Wiltshire Council

Meadow Lodge

Inspection report

Sadlers Mead
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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

Meadow Lodge is a residential respite service located in Chippenham, Wiltshire. It provides short term care breaks for adults with a learning disability. The service is able to accommodate up to four people at a time. At the time of our inspection there were four people using the service.

At the last inspection in August 2015, the service was rated as 'Good'. At this inspection we found the service had remained 'Good'.

A registered manager was employed by the service and was present during our inspection. 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 2008 and associated Regulations about how the service is run.

There were systems in place which ensured the quality and safety of the service was reviewed and monitored to identify where improvements could be made. These were completed by the county manager and an action plan had been completed identifying areas requiring improvement. However, no audits had been completed in 2016 and only one audit had been completed for 2015 and 2014. We spoke with the registered manager who explained that these should have been completed every six months. There had now been a change of senior management and she assured us that the county manager would now be taking on the responsibility of completing the audit on a regular basis throughout the year. Two audits had already been completed for 2017.

People were happy and relaxed in the home. During our visit we observed people approaching staff for support and chatting about what they were going to do during their stay. Staff spoke with people in a caring and considerate manner responding to requests for support without hesitation.

Processes were in place to safeguard people from potential harm or abuse. Staff were aware of their responsibilities to report any concerns and were confident that action would be taken to address these. Risk assessments and guidance were in place to support people to be independent whilst maintaining their safety.

People's care needs had been assessed prior to them coming to stay at the service. Care records contained guidance for staff on how people wished to receive their care and considered their emotional, health and social care needs. Prior to the person's stay, their care needs were reviewed to ensure people received appropriate and safe care, particularly if their
care needs changed.

People were supported to eat a varied diet which included their food preferences. Where required people had access to specialist diets. People we spoke with said they liked the food choices.

Medicines were stored securely and administered by staff to ensure people received them safely. Processes were in place to safely receive and discharge people's medicines during their stay. People's wellbeing was monitored during their visits and staff had access to healthcare services to ensure people received appropriate healthcare support.

Accidents and incidents were recorded and monitored for trends to ensure changes in people's care needs were identified and implemented where needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. We observed people being supported to make daily living choices during our visit.

Sufficient numbers of staff were available to meet people's needs. Staff said they received training appropriate to their role and the opportunity to refresh and keep training up to date was available each year.

The service worked in partnership with other agencies to ensure people received appropriate support and consistent care. Information was only shared on a need to know basis with other agencies to maintain confidentiality.

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 remains Safe.	**Good**
Is the service effective? The service remains Effective.	**Good**
Is the service caring? The service remains Caring.	**Good**
Is the service responsive? The service remains Responsive.	**Good**
Is the service well-led? The service remains Well-Led.	**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 checked 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.

This was a comprehensive inspection and took place on 8 November 2017 and was announced. The registered manager was given 24 hours' notice because the location provides respite care services and people are not always there. We wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf. The inspection was carried out by one inspector.

Before we visited 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 reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. We spoke with three people using the service including one person by phone and to five people's relatives about their views on the quality of the care and support being provided. During our inspection we looked around the premises and observed the interactions between people using the service and staff.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included three care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. During the visit we met the four people who were staying at the service during our inspection. We spoke with the registered manager and three care staff.

Good

Is the service safe?

Our findings

Processes and systems were in place to ensure people continued to be protected from potential harm and abuse. Risks to people's safety had been identified and assessed to ensure people could take part in their daily activities. Guidance was in place to support staff to keep people safe whilst still promoting people's right to remain independent. All of the care plans we looked at contained risk assessments for areas such as evacuating the building in the event of a fire, falls, accessing the local community and kitchen safety. One member of staff explained they had explored options with one person on how they could remain alone at the service safely. A risk assessment had been completed to support this. However, to date the person had not wanted to stay at home without staff support and this decision was respected by staff.

Relatives we spoke with felt staff supported their family member to stay safe during their visit. One relative told us "They [staff] keep her safe. They know the things she is at risk from and support her with this."

Staff received annual training in the safeguarding of vulnerable adults and were aware of their responsibilities to report their concerns or poor practice to the registered manager or outside agencies as appropriate. One member of staff told us "Body maps are used to record any marks or bruising. If I had any concerns, I may need to raise an alert with the safeguarding team and also speak with the registered manager." Where required safeguarding concerns had been raised with the appropriate agencies and reported to CQC.

