

Mrs S and Mr Paul Spencer

The Meadows

Inspection report

25-27 The Meadows
Shepshed
Loughborough
Leicestershire
LE12 9QJ

Tel: 01509821744

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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

This inspection took place on 25 July 2016 and was unannounced. We returned on the 26 July 2016 announced.

The Meadows is registered to provide residential care and support for 10 people with a learning disability or autistic spectrum disorder. At the time of our inspection there were 10 people using the service. The service is an extended residential property which provides accommodation over two floors. Communal areas are located on the ground floor; bedrooms are all single and two had en-suite facilities. There was an accessible garden to the rear of the service. The service was located within a residential area with nearby shops and other community facilities.

The Meadows had a registered manager in post. 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.

People were protected from abuse by care staff who were well trained and understood their responsibilities. There were risk assessments in place that supported people to be as independent as possible.

There were enough sufficiently skilled and experienced staff to meet people's needs. The provider had robust recruitment procedures that ensured as far as possible that only people suited to work at The Meadows were employed.

People received their medicines at the time they needed them and in a way they preferred to receive them. The provider had systems in place to ensure the safe storage and disposal of medicines.

People were supported by staff with the necessary skills, experience and training. Staff were supported through effective supervision, appraisal and training. However supervision was not always recorded.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had their nutritional needs supported. They had a choice of healthy meals, care staff understood people's food preferences and these were respected. People's health needs were met through health action plans. People were supported to access health services when they needed them.

People were supported to take part in a wide range of activities to maintain their independence.

People using the service, their relatives and staff had opportunities to develop the service. The registered manager and staff shared a vision for the service. The provider had effective arrangements for monitoring

and assessing the quality of the service.

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.

People felt safe at the service and staff knew what to do if they were concerned about people's welfare.

There were enough staff deployed to keep people safe and meet their needs.

Staff were safely recruited, to ensure they were appropriate to work with people who used the service.

Medicines were safely managed in the service and administered by trained staff.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to enable them to provide the support people required.

People's consent to care and treatment was sought in line with legislation and guidance. People were supported to make decisions which affected their day to day lives.

Staff supported people with their nutritional needs. Staff understood people's health care needs and referred and supported them to attend appointments and manage their health.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind. We saw that people had a good rapport with staff.

Staff encouraged people to make decisions and provided support to enable them to make positive choices about their lives.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive

People's care plans were developed around their needs.

The staff team were approachable and people had the opportunity to influence and comment upon the service.

Is the service well-led?

Good ●

The service was well-led.

People using the service, their relatives and staff were involved in developing the service. They all felt the service was well led.

The provider had audits in place to monitor the quality of the service provided.

The Meadows

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 inspection took place on 25 July 2016 and was unannounced. We returned on the 26 July 2016 announced.

The inspection was carried out by one inspector 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.

We contacted commissioners for social care, responsible for funding some of the people that live at the service and asked them for their views about the service. We also contacted health and social care professionals who work alongside the service supporting those who used the service for their views.

Before the inspection we reviewed the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

Before the inspection, we asked the provider to complete a 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. The PIR was completed and returned to the Care Quality Commission.

We spoke with two people and had the opportunity to meet everyone who used the service. We also spoke with two relatives of people who used the service. We spoke with the registered manager and three care staff. We looked at the records of three people, which included their plans of care, risk assessments, health action plans and medicine records. We also looked at the recruitment files of three members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits and the minutes of meetings.

Is the service safe?

Our findings

People we spoke with told us they felt safe at The Meadows. A person told us, "Yes [I'm safe]. The staff are kind." Another person said, "Staff are really nice." People knew who to contact if they had concerns about themselves. We were told, "I would talk to [registered manager]." Relatives we spoke with were also confident that their loved ones were safe. One relative said, "[Person using service] is definitely safe. It is [person using the service] home."

The registered manager told us they had created an easy to read booklet for people who used the service about what to do if they wanted to talk to someone about a concern. This meant people who used the service were given the information in a way they would understand and would know how to raise concerns, if they had any, about their safety.

Care staff we spoke with showed a good understanding of their responsibilities to keep people safe. They knew the provider's safeguarding procedures and how to put them into practice. They knew how to recognise and respond to signs of potential abuse. For example, they knew that changes in people's mood, eating habits and behaviours could indicate a person was being abused. They also knew how to report any signs of injury. Staff knew how they could report safeguarding concerns to the registered manager, the local authority safeguarding team, police or the Care Quality Commission. This meant that people using the service and their relatives could be confident that staff cared about people's safety and protected them from harm.

