equipment to promote independence, for example electric blinds.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- To reduce the risk of people being unlawfully deprived of their liberty, there were effective systems operated by the registered managers to monitor DoLS applications and authorisations.
- Where identified as being required, DoLS applications had been made to the relevant local authority.
- Where required, we saw records that mental capacity assessments were completed, and best interest decision making processes were followed.
- Staff sought people's consent before providing care and supported people in line with their personal preference.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Staff saw people as their equal and created a warm and inclusive atmosphere.
- People were positive about the service. One person said, "I feel so safe here. I see the staff as my family. I can't imagine living anywhere else."
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were calm, focused and attentive to people's emotions and support needs such as sensory sensitivities.
- Staff were mindful of an individual's sensory perception and processing difficulties.
- People felt valued by staff who showed genuine interest in their well-being and quality of life.
- Staff members showed warmth and respect when interacting with people.
- We saw written compliments from relatives and healthcare professionals. One from a health professional said, "I have visited Meadfoot View several times and I have been impressed by the excellent knowledge of the staff about their clients."

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

- People were given time to process information and respond to staff and other professionals.
- Staff supported people to express their views using their preferred method of communication.
- Staff took the time to understand people's individual communication styles and developed a rapport with them.
- 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.
- Meadfoot View had a keyworker system in place, which enabled people to communicate their care and support needs and experience of the care and support received on an ongoing basis with a particular member of staff.

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.
- People were enabled to make choices for themselves, and staff ensured they had the information they needed.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those

relevant to protected characteristics.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved.
- Preferences, for example people's preferences for a particular gender of staff, were identified and appropriate staff were available to support people.
- People were supported with their sexual orientation, religious, ethnic and gender identity without feeling discriminated against.
- Staff offered choices tailored to individual people using a communication method appropriate to that person.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs.
- The service met the needs of people using the service, including those with needs related to protected characteristics.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- 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 worked closely with health and social care professionals and ensured people were assessed to see if they would benefit from the use of non-verbal communication aids.
- There was individualised support such as tailored visual schedules to support people's understanding.
- Staff were trained and skilled in using personalised communication systems.

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 encouraged and motivated by staff to reach their goals and aspirations.
- People were supported to participate in their chosen social and leisure interests on a regular basis.
- Staff provided person-centred support with self-care and everyday living skills to people.
- Staff ensured adjustments were made so that people could participate in activities they wanted to.
- People were supported by staff to try new things and to develop their skills.
- Staff helped people to have freedom of choice and control over what they did.
- Staff enabled people to broaden their horizons and develop new interests and friends.

Improving care quality in response to complaints or concerns

- There were regular opportunities for people, and those representing them, to raise issues, concerns and compliments. This was through discussions with them by staff on a regular basis and knowing people's behaviours when unhappy. Relatives were also made aware of the complaints system.
- The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint.
- A system was in place to record complaints. Complaints were acknowledged and responded to in an appropriate time frame and other professionals informed and involved where appropriate.

End of life care and support

- At the time of inspection, nobody in the service was receiving end of life care. If that changed, the registered managers told us they would consult with the person, their relatives and health professionals to ensure they received care in line with their needs and preferences.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a governance framework in place to monitor and assess the quality and safety of the service. This included internal audits by the registered managers and at provider level. For example, audits were completed in areas such as medicines, care provision and infection control.
- Actions were taken from information identified to make improvements. People and relative feedback about their care was included in this.
- There was a defined staffing structure. There were 2 registered managers in post. Staff were clear of their job roles and the lines of communication and accountability.
- The provider invested in staff by providing them with appropriate training to meet the needs of all individuals using the service.
- There was a business continuity plan in place to allow the service to protect people and continue to operate effectively in the event of an unforeseen incident.
- Notifications were submitted as required. A notification is information about an event or person which the service is required to inform CQC.

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

- The registered managers promoted a culture of person-centred care and reiterated that people should be treated as individuals and their skills promoted.
- Both registered managers were clearly committed to their roles and achieving good outcomes for people. One told us, "I want my own extended family here and for everything to be personalised for people."
- This was reflective of the provider's vision statement that read, "Our vision is to provide high quality person-centred care through active co-existence between involved residents and well-trained staff, empowering all to create positive outcomes that enhance lives."
- Service user feedback about the management of the service was positive. One survey reviewed read, "The management and staff go above and beyond to make me feel at home."
- Staff feedback was also positive, with one staff member commenting, "[Registered manager name] is lovely, she is great to work for. She is great and is always open to opinions and suggestions and will listen to anything you say. I feel well supported by her."

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 registered managers understood the responsibilities under the duty of candour legislation, to be open honest when things had gone wrong.
- The registered manager reviewed the information relating to accidents or incidents that had occurred in the service.

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

- There were systems in place to ensure the involvement and views of people and those important to them were sought.
- Resident surveys showed positive feedback when people were asked for their views on the level of care they received, the staff that supported them, the service environment and the activities they could be involved in.
- Relative surveys completed also evidenced positive feedback. Comments within the surveys reviewed included, "The communication is good" and, "The care [person's identity] receives is wonderful. No improvement needed, staff are always helpful every visit and pass on information."
- Staff had the opportunity to feedback on their employment and contribute ideas to the service through meetings and surveys. A recently completed staff survey showed positive results and showed all respondents had confidence in the management team of the service.

Continuous learning and improving care

- The registered managers kept up to date with national policy to inform improvements to the service.
- The provider and registered managers had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- There was a service development in place that was aimed at driving continual improvement and progression within the service.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. The feedback we received from healthcare professionals who were currently working with the service to achieve good outcomes for people was positive.
- Regular reviews and communication with third party healthcare professionals took place to ensure people's current and changing needs were being met.