

Wiltshire Council

Meadow Lodge

Inspection report

Sadlers Mead, Monkton Park
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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 

Overall summary

Meadow lodge is a respite service in Chippenham in Wiltshire. It provides short term residential care breaks for adults with a learning disability. The service has places for up to four people at a time.

At the time of our inspection there were four people using the service. The main focus of the service is to treat everyone as individuals and involve them in making choices which promote their independence. The inspection took place on 5 June 2015 and was unannounced.

The service had a registered manager who was responsible for the day to day operation of the home. A registered manager is a person who has registered with

the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was present on the day of the inspection.

People liked the staff who supported them and positive relationships had formed between people and staff. Staff treated people with dignity and respect.

The care records demonstrated that people's care needs had been assessed and considered their emotional,

Summary of findings

health and social care needs. People's care needs were reviewed prior to the person's stay to ensure they received appropriate and safe care, particularly if their care needs changed.

Staff worked closely with health and social care professionals for guidance and support around people's care needs. Staff were knowledgeable about the rights of people to make their own choices, this was reflected in the way the care plans were written and the way in which staff supported and encouraged people to make decisions when delivering care and support.

Staff had received training in how to recognise and report abuse. There was an open and transparent culture in the service and all staff were clear about how to report any concerns they had. Staff were confident that the

registered manager would respond appropriately to their concerns. People we spoke with knew how to make a complaint if they were not satisfied with the service they received.

There were systems in place to ensure that staff received appropriate support, guidance and training through supervision and an annual appraisal. Staff received training which was considered mandatory by the provider and in addition, more specific training based upon people's needs.

The registered manager and the regional county manager carried out audits on the quality of the service which people received. This included making sure that the accommodation and the environment was safe.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe when they stayed at Meadow Lodge

Staff had received training in how to recognise and report abuse.

There was an open and transparent culture in the home and all staff were clear about how to report any concerns they had.

Good



Is the service effective?

The service was effective. People had access to a choice of food and drink.

Staff had received appropriate training which ensured they were suitably skilled and knowledgeable to support people.

People thought staff had the right skills and did their job well.

Good



Is the service caring?

The service was caring. In all interactions with people, staff were friendly, respectful and caring.

People and staff had developed positive relationships with each other.

Staff took time to listen to people and supported them to make their own choices, explaining the options available to them.

Good



Is the service responsive?

The service was responsive. People's care and support was individualised and monitored to ensure the service could meet their needs.

Peoples preferences and choices were respected. People told us they made choices about, their personal care and daily routines, what they ate and social activities.

Good



Is the service well-led?

The service was well led and had clear values about the way care should be provided.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs.

The registered manager promoted an open door policy and staff, people and their families said they could approach her if they had any concerns.

Good



Meadow Lodge

Detailed findings

Background to this inspection

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

The inspection took place on 5 June 2015 and was unannounced. The inspection was carried out by one inspector. Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

We spoke with four people who were at the service during our inspection and with two relatives. We also spoke with the registered manager, a team leader and two care workers.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with people and their families, looking at documents and records that related to people's support and care and the management of the service. We reviewed the care records of two people, medicine administration records, information on notice boards, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

Is the service safe?

Our findings

People told us they felt safe when they stayed at Meadow lodge and relatives confirmed they had no concerns around the safety of their son or daughter. We observed positive interactions between staff and people which showed people felt safe around staff members. People seemed relaxed in the presence of staff and approached them when they wanted support. There were sufficient staff on duty to support people. We saw that people's requests for support and assistance were responded to without delay.

Risk assessments were used to identify what action needed to be taken to reduce potential risks which people may encounter as part of their daily living. The risk assessments formed part of the person's care plan and gave guidance on how care and support should be delivered to keep people safe and to enable them to maintain their independence. Such as taking part in activities in the unit and within the community. Incidents or accidents were reported centrally to Wiltshire Council as the provider and action taken to ensure the risk of future incidents were minimised.

Staff had received training in safeguarding to protect people from abuse and were able to describe what may constitute as abuse and the signs to look out for. There was a safeguarding and a whistleblowing policy and procedures in place which provided guidance on the agencies to report concerns to. Notifications had been made to the Care Quality Commission (CQC) as required.

People using the service could be confident that their medicines were organised and administered in a safe, competent manner. People received their medicine on time and staff were knowledgeable about the type of medicines which people took and why they were prescribed.

People who stayed at Meadow lodge brought their own medicines with them. On the first day of their stay, staff recorded the type of medicine and the amount the person had come with. Some people took their own medicines with staff prompting and documents showed that people's preferences were taken into account in how they took their medicine.

