

Blue Opal Limited

The Meadows

Inspection report

Anstey Way

Instow

Bideford

Devon

EX39 4JE

Tel: 01271861124

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23 November 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Meadows is a residential care home providing personal care and support care to 10 people who have a learning disability and or mental health conditions. The service can support up to 14 people. The Meadows accommodates people in one adapted building. Accommodation is set over two floors with a lift to access the first floor. Communal space is on the ground floor. The home is set back off the road with easy access to the local village.

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

People said they enjoyed living at The Meadows and felt safe. One person said, "I feel safe here as the staff are approachable even the agency staff, feels like a family even more so since the lockdowns." Another said, "The staff here are a lovely team, some residents say they hate living here but they don't, they just like to moan." Two people said they would like to move on. One person told us "I want to move on to somewhere else as I have been here long enough, it's not that I am unsafe, but I would like to live in Taunton." One person said they were unhappy with the restrictions placed on them and would like to move. They were being supported with an independent advocate and restrictions were part of their agreed plan and Deprivation of Liberty safeguard process.

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 this practice. Some people had previously lived in more secure settings and through careful person-centred planning were being enabling to lead less restrictive lives.

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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they are working towards meeting the underpinning principles of Right support, right care, right culture. Although the service is larger than recommended, the use of positive support plans and individualised activities meant people were enabled to follow their interests' hobbies and passions as far as possible. This had been curtailed by the pandemic and lockdown restrictions. Future planning was taking place to look at development of move on flats on site and developing more communal space so people could choose to be in smaller groups. In addition, people's needs were being reviewed and two people had moved on to other settings as a result of this. Compatibility of people living together was being reviewed as was the skill mix of staff supporting them. Staff training had been enhanced since the last inspection to enable staff to consider a more person-centred approach for each individual living at The Meadows. Investment in enhancing the environment was ongoing and people were being enabled to influence choice of decoration and how they wished to develop their garden space.

Since the last inspection we found medicines were being managed safely. Risks were being clearly identified, assessed and monitored in a more timely way.

Staff reported there had been a lot more training support and guidance available to them. The team felt positive about the new management team and the direction they were working towards to enable people to live fulfilling lives. Most staff said there had been a definite improvement in staff numbers on shift, in skills and in staff morale.

Work had commenced on improving the environment. For example the entrance hall had been refurbished and people who live at the service had chosen a calming Forrest décor. Some of this work had unfortunately been delayed due to the pandemic and lockdown, but it was clear investment and plans to improve the building and grounds were taking place.

We made one good practice recommendation in respect of medicines.

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

The last rating for this service was requires improvement (report published 7 May 2020)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned focussed inspection based on the previous rating. We looked at the key areas where breaches had been identified.

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 coronavirus and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 11 March 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Meadows on our website at 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Meadows

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.

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

The inspection team consisted of one inspector, a member of the medicines team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Meadows 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 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 four staff during the first inspection day. We looked at two staff recruitment files, daily records for people, staff meeting and resident meeting minutes and staff rotas. We spoke with a visiting consultant who provided support to people. During the second day of inspection we reviewed in detail four people's medicine administration records and associated care plans. We checked policies and procedures, medicines audits and records and spoke with two members of staff.

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.

After the inspection

Following the inspection visit and in order to minimise the time spent on site due to the pandemic, we interviewed six further staff and spoke with six people using the service. These meetings were conducted via video calls. We also spoke with one other healthcare professional.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we found evidence to show there were not always enough competent and well-trained staff to ensure people received safe and consistent care. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At this inspection we found training and support for staff had improved significantly. All staff had received updated training in key areas to help them do their job safely and effectively. Importantly specialist areas such as how to diffuse difficult situations and using positive support plans had enhanced staff skills and confidence to work with people with complex needs.
- Staff reported they were having regular training and support. They all told us staffing numbers per shift had improved and they were less reliant on agency staff.
- Staff said they were being well supported by the new management team. For example one said, "Since the new manager and deputies have been in post there has been a marked improvement in staff morale and in the ways we are working." Another said, "The training and support has been really helpful and I do feel I understand how to work with people here better now."
- Rotas showed there was a consistent number of staff as determined by the providers assessment of individual's needs. The one to one support for individuals was still not clearly defined within the rota. The registered manager explained that shift leaders were aware of who had one to one support and allocated workers to this task, but not always the same staff member throughout the day. One person who received a large package of one to one support was seen throughout the day with a worker beside them.
- Recruitment practices were safe and ensured only staff who were suitable to work with people who may be vulnerable were employed.
- People told us they liked the staff who worked with them and felt safe. For example one person said, "I have lived here a while, its better now I have a boyfriend. The staff know me and can help me with my tempers and that makes me feel safe."