There were systems to ensure people continued to receive their medicines safely. Processes were in place to ensure people's medicines were "Booked in" when people arrived. There was a section on each person's Medicines Administration Record (MAR) which identified the quantity medicines received and the daily balances.

Where people were prescribed medicines to be administered as required (PRN) protocols were available on how these medicines were to be administered. For example, where people required PRN pain relief, protocols recorded the maximum daily dose to be administered.

Procedures were in place to manage medication errors. One member of staff told us that if an error occurred staff would undertake refresher medicine administration training and their competency would be reassessed through observation by a senior staff member.

There were sufficient staff to meet people's needs. The registered manager explained that staffing levels were flexible depending on who was accessing the service. They said that there was usually only one staff member on duty but if people's needs changed or there was a day trip organised then more staff would be allocated to that shift.

Staff told us they felt there was sufficient staff on duty. They said that when staff were on annual leave or sick, cover was always organised or people were able to access the other respite service.

Although recruitment records were held centrally the registered manager assured us that safe recruitment practices were followed before new staff were employed to work with people. They said checks were made to ensure staff were of good character and suitable for their role. This included application forms and appropriate references being sought. Appropriate checks were made with the Disclosure and Barring Service clearance (DBS) and evidence of the person's identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Accidents and incidents were recorded and actions identified to reduce the risk of them reoccurring. The registered manager had documented on a spread sheet all accidents and incidents which they told us assisted them to identify any patterns or trends. For example, one person's risk assessment had been reviewed due to them falling whilst accessing a particular vehicle. As a result of this alternative transport had been sought to reduce the risk of this person falling.

Staff received training in fire evacuation. Individual risk assessments were in place and stated the support the person required to evacuate the building safely should a fire occur. Records showed fire drills took place frequently to ensure all of the people accessing the service had experience of evacuating the building. This was also discussed with people during each visit. There was a business continuity plan which contained information about what staff should do if an unexpected event occurred, such as loss of utilities or fire.

The premises were well maintained and safe. We found that all areas of the home were clean and free from any odours. Staff had access to personal protective equipment such as gloves and aprons to minimise the risk of infection and cross contamination. Cleaning responsibilities were identified in cleaning schedules which staff signed to say when tasks had been completed. Hand towels and soap were available in the communal toilets.

Good

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked the service was working within the principles of the MCA. We observed people being offered choices during our inspection and being supported to make decisions on how they wanted things to be during their stay. For example, people were asked which bedroom they would prefer to stay in. People were involved in choosing the evening meal on the day of our inspection. One person, on arrival, chose to have a shower before having their evening meal. They told us they liked to do this as part of their evening routine.

Most people accessing the service were deemed to have capacity to make the necessary choices about staying at Meadow Lodge. The staff were currently in the process of completing mental capacity assessments for people who they thought might not have capacity to make specific decisions. For example, we saw for one person they had been assessed as lacking the capacity to make the decision to stay at Meadow Lodge for their care and support. The outcome of this assessment was that a best interest meeting was to be held to support the decision making process.

People were supported to eat and drink sufficient amounts. People's dietary requirements were recorded in their care plans and specialist diets were available if required. For example, one person preferred to eat soft food and this was clearly documented in their care plan. Staff told us that due to different people accessing the service they were unable to menu plan. They said people using the service were told what ingredients were available and they could then choose what meal they would like to make. Staff confirmed that alternative meals were also available should people not like the choice on offer. Where people wanted to they were supported to be involved in the meal preparation. One person told us "I like being able to do the cooking at Meadow lodge."

People's health care needs continued to be monitored and any changes in their well-being prompted a referral to appropriate health care professionals such as their GP. Contact with health professionals such as the doctor, consultant, or nurse was recorded in people's records, showing people's day-to-day health needs were met. Appropriate information between the services was shared.

People had a "Health Action Plans" in place which contained information on their medical history and current health needs. People had individual hospital files. These contained specific information regarding people's medical history and communication needs to support nursing staff should the person be admitted to hospital.

Relatives told us that if there family member became unwell during their stay and the service would always contact them and discuss actions to be taken. One relative told us "If [person] is ever unwell they [staff] have always sought medical advice and then let us know."

People's emotional, physical and social needs were assessed prior to them commencing their stay at the service. One member of staff explained the "transition period" for people when they first used the service. They said they spoke with people and their families to gain information on the person's likes, dislikes and preferences. This information was then transferred into a care plan. People would start with initial tea visits before having an overnight stay. This meant staff and people had the opportunity to build relationships and get to know each at a pace appropriate to the person. The assessment was undertaken to ensure that people's individual needs could be met by the design of the premises and the service could meet their individual needs.

