

EMH Care and Support Limited

# Meadow View

## Inspection report

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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 inspected the service on 18 June 2018. The inspection was unannounced.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Meadow View accommodates up to 20 people with a learning disability in three bungalows on the same site. On the day of our inspection, 20 people were using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection on 7 June 2016, the service was rated 'Good' overall and requires improvement within safe. This was because consideration had not been given to how certain products had been stored which may present a risk to some people, and some of the beds may not have been suitable. At this inspection, improvements had been made in these areas and we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. People were protected against the risk of abuse, as checks were made to confirm staff were of good character and suitable to work in a care environment. There were sufficient staff available to support people. Medicines were managed safely and people were supported to take their medicine as prescribed.

Care continued to be effective as staff had knowledge about people's care and support needs to enable this to be provided in a safe way. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The provider understood their responsibility to ensure people could make decisions about their care or be supported by others to make decisions in their best interests. Staff received training to enable them to continue to meet people's needs and preferences. People were supported with their dietary needs and received care to maintain good health.

People were supported by staff who were caring and kind and who knew their needs, preferences and what was important to them. Staff respected people's privacy and dignity, encouraged people with making choices, and promoted independence. Relatives and health and care professionals were involved with how care and support needed to be provided.

People had opportunities to develop and maintain their hobbies and interests, both at home and in the

local community. There were processes in place for people to raise any complaints and express their views and opinions about the service provided. There were systems in place to monitor the quality of the service and enable the provider to drive improvement. Relatives and staff were positive about the management team. The provider had an on going action plan that showed how the service was continually improving.

## 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 is good.

People were supported to stay safe and provided with support to reduce the risk of harm. Staff knew how to recognise harm and how to report this to ensure people were protected from further potential abuse. There were sufficient staff to meet people's agreed support needs. Recruitment procedures meant checks were carried out to ensure staff were suitable to work with people.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Meadow View

## 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.

This comprehensive inspection took place on the 18 June 2018 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. The expert by experience was someone who has experience of caring for a person with a learning disability.

The inspection was informed by information we held about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This also included statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. We considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service for their feedback and reviewed their latest report.

During the inspection, we were unable to speak with people to gain their views about the service due to their communication needs. However, we spent time in the company of people and used observations of how staff engaged with people to help us understand people's experiences.

We spoke with the registered manager and five support workers and two relatives by telephone. We also looked at the care records of four people who used the service. We checked that the care they received matched the information in their records. We also looked at a range of information to consider how the home ensured the quality of the service; these included the management of medicines, staff training records, staff recruitment and support, audits and checks on the safety of the environment, policies and procedures, complaints and meeting records.

## Is the service safe?

### Our findings

On our last inspection we found improvements were needed to ensure people were protected from risks in their home. This included the storage of potentially harmful products and safety checks on equipment to assist people to move and bed rails. On this inspection we found improvements had been made.

Moving and handling equipment, including hoists and slings were checked prior to use. Each time people's personal slings were used, staff checked for wear and tear to ensure there were no rips or loose stitching. Checks were carried out on people's beds, bed rails and mattresses to check these were suitable for use, were clean and free from stains. Staff recorded these checks had been completed and told us where any concerns were highlighted, this would be reported to the registered manager to ensure prompt action could be taken. Cleaning products were now locked away to ensure there was no risk to people. Where people used a specialist profile bed, there were details of how the bed rails needed to be used to keep people safe. Where people needed to lie in a position to maintain their safety, the staff had worked with the physiotherapist to develop a positioning guide and photographs had been taken to show how they needed to be supported.

Some people, when they were anxious, presented with behaviours which challenged their own safety and that of others. We saw staff took a positive approach to managing people's behaviours. This was based on identifying what might trigger behaviour and risk assessments included information about the identified triggers. Staff had received training to support people to reduce their anxiety and manage complex behaviour and knew what might make people anxious. Staff knew how to diffuse potential conflict by responding to questions and requests positively to support people to stay calm. One member of staff told us, "We look at triggers and learn how to protect ourself and others. We work well in a team and we can always count on each other." For example, we saw where people wanted specific items or to engage in a particular routine, the staff spoke with them to give reassurance and acknowledge their anxiety. We saw after speaking with them, they received the reassurance they needed to enable them to engage with other activities.

Staffing levels were flexible to ensure people could be cared for safely and enjoy the freedom of going out, with support, when they wanted. The number of staff available was planned around people's needs and activities they wanted to be involved with. One member of staff told us, "A lot of the staff have been here for a long time and we all work well together and are flexible so people can do the things they enjoy. I think the reason we've been here this long is because of the relationship we have with the people." We saw that there were sufficient staff to meet people's needs promptly.

Staff had a good understanding of how to protect people, knew people well and would be confident in addressing potential abuse or harm. The staff told us they would speak to senior staff or the manager immediately if they had any concerns. The staff knew the action to be taken to escalate concerns and knew about the whistleblowing procedure and how to use this.