Using medicines safely

At the last inspection we found evidence to show recording of medicines was not always safe or robust. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service uses an electronic medicines records system which appeared well completed, with doses administered in accordance with the prescription.

- Staff spoken with could clearly describe how people were supported to take their medicines. Some of the plans in place to support the use of "when required" medicines did not always contain all the information to help staff support the person. This was however contained in other parts of the person's plan of care. We recommend the provider review how information could be incorporated into the "when required" medicines plans in line with best practice..

- There were systems in place to report any medicines errors or incidents. Regular medicines audits had not been completed since the recent introduction of the electronic medicine's administration record. Work was being undertaken with the supplier to correct the technological problem.

- The service had systems in place to store medicines securely. We found that medicines were stored appropriately.

Assessing risk, safety monitoring and management

At the last inspection we found significant new risks had not been fully risk assessed which placed people and staff at potential risk of harm. This is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- At this inspection we found risks were being clearly identified, assessed and actions being taken to mitigate any risks.

- Care plans and positive support plans were being updated and these clearly alerted staff to any risks and action needed to ensure their own and people's safety.

- Staff confirmed they were aware of risk assessments and used them to ensure safe working practices. This was particularly important as there had been an influx of new staff who were new to this setting.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibility to report any concerns about potential abuse.

- Staff training included ensuring they were aware of the policies and procedures to keep people protected.

- All but one person we spoke with said they felt safe and could report any issues or concerns to staff. For example one said "If something goes wrong, I speak to the staff or the managers. The new managers are nicer than the old ones, they are more approachable, we are like a family."

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 meeting shielding and social distancing rules.

- 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 accessing testing for people using the service and staff.

- 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.

We have also signposted the provider to resources to develop their approach. In particular around ensuring visitors are asked questions about their current health. This was in place by the second day of inspection.

Learning lessons when things go wrong

- All accident and incident forms were reviewed by the management team and checked for any patterns or ways improvements could be made to reduce incidents. For example, some people had patterns of behaviour which had a potential to put them and or other at risk. These were fully risk assessed and reviewed with other professionals including a consultant psychiatrist.

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 requires improvement. At this inspection this key question has now improved to 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

At the last inspection we found continued failing in the governance systems as they had not identified the issues of concern we found during the inspection. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At this inspection we found the provider had introduced a new management team. The new registered manager was skilled and knowledgeable about people's needs and how the service should be run in a person-centred way.
- Two experienced deputy managers had also been employed and their skills and experience were helping to shape the service in a more positive way.
- The registered manager had clear audits systems set up and reported weekly to the regional manager.
- There was clear accountability for who was checking and reviewing systems to keep people safe, ensure staff had training and support and keep the building in good order.

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

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 manager understood their responsibilities and operated an open-door policy for staff, people and their families to be in contact with the home as needed.
- The minutes of meetings held with people had been reviewed and the registered manager was keen to ensure people were kept up to date with actions taken from their suggestions.
- Future planning was taking place to look at development of move on flats on site and developing more communal space so people could choose to be in smaller groups. In addition, people's needs were being reviewed and two people had moved on to other settings as a result of this. Compatibility of people living together was being reviewed as was the skill mix of staff supporting them.

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

- At this inspection it was clear that staff and people felt communication had significantly improved.
- There were some good examples of how people had been consulted about the refurbishment of the building. The registered manager said he was asking key workers to ensure people had everything they wanted for their rooms listed so they could ensure these needs were being met. One person did raise they would like a TV for their room. One of the deputy managers agreed to look into this for them.
- Staff believed their views, ideas and suggestions were taken into account and welcomed.
- There had been a cohort of newer staff to the service and people commented on how much they were enjoying time with these staff.
- People's individual characteristics were being considered when planning for care and support. Most people had one to one time to enable them to access the local community and enjoy things they were passionate about. This had been somewhat curtailed due to the pandemic and lockdowns. Some people talked positively about feeling like they were getting on as a family and doing things together. Some people were less enthusiastic about having to spend time within the home but understood this was not within theirs or staff's control.

Continuous learning and improving care; Working in partnership with others

- It was clear from discussions with staff and reviewing the staff training matrix that continuous learning was being embraced by the staff team.
- Staff spoke passionately about how the training they had recently was helping them to better understand people's needs. For example, one staff member talked about how they understood the importance of one persons routine and ensuring they were supported in a particular way.
- The service worked in partnership with the local learning disability specialist support team, the consultant physiatrists and GP's to ensure good outcomes for people.