People were supported by staff that had access to a range of training to develop the skills and knowledge they needed to support and care for people. A training matrix provided detailed when staff had attended training and when they were due refresher training. Records we viewed showed staff had received additional training where necessary to meet the needs of the people using the service. For example, training in the management of epilepsy.

New staff completed an in-house induction to ensure they had the skills and confidence to carry out their roles and responsibilities effectively. This covered procedures and routines specific to the service such as safe medicines management, fire safety procedures and systems for ensuring checks were completed.

Staff spoke positively about the support they received and said the registered manager was approachable. They said they had the opportunity to discuss their personal development, training needs and working practices through either one to one meetings, group supervision or team meetings.

Good

Is the service caring?

Our findings

During our visit people looked happy and relaxed. They looked comfortable in the presence of staff seeking support if needed. One person when asked said "I can talk to staff. They are nice." They told us they were not an early morning person and liked to have "A nice warm drink whilst I am waking up. I like a cup of tea." They said that staff brought them their cup of tea during their stay and this was reflected in their care plan. They also told us that they "Get up when I'm ready" and staff helped them with looking after their medicines and money.

Relatives spoke positively about the care their family member received. Their comments included "He enjoys his time there. There is a stable staff team there who are approachable and friendly", "She is always happy to go there. It's good as she gets to do activities on a weekend. Staff know her very well" and "I'm very happy with the care she receives. She likes going there and is always happy to go and stay."

We saw positive, caring interactions between staff and people using the service. The atmosphere in the home was relaxed and friendly with jokes and laughter being shared. People were free to move around the home. They could choose if they wished to spend time in the communal areas or to have quiet time to themselves. When people arrived they were asked if they had a preference for which bedroom they wanted. Staff told us that because one person liked to spend more time in their bedroom than the communal areas they had chosen one of the larger bedrooms. When we spoke with this person they said they liked this room so they could spend time in there doing their puzzles or colouring.

During our visit we saw staff treating people with kindness and compassion. For example, one person said they had a stomach pain. Staff supported the person by spending time and offering them reassurance.

"About me" profiles were in place which contained person centred information on what was important to the person and how staff were to support them. For example, one person liked to be informed of any changes to their routine. They liked to complete word searches which we saw were available to the person during their stay. For another person it was important for staff to ensure their food was blended and to be aware they needed support when climbing the stairs. They also didn't like to be rushed.

People's rights and choices were respected by staff. A member of staff said "People are all individuals and we have to respect that they all come from different cultures. People coming here all come from different home cultures and we try to ensure they can have the same routines here as they do at home." They said they were "Aware of respecting people's life choices" and their right not to involve family in some choices.

People were encouraged to be independent and take part in household chores and activities where they wanted to. We observed one person helping staff prepare the evening meal. Another person was choosing DVD's they wanted to watch once they had eaten their evening meal.

The staff member explained how they had supported people to remain safe when developing relationships with other people who may be using the service and how it was important to ensure that both people were

able to consent to the relationship. They said where required they had sought the assistance of other professionals with providing appropriate "Education" to people.

We spoke with the registered manager about how they ensured people were treated with kindness, respect and they received emotional support. They explained that this was monitored through observations of staff's working practices. This was then feedback to staff during team meetings or supervisions. Records showed that staff's language had been discussed in one meeting and the need for staff to be aware of what discussions took place in front of people using the service. The registered manager said they also visited the service at different times of the day to monitor how staff were supporting people and also worked alongside staff. They said it was important that as a service they recognised they were not just supporting the person but also their family and this required empathy.

People's rights were respected by staff. There was a "behaviours framework" in place which clearly identified how staff were expected to behave and treat the people using the service. The framework had a series of headings which staff were expected to work in accordance with. This included "Trust and respect", "Responsibility" and "Leadership". The registered manager said that staff's working practices were monitored against the expectations of the framework.

Good

Is the service responsive?

Our findings

People received care that was person centred and responsive to their needs. Care plans were person centred and information clearly explained how people would like to receive their care and support. They were personalised and detailed daily routines specific to each person. For example, routines included what time people liked to get up during the week and if they wished to lie in at weekends. If they wished to have a bath or a shower and what activities they enjoyed taking part in. This helped staff understand what people wanted from their stay at Meadow Lodge.