The environment was regularly checked to ensure that it was a safe place to live including managing the risk

of infection within the home. The staff understood their duties to ensure the home was clean and hygienic and we saw that it was and there was a range of personal protective equipment available for people and staff to use.

Lessons were learnt from when things went wrong and actions taken to reduce the risk. The registered manager explained that concerns had previously been identified with how medicines had been managed. As a result they had reviewed the systems to ensure they were safe. We found people received their prescribed medicines when they needed them and the medicines administration records were completed correctly. A check on medicine stock confirmed that the records staff kept were accurate. There was guidance in place to support staff giving medicines when people needed additional support to reduce their anxiety or to manage their epilepsy. The guidance provided staff with information about when the medicines should be used and staff told us about the interventions they would try first to ensure medicines were used consistently.

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

## 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 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff were aware of the principles of the MCA. Where people lacked mental capacity to consent to specific decisions, assessments had been completed and best interest decisions had been made with the involvement of relatives and external professionals. For example, where people needed support to manage their finances or required support to access the community. People had authorisations to restrict them of their freedom and liberty and staff provided support to ensure restrictions were minimal. For example, some people had a listening device in their bedroom to help them keep safe due to their epilepsy. One member of staff explained, "It was agreed that this was the least restrictive option. It means they get privacy but we can hear if they are having a seizure. If family visit or if they want any private time then we turn this off to give them privacy."

New staff members completed an induction when they first started to work in the home and were given the opportunity to complete the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. New staff worked with other staff whilst they got to know people and provide the right support.

The staff felt they had opportunities to continue to develop their skills and knowledge to provide the support people needed. Some people had complex health needs including epilepsy. Staff explained how they had received training to understand the different forms of epilepsy and how to support people during and after a seizure including giving any medicines. We saw the staff were knowledgeable about the support people needed. People's support plans included information about people's health needs and how staff had used their knowledge to monitor for changes.

The staff team worked effectively with other professionals to ensure that people's needs were met. Some people had limited mobility and had an individual seating system to meet their postural and mobility needs. The staff had worked with health care professionals to ensure they had a support plan which included information about how to alleviate pain and reduce any risk of falls from their chair. Staff worked in partnership with the speech and language therapist to help design a communication passport which recorded the gestures and facial expressions people used to show their emotions. One member of staff told us, "This is particularly useful for new staff or if they need to go to hospital because they are not able to verbally tell people how they are feeling or if they are in pain."

People were provided with a range of food and drink that they enjoyed and were prepared in the way they liked and needed. Some people needed a diet that was fortified as they were at risk of weight loss and some



people were at risk of aspirating. We saw where there were concerns, the staff had liaised with the GP and speech and language therapist and a support plan had been developed to help people eat safely. The support plan included how food should be prepared and when eating, how much should be given to assist with stimulating swallowing. We saw people were supported individually and staff were patient and spoke with them throughout the meal encouraging them to eat and also making it is a pleasurable social occasion. To support people to retain their independence, there was a range of assisted plates and utensils to use.

The home met people's needs and since the last inspection; the bathrooms had been refitted and modernised. The new bathroom had been fitted with adapted bathing facilities to enable people to bathe in safety and in comfort. The bedrooms had ceiling tracks fitted where people need to use a hoist to help them to move from their bed into their chair safely. New flooring had been installed to help people move their wheelchairs and aid cleaning to support infection control standards. Each bungalow had a garden where people enjoyed participating in activities. One bungalow had a large outdoor shed which had been fitted with sensory equipment, music facilities and seating. We saw this was used when people wanted to enjoy individual activities.

## Is the service caring?

### Our findings

People were supported by a staff team that were kind, caring and supportive. A relative told us, "The staff are very kind; you can tell by the way that [Person who used the service] responds that they love them." Staff showed a good understanding of people's needs, preferences and what was important to them. This included wanting the best for people, ensuring their rights and choices were respected and acted upon. One member of staff said, "It's important that we value people and they have the same opportunities that we have. We have a 'can do' attitude. We don't think we can't do something, we just try it. People have such a wide variety of opportunities because of this approach."

People's privacy and dignity was respected and their independence promoted. We saw staff were sensitive and discreet when supporting people. We observed a member of staff encourage one person, whose jeans had slipped as they stood up from their chair, to adjust their clothing to protect their dignity. Relatives told us the staff always introduced themselves when they had any contact with people and knocked when they entered their room. Where people needed support to manage their continence, one relative told us that staff always considered people's dignity and would provide care in private.

People had choices about how they spent their time and staff respected these and acted upon decisions. People's daily routines varied and they were supported to participate in interests and hobbies outside of the home and relax at home in their preferred way. People's diverse needs were met by staff that had a good understanding of their needs, preferences and methods of communication. People were supported to maintain their appearance, by choosing clothing that met their preferences and personal style. There was a commitment to caring on an individual basis.