There were clear policies and procedures for the safe handling and administration of medicines. These were followed by staff and this meant that people using the service were safe.

There were effective recruitment procedures in place which ensured people were supported by appropriately experienced and suitable staff. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

The layout of the building promoted people's independence, dignity and safety. The communal areas of the home were clutter free and spacious. The gardens were fully accessible to people and the environment was safe.

The provider had risk assessments in place for the environment and facilities, such as ensuring that the water systems were regularly checked for legionella. [Legionella is a disease which is caused by bacteria in water systems]. Fire equipment was regularly tested and there were personal evacuation plans in place for people in the event of a fire.

Each day after the evening meal, people and staff talked about what to do in the event of a fire and how to evacuate the premises. This discussion was held daily because people had different days where they stayed at the unit. A member of staff explained the unit had recently had to evacuate the premises when the fire alarms sounded. Although it was a false alarm, people had left the building within thirty seconds, with one person taking another person's hand to lead them out of the door. People were thanked for the safe way they had responded.

Should the premises need to be vacated in an emergency, alternative accommodation had been arranged for people in another of the provider's respite units in Chippenham. There was also a contingency plan in place should staffing levels be affected by sickness or adverse weather conditions.

Is the service effective?

Our findings

We observed staff communicated with people effectively and there were many positive interactions. People were able to verbalise their opinion and wishes and staff listened and gave people time to make decisions. Care records evidenced that where able, people had consented to their care through signing their care plan or a written statement had been made of a conversation with the person. One person told us “I have a copy of my support plan and they [the staff] know what support I need, they are great staff, do things the way I like, I feel at home when I come here”.

People had access to a wide choice of food and drink throughout the day and people told us they had enough to eat and drink. Meal times were variable, depending upon when people got up in the morning or when they were ready to eat. People told us they enjoyed the variety of food and we observed that people were offered alternatives if they did not like what was on the menu for that day. People were supported to maintain a healthy weight and commented “we eat healthy food like fruit and vegetables” and “if something is not in the cupboard then we go shopping”. One person said “I do the cooking, curry, lasagne, I am a good cook. I also make my lunch box”.

Staff were knowledgeable about what constituted a healthy diet and encouraged people to think about the range of food they ate. People went food shopping with staff and told us that staff knew what they liked to eat. Information was available to staff regarding specialised diets, allergies and food intolerance(s) to ensure people’s dietary needs were met.

Each person had a health action plan which identified their health needs and the support they required to maintain their emotional and physical wellbeing. This helped staff ensure that people had access to the relevant health and social care professionals. Records evidenced that people had access to a range of professionals such as the occupational therapist, hospital consultants and dental and optical care. Health professionals either visited the unit to see people or staff supported people to attend appointments. Where staff felt that people were not

receiving basic health care, they discussed this with the family and supported the person to access the health care they required, such as dental care. Care records showed that health professionals consulted with staff regarding care routines and guidance was available to staff.

Individual meetings were held between staff and their line manager every month. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people who stayed at the unit. During these meetings guidance was provided by the line manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff. Staff felt very supported by their line manager.

Staff had the appropriate skills and knowledge to be able to support people safely and appropriately. Staff told us they felt they received ‘very good’ training and had the necessary skills to do their job well. People told us that ‘staff were good at their job’.

Specific and mandatory training was based around the skills and knowledge staff required in order to meet the needs of people who stayed at Meadow Lodge. Such as, epilepsy support, diabetes care and positive behaviour support. Staff had undertaken the mandatory training required by the provider which included, infection control, medicines, moving and handling, health and safety, safeguarding including the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. The Deprivation of Liberty Safeguards are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager had ensured that where appropriate, applications had been made to the correct authority if people’s freedom of movement outside of the unit was restricted to ensure they remained safe.

Is the service caring?

Our findings

Staff were friendly and caring towards people. We saw that people and staff had developed positive relationships with each other. When staff entered the communal rooms they acknowledged people and called them by their preferred name. Staff were mindful of people's dignity and ensured that personal care was carried out within the privacy of the person's room. People were treated equally and we saw that staff were aware of people's personalities and respected their right to do things in a particular way, change their mind or do things differently.

People told us they knew each other well, either through their schooling or from the day service they attended. We observed that when people were leaving to go home, they hugged each other and wished each other well. People liked staying at Meadow Lodge and commented "I like coming here because they [the staff] make me feel happy" and "I bring in my own things like pictures, I like coming to stay here, the staff are great, they are lovely and kind to me and I see my other friends here". Relatives we spoke with described staff as "very caring" and "awesome".