Care plans also detailed the support people required from staff with medicines administration and health conditions such as epilepsy. People had epilepsy profiles in place to ensure staff were responsive and able to offer the correct support should someone experience an epileptic seizure. They contained guidance on signs and triggers and the actions needed from staff to support them during this time.

Care plans included detailed routines people would like to follow during their stay. The daily routine for one person included the time they liked to get up, what they liked for breakfast and whether they wanted a shower or a wash before getting dressed. Information also included if people liked to sleep with the light on or off or their door open or closed. This ensured staff could be responsive in supporting the person in the way they wanted.

A courtesy call was made to families prior to each person's visit. This helped the staff be aware of any changes to the person's care or any event's which had taken place since their last visit. This then allowed the staff to make the necessary changes to the support that was offered based on the person's needs at that time.

Relatives told us they had been actively involved in care planning. One relative told us "We had a discussion with staff on (person) likes and dislikes and the things he liked to do."

People were supported to maintain their independence and access the community. People were able to be involved in activities of their choice both in and outside of the service. Most people who used Meadow Lodge attended day services. Staff explained that as most people had active days they usually wanted to relax on an evening and watch television or do some artwork or puzzles as they would at home. We observed some people chose to sit in the lounge area and watch television whilst another person chose to do some puzzles.

People were encouraged to be involved in household tasks such as cooking, housework, setting the table and clearing away and shopping. We observed one person setting the table for the evening meal and help with the food preparation.

People were supported to attend their regular social clubs in an evening if they wished. At weekends people could choose if they wished to go out. One person told us "I'm happy to go there. We go places and I can meet friends. We sometimes go to the seaside or to the pub. Staff ask where I want to go."

There was a policy in place for dealing with complaints effectively. People were supported to share their views during regular meetings with staff and raise their concerns. Relatives told us they knew what to do should they wish to raise any concerns or make a complaint. Their comments included "Staff are all approachable and I can raise any concerns. If needed I could speak with the registered manager", "They always phone before his next visit so I can speak with them then if I have any concerns or things have changed. I can approach any staff if I am worried" and "I have no concerns, the staff know her well. I've never made a complaint but do feel I could if needed." There had not been any complaints since our last inspection.

Information to people was available in accessible formats. This included an easy read statement of purpose and complaints procedure. These documents were made available to people accessing the service.

Good

Is the service well-led?

Our findings

A registered manager was employed by the service and was present during our inspection. 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 2008 and associated Regulations about how the service is run.

There were systems in place which ensured the quality and safety of the service was reviewed and monitored to identify where improvements could be made. These were completed by the county manager and an action plan had been completed identifying areas requiring improvement. However, no audits had been completed in 2016 and only one audit had been completed for 2015 and 2014. We spoke with the registered manager who explained that these should have been completed every six months. There had now been a change of senior management and she assured us that the county manager would now be taking on the responsibility of completing the audit on a regular basis throughout the year. Two audits had already been completed for 2017. Daily and weekly checks were undertaken to ensure that the service remained safe and any areas of maintenance were identified.

Accidents and incidents were recorded and actions identified to reduce the risk of them reoccurring. The registered manager said they now had a spread sheet in place which they told us assisted them to identify any patterns or trends.

The service had notified CQC about significant events. We use this information to monitor the service and ensure they responded appropriately to keep people safe.

Individual "customer" meetings took place regularly during people's visits. These discussions included what people liked or didn't like about the service. One person had commented "I like Meadow Lodge as it is. I'm happy with the staff. I feel welcome." The registered manager said that a satisfaction questionnaire had been sent to people and their families in September 2017. They were awaiting the return of these to help them identify any improvements they could implement.

The service worked in partnership with other agencies to ensure people received appropriate support and consistent care. Information was only shared on a need to know basis with other agencies to maintain confidentiality. The service worked closely with people's day services and health professionals to ensure they shared relevant information and also kept up to date with any changes with the person's needs. A member of staff told us "As we are a respite service we do not usually take the lead with helping people to plan their care. We will contact the GP and other health professionals. We liaise with people's day services and families. We attend meetings if required to share information about the care provided at Meadow Lodge."

Staff felt supported by the registered manager. There was an open culture whereby staff could raise concerns and share ideas. There was a positive culture that was person centred and open. The staff

understood about equality and diversity and put these into practice. One staff member told us "To treat people fairly it's about getting to know them. Their likes and dislikes. People using this service can express their wishes. I have been really impressed with the involvement of customers in the service and the support they receive to make choices. The service is all about working for the customer."

The service continued to have appropriate arrangements in place for managing emergencies. The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.