A staff member we spoke with told us people were supported to understand and respect each other's preferences. They told us, "It's like a family here, mostly people get on. Occasionally there is a bit of disagreement but we will ask people to go to their rooms or remind them to be nice."

Care staff ensured people were kept safe and their right to make decisions about their day to day lives were respected and their independence and choices promoted. People's records included risk assessments and care plans which included situations that may cause a person to become distressed. The strategies to be used to support people in those instances were also included. This enabled those who used the service to access the wider community with the confidence that their needs would be met and that staff had strategies to provide the support they may need.

People's records included risk assessments which identified areas of potential risk and the role of care staff in reducing risk whilst promoting people's independence. We saw that people were encouraged to be independent such as going to the local shops and visiting leisure facilities. We saw that when people were visiting new places they were supported to do this by help with familiarising them with the travel routes. A person told us they were supported to use transport safely so they could travel alone to places they wanted to visit. They told us, "I sometimes use the bus to go to places."

We found there were sufficient staff on duty to meet people's needs and keep them safe. People we spoke with told us staff were always available to support them when they needed them. Relatives we spoke with

also confirmed that there were always plenty of staff to support people at the service.

Records showed that no one worked at the service without the required background checks being carried out. This was to ensure as far as possible they were safe to work with the people who used the service. Staff recruitment files that we looked at had the required documentation in place.

We looked at information about training care staff had received and looked staff rotas. We found that there was a good mix of skilled and experienced staff on each shift. The registered manager also told us that many staff had worked at the service for a number of years but they always made sure that newer staff were working with more experienced staff. Staff we spoke with confirmed this.

People were safe at The Meadows because the premises were well maintained. They were protected from risks of harm from accidents because the provider had effective maintenance procedures. The provider had a routine refurbishment plan that ensured that bedrooms and communal areas were regularly redecorated. On the day of the inspection we saw that a garden wall was being built to make the front of the property look tidy. The garden itself was accessible with plenty of seating enabling people to access it safely. The home was tidy and free of clutter which meant people were protected from the risk of trips and falls. People using the service had individual fire evacuation plans and records confirmed that fire drills took place regularly.

People's care plans included information about the medicine they were prescribed, for example what the medicine was for and what the potential side effects to be aware of. Records also included protocols for the use of PRN medicines, PRN medicine is administered as and when needed. This ensured people's PRN medicine was administered consistently to support their health. Records showed and staff confirmed that they received training and regular competence checks to ensure they were safe administering medicines to people.

Is the service effective?

Our findings

Relatives we spoke with told us that care staff knew their loved ones well and that the staff appeared to know what they were doing.

Care staff received induction and mandatory training that enabled them to support and meet the needs of the people living at the service. Staff told us that they had received an induction when they started to work at the service. New staff spent the first week of their employment completing training course. They then spent time shadowing experienced staff as part of their induction to increase their knowledge of the people living at the service. Care staff told us that they had to read people care plans before they started work. They told us that this helped them understand how to work with people. One care staff told us, "I read people's care plans and it helped me when I finally started working. The information was good it told me what I needed to know."

The registered manager had a staff training plan that ensured staff received training they required to understand the needs of people they supported. Care staff we spoke with told us that they found the training they had received helpful in terms of helping them carry out their role. One care staff told us, "We are always being given training. it is useful to know what to do."

Care staff told us they were supported by the registered manager through the practical on going assessment of their work. This included observed practice and supervision as the registered manager would work alongside care staff offering practical support and advice.

Care staff told us they received supervision, staff files we looked at showed that supervision had taken place but not for a few months. We discussed this with the registered manager. They confirmed that they had not carried out formal supervision but had worked alongside staff and they had had several discussions with each staff member that looked at training needs and working practices. The registered manager confirmed that they would record these conversations in future to show that supervision was actually happening.

Care staff told us there was effective communication between people using the service and staff and between the staff team. They told us that a 'handover' of information at the beginning and end of each shift occurred to ensure everyone had up to date information about people using the service and the day to day running of the service.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

The registered manager had a working understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They applied the legislation correctly when it was necessary to do

so. Care staff we spoke with told us they had training about MCA and DoLS and that they'd found the training useful. When speaking with us they demonstrated an awareness of the MCA and DoLS. The registered manager had referred people to the local authority for a DoLS. They were awaiting the outcome from the assessing authority. The registered manager must then notify CQC of the outcome if these applications are successful.