Relatives were kept informed and involved in their family member's care. One relative said, "It's lovely to be involved with what happens and to have those assurances that [Person who used the service] is well." People were supported to maintain contact with their friends and family and there were no restrictions on visitors.

Independent advocacy information was available. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. At the time of our inspection, no person was supported by an advocate.

## Is the service responsive?

### Our findings

Support plans had been developed that were based on people's needs and preferences and these were regularly reviewed to ensure they were up to date and reflective of people's needs. This included people's gender, sexual orientation, disability, religion and belief. Support plans provided staff with clear and detailed information and ensured people received consistency and continuity in the delivery of care and support.

People received support from staff who used person centred approaches in the delivery of care and support. Staff explained that people were involved with activities that interested them and some people received additional support to do this. We saw one person was designing a sign to take with them to a concert. Staff explained they had purchased a VIP ticket which included a champagne reception, a meal and priority seats. They told us they were looking forward to the concert and they had chosen which staff would be supporting them. One member of staff told us, "It's important that people go with the staff they get on with and have a really enjoyable time and get the most out of everything they do." Staff told us other people had plans to see another musical performance and there were trips organised to the coast as well as daily trips to local places of interest.

Staff recognised where people needed time alone or some personal space. One member of staff told us, "It's great that we have the summer house, where people can go if they want to be on their own. It's all been furnished and it quite safe there. If we are concerned about people, we can still see them from the house but don't have to crowd them. Some people like that time away from everybody."

People were involved with growing food that they enjoyed to eat. This included potatoes, tomatoes and beans. These were being grown in raised beds so people could be involved with gardening in their wheelchair. One member of staff told us, "It's good for people to see the food grow and then get to eat it. We love using the food in our cooking and making soups. We have plans to develop this and get people more involved. It's been a brilliant project."

Relatives knew how to complain and there was a complaints procedure in place. We saw there had been one complaint received since our last inspection which has been responded to and they were informed of the outcome. Staff explained that some people may not be able make a complaint and it was important to recognise if they were unhappy and to review how they were being supported to ensure their opinions about the service were recognised. The Accessible Information Standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. The provider was reviewing how information could be produced in a suitable format for people. One member of staff explained, "We have been looking at all different formats to help people understand but this has to be meaningful for people."

At the time of our inspection there was no one receiving end of life care and so we did not review this.

## Is the service well-led?

### Our findings

The service had a registered manager. The staff told us that the registered manager provided leadership, guidance and the support they needed to provide good care to people who used the service. A member of staff told us the registered manager was approachable and provided support when they needed it. They said, "We are all empowered here and have a voice. The manager and the team listen and are interested in what we have to say." Another member of staff told us, "We are a family unit and are interested and care about people here and the staff. It means people receive better care because we care." Another member of staff told us, "I am really proud to work here. To be truthful, it's not like work and I think that shows in the care that people receive. We have a good mix of staff and everyone gives 110%." We saw the registered manager and staff's values were based on respect for each other and putting people at the heart of the service.

Staff attended regular staff meetings where they were encouraged to share their views and suggestions. One member of staff told us, "Before the meeting, we can write down what we want on the agenda so we can discuss it. It doesn't matter what we want to talk about, it could be about care, rotas or ideas we have for activities for the home. Everything is seen as positive and it's good to talk in a team as everyone has a different opinion so ideas can grow."

Staff achievements were recognised and staff told us they felt valued and involved in the development of the service. We saw some staff had received an award for their work supporting people in end of life care and with fundraising. One member of staff explained, "This is what we call the ABCD Award; Above and Beyond the Call of Duty. It's lovely to be recognised for doing something special. It makes you feel appreciated."

Newsletters were produced to inform relatives and professionals about the developments within the service; the activities people had been involved with and forthcoming events. One relative told us, "It's good to be kept informed of things and know what's happening. The staff are very good at letting us know individual issues and this gives a different perspective."

Relatives were invited to share their experience about the service. The registered manager was exploring the different methods that people could share their views and new surveys were currently being developed in an accessible format. The registered manager told us, "We want to get people's views too as part of this process. We are currently looking at how we can improve this in a meaningful way."

The provider carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. Where concerns were identified, action was taken to improve quality and the action plan and improvements were monitored and reviewed. Monthly audits covered any incidents and accidents, complaints, medicines management and infection control. We saw the registered manager checked for any patterns and trends to ensure actions could be taken as needed. We saw that these were effective and that there were plans in place to respond to areas highlighted.

The registered manager and staff worked in partnership with other professionals and agencies to ensure people received positive outcomes. We saw these relationships were reflected in people's support plans which contained guidance to assist people to receive the care they needed. Where changes were made we saw staff had good communication systems in place to share information about people's needs. This included staff handover meetings, a communication book and diary system, in addition to people's daily records.