Scope

Meade Close

Inspection report

1-2 Meade Close
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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 Meade Close on 14 June 2016. Our last inspection took place January 2014. At that time we found the service met the standards we inspected against.

Meade Close is registered to provide care and support for eight people with physical and learning disabilities. There is a parking area to the front of the building and an enclosed garden to the rear. The accommodation comprises of two bungalows which are single storey and are light and spacious. All of the bedrooms are single and each has a sink. There is a communal kitchen and dining area, a lounge area and a shared bathroom in both bungalows.

The registered manager had left the service in January 2016 and there was a new manager in post who had applied for registration with the Commission. 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.

Relatives told us that the staff team was very stable, which they said they felt was very important for the people who lived at the home as well as for them.

We found there were enough staff on duty to meet people's needs. Staff told us they felt supported by the manager and that training opportunities were good. Relatives we spoke with told us they liked the staff and had confidence in them.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

Due to our lack of ability to interpret the communication styles of some of the people who lived at the service we carried out a number of observations, spoke to relatives and staff and checked information held about people to ascertain if they were happy. Relatives told us that they felt their family members were safe and well cared for. We saw that staff understood how to keep people safe, knew people well and we saw people were relaxed and happy in their environment.

Staff at the home knew what the people who lived there liked and disliked. We saw that there was a relaxed atmosphere at meal times and people were offered choices about what they wanted to eat.

Activities were planned for each of the people who lived at Meade Close based upon their personal preferences. Days out, trips to the shops and other activities were recorded in a diary. People were given options about where to spend their time, for example in the lounge, in their bedroom or in the kitchen/dining area. There was also a large garden which was accessible to the people who lived at the home.

We saw that there were detailed risk assessments and care plans in place for each of the people that lived at the home. These incorporated personal preferences, people's life history and important information on how each person liked to communicate.

Relatives told us they were always made to feel welcome and could visit whenever they liked. They also said that if they had any concerns or complaints they would feel able to raise them with the manager.

We saw there were systems in place to monitor the quality of the service. Staff supported the people using the service to input into the running of the home and relatives could feed back their views at house meetings and during care planning meetings.

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.

We saw people were relaxed in the company of staff and responded to them in a positive way.

Staff understood the safeguarding procedures and how they should report any suspicions of abuse.

Medicines were managed safely and people received their medication at the right times.

Is the service effective?

Good

The service was effective.

We saw from the records staff had a programme of training and were trained to care for and support people who used the service.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

Records showed people had regular access to health care professionals, such as GPs, opticians, district nurses and specialist nurses.

Is the service caring?

Good

The service was caring.

Relatives told us staff were kind and caring to the people that lived in the home, treated them with dignity and respected their choices. This was confirmed by our observations, which showed staff displayed warmth and friendliness towards people.

Care plans and risk assessments were detailed and based upon people's life histories and personal preferences. Staff supported people to be involved in their own care planning.

Relatives told us they were made to feel welcome and could visit at any time.

Is the service responsive?

Good

The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and their relatives. We saw people's care plans were reviewed regularly.
People were supported to take part in a range of activities based upon their personal preferences.

Complaints about the service had been dealt with appropriately and in a timely manner. Complaints were taken seriously and used to continue to drive forward improvements in the service.

Is the service well-led?

Good

The service was well-led.

People lived in a home where the manager was committed to listening to people's views and planning on-going improvements.

Staff felt well supported which enabled them to provide a good standard of care.

The home had a robust quality monitoring system that promoted change and improvement of the service.

Meade Close

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 