People were supported with their nutritional needs. Relatives we spoke with told us that the service supported their loved ones to eat a healthy diet. One relative told us, "My [person using the service] is helped with choosing a healthy diet, they are prone to being overweight but staff do help." Another relative told us, "[Person using the service] occasionally stops eating and staff are really good at given them alternatives to tempt them." People's care plans included information about their nutritional needs and food preferences. People were able to choose meals they liked. We saw fresh fruit and vegetables available for people to choose from. We also saw people going into the kitchen to make their lunch and wash up. Staff told us that although people don't usually help with cooking during the week weekends people are encouraged to help.

We saw that people's weight was monitored and where people had dietary needs they were referred for advice to the GP. When people went out for a day they had packed lunches of their choice which were prepared the night before. Some people helped prepare their packed lunches.

People with on going health care needs, attended routine health screening appointments, to monitor their health and identify any changes. People were also supported to attend other health screening appointments such as breast cancer screening. Relatives we spoke with told us that they knew their loved ones saw the GP when they needed to. One relative did tell us, "They don't often tell me if [person using the service] is going for an appointment it is usually after. That can be annoying." However another relative said, "The staff always tell me if [person using the service] needs to see a GP."

It has been recommended by the Government that a 'health action plan' should be developed for people with learning disabilities. This holds information about the person's health needs, the professionals who support those needs, and their various appointments. These had been completed with the involvement of people or their relatives.

We saw that care staff monitored any change in people needs, sought advice from health professionals and recorded what actions they had taken. Care staff were able to tell us how they monitored people's changing health needs. A staff member told us, "We know them very well. We can often tell they are feeling unwell by how they are acting, for example if they are quiet or a bit restless."

Is the service caring?

Our findings

People using the service told us that staff were kind and caring. A person told us, "I like them (staff) they are kind."

Relatives told us staff were caring. A relative said, "They (staff) are very kind." Another relative told us, "I couldn't wish for [person using the service] to be anywhere better."

Care staff were aware of people's emotional needs. We saw a staff member comfort a person who had become distressed when another person had been speaking loudly. They sat with the person until they were no longer distressed.

We saw care staff interacting with people in ways that made people appear happy. They spoke about the person's day at the day centre and what they wanted to do in the evening. Relatives we spoke with told us, "They are like a family and they are always kind." Another relative said, "Staff are lovely, I am always made to feel welcome when I visit and they are all so kind to my [person using the service]."

We saw that The Meadows provided a relaxed and caring environment. Communal areas included pictures of people using the service and things they'd made and places they had visited. The 'homely' atmosphere continued outside. There were no signs to indicate that it was a residential home.

Care staff were attentive to people's needs. Care staff ensured that people were comfortable and supported them to spend time the way they wanted. We saw people spending time in different areas of the service. When people returned home from activities after 4 pm care staff welcomed them back and offered choices of drink and food. Staff told us that people could spend the evening as they wanted to, whether it was in their bedroom or watching the television. A staff member told us, "Sometimes people just want to watch a film so we put a DVD on and snuggle up on the sofas together. It is really lovely."

Relatives we spoke with told us they felt involved in decisions about their loved ones' care and support. One relative told us, "I am involved in [person using the service] review every year." Care plans showed that where possible people who used the service were encouraged to talk about what they wanted to do. A person told us that care staff asked them how they wanted to spend their time. We saw care staff asking people what they wanted to do. Care staff were led by what people decided and supported them with activities they chose, for example providing people with what they needed to enjoy an activity by themselves such as arts and crafts.

People's care plans contained information about their preferences and what was important to them. Records we looked at contained evidence that people's choices and preferences were routinely respected. This was evident in how people wanted to spend their time. People knew they had scheduled activities they could attend outside The Meadows, but if they chose not to staff respected people's choice and offered alternative activities.

We observed that staff treated people with dignity and respect. They referred to people by their preferred names. Staff respected people's privacy when they chose to spend time alone. Relatives confirmed that their loved ones were treated with respect and dignity.

People's care plan and associated records were securely stored and were accessed only by people authorised to do so.

Is the service responsive?

Our findings

The provider told us that prior to a person moving to the service they would carry out an assessment and include the person's relatives and other professionals. They would meet with the person's social worker and if necessary involve an advocate. Records we saw confirmed this. People's care and support needs were assessed and detailed information was provided for care staff about how they were able to meet people's needs. We saw that care staff provided people with support that was in line with their care plans and personalised to meet their individual needs.