Each person had their own bedroom and we saw that staff respected their right to privacy when people went to their room. There was a spacious kitchen and dining area which people had personalised with photographs and pictures. There was also a photo board of the staff who

would be on duty that day. One person came in and said hello to us, and looked at the board commenting "I like to know the staff who are here today". Other information was available to people on the noticeboard such as the forthcoming July 4th Fete which staff were organising. One person told us they were "looking forward to celebrating July 4th as this was their cultural heritage".

Staff had completed training in equality and diversity in relation to treating people of different faiths, culture and beliefs fairly and equally. Care records evidenced that people had told staff what was important to them and how staff could support them, such as attending church.

People had access to advocacy support with regard to making decisions about their care and support. The registered manager told us some people and families had used an advocate to support them when attending meetings where important decisions needed to be made. An advocate supports people to understand their rights and encourages them to speak up if they need information to make an important decision or are unhappy about how they have been treated.

People were supported to be as independent as they were able, from making decisions about what should be written in their care plan to deciding what activities they wanted to do that day. Each person was encouraged through activities to develop their skills in making decisions, planning, money management and time keeping.

Is the service responsive?

Our findings

We spoke with four people who were staying at Meadow Lodge at the time of our inspection. People were happy to talk with us and were positive about their experiences of staying at Meadow Lodge. People who use the respite service have different abilities in communication and varying levels of support needs.

We looked at two care plans which were very person centered and clearly showed the involvement from the people using the service. People had given their goals and detailed how they were going to achieve them. People's achievements were documented and there were positive outcomes for people.

Each care plan was individual to the person with comprehensive information about their preferred routines and what was important to them. Some people required more structured and supportive routines, again these were detailed with clear boundaries and guidance for staff on how to meet people's needs. There were positive behavioural support plans in place which staff told us enabled them to reinforce positive behaviour.

People were fully consulted and involved in every aspect of their care and support. People had a copy of their care plan which was in a pictorial and easy to read format. People's care plans were reviewed before each stay. Staff contacted people and families a few days prior to the visit to ensure that information was updated with any changes in their care and support needs.

From our observations of the staff interaction with people, it was clear that people were supported as they wished to be. Some people attended a day service during the week days and in the evenings enjoyed either spending time with other people, watching a DVD, going for a walk or spending time in their room. People kept in contact with their families by telephone, one person said "I phone my mum most nights just to see how she is and to tell her what I have done that day".

People were supported to develop their life skills. With varying levels of support, people participated in a range of household tasks to develop their independence skills. Such as, going food shopping, gardening, helping in the kitchen and keeping their room tidy. At meal times, staff encouraged people to help by setting the table and clearing away the dishes. A team leader told us that they tried to encourage people's independence by including core life skills such as planning, money management and travel when arranging activities.

Staff shared information with families and other services to ensure a safe transition between Meadow Lodge for example, people completed a home book which informed families of the things they had achieved and other important information.

The complaints policy and procedure were displayed in the foyer of the home and each person had a copy of the documents. The procedure was in a pictorial, easy to read format which meant that everyone could access this information. People told us that all of the staff listened if they were unhappy. Any problems they had were always resolved quickly and to their satisfaction.

Is the service well-led?

Our findings

There was a registered manager in post at Meadow Lodge. The service had clear values about the way care should be provided and the service people should receive. Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs.

Staff and the management team told us "we give an excellent person centred service" and "we offer such a good quality of care which is individual to that person's needs". Staff told us they were proud to work at Meadow Lodge.

Staff told us they felt supported and valued, not just from the registered manager and their line manager, but also from the regional county manager commenting "we do get a thank you and praise from the management team, if we have done something really well or handled an incident well".

When we asked staff for their opinion on how open and transparent the management team approach was they commented "the managers are so approachable, you can ask them anything and staff know that", "even on a personal level we are supported", "we have a great team and work well together" and "we have an open door policy, nothing is hidden, we talk about things and lessons are learnt and changes made as a result".

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the service and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties with the management team.

The registered manager and the provider completed a range of audits on the quality of the service provided. This included audits of medicines, care records, staff supervision, staffing levels, complaints, staff training, incidents and accidents. The registered manager submitted notifications of incidents and safeguarding alerts to the CQC as required.

There were contingency plans in place in the event of the loss of facilities, such as gas or electricity. The building and the environment was audited by the registered manager to ensure internal and external areas were maintained

The registered manager ensured they kept themselves and staff up to date with best practice. As part of Wiltshire Council, information was disseminated to managers regarding changes in legislation or information sharing of best practice.

The registered manager told us they were proud of the unit's success in being able to support so many adults and families through respite. Their biggest challenge was to ensure that potential customers knew about the service. More recently they had started to promote the unit within schools and day services for people with a learning disability.