The registered manager told us that people's daily activities were developed with the local authority. Each person had different activities each day. We were told that if a person did not like a particular activity they did not have to return.

We saw that people were supported to take part in activities such as choir group, a variety of arts and craft groups, swimming and attending college courses. We were also told that they had arranged for one person to gain a small paid job with a local company. Some people went out with one to one support to local cafes. We heard care staff discuss with a person where they would be going that day. Later when they returned the care staff asked the person if they had enjoyed the day out and eating at the venue they had discussed earlier in the morning. The person said they had.

People contributed ideas and suggestions about where to go for outings and holidays. If people made a variety of choices, staff respected these. We were told that one person, who was able to, led their own review and was able to say what was going well and what could be improved on. Records confirmed that this took place.

People's care plans contained detailed information about how they wanted to be supported. For example how a person preferred to receive their medicines. Care staff told us they referred to care plans and followed the guidance in them. We saw from daily records that was the case.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. Relatives told us they could visit any time and were always made to feel welcome. Records showed that staff encouraged people to phone their family and recorded where the person chose not too. Staff told us that they spent time with people talking about family and encouraged people to talk about their family when they had passed away. This was important as

People knew who to speak to if they were unhappy. Relatives we spoke with told us they felt confident to speak with staff or the registered manager if they were unhappy about anything. One relative said that they had spoken with the registered manager in the past and it had been dealt with promptly. They added, "I would feel confident to raise any concerns with the manager, they are very approachable and would listen to what I had to say." The provider had developed a complaints procedure that was in an easy to read format. Each person was given a copy and copies were available for people to access should they need to. Staff told us how they would support people to make a complaint by listening to the person and asking the

senior or the registered manager to investigate it. This meant the provider had systems in place to ensure people would be listened to. The registered manager told us that they had not received any complaints but there was a process to follow if one was received.

People's views about the service were sought through an annual survey. The registered manager spent time with each person using the service to understand their views. Relatives and other people, such as GPs and social workers received a questionnaire. We saw a questionnaire had been completed for 2015 and people were asked for their opinions about the service. A relative told us they received questionnaires and surveys on their experience of the service. When we looked at the results for the survey it was not always clear what action had been taken as a result of comments made. We discussed this with the provider who told us they included the suggested improvement in the person's care plan but would in future create a 'What you said what we did' feedback form for people to see what action they had taken as a result.

Is the service well-led?

Our findings

Relatives told us that they found the registered manager, who was also the provider very approachable and supportive. One relative told us, "[Registered manager] is definitely approachable." Another relative said, "The managers are very good." Staff told us that the registered manager would work alongside them and so were aware of what was happening day to day in the service. A staff member told us, "The manager is supportive, she helps when she can." Another staff member commented, "She [the registered manager] puts them [people who use the service] before herself."

The registered manager and staff had a shared understanding of the aims of the service. This was that people were supported to be as independent as they wanted to be and lead normal lives. What we observed of the service showed that people were supported in line with the aims of the service. Relatives told us that The Meadows was like a family home. A relative told us, "I ask my [person using the service] if they are happy and they always say they are, they call it their home. I makes me happy to hear that."

Care staff we spoke with understood what was expected of them and were able to describe their role and responsibility in providing care and support for people. Care staff told us this was underpinned by regular staff meetings, handover at shift changes and discussions with the registered manager.

The registered manager told us that they would sit with people who used the service and talk with them about their views and what they wanted to happen. We also saw that there were meetings for people who used the service. These were held at regular intervals. At these meetings people who used the service discussed menu choices the holidays and day to day life within the service.

The registered manager and staff supported people to lead active lives in the community. This was seen when people were encouraged to use local buses and visit local shops. People were also encouraged to make decisions about where they wanted to go on holiday and how they spent their leisure time. We saw photographs of past holidays and these showed that their choices had been listened to and respected.

The provider had audit systems and procedures in place that monitored the safety and quality of the service. Care staff had opportunities to give their views at staff meetings, but also through everyday contact with the registered manager. Their ideas and suggestions were acted upon, for example in relation to how best to support people.

The provider had a business continuity plan. It showed what action they would take should an untoward incident occur that prevented the service operating in their current premises. This meant that staff had the information they needed to minimise disruption and support people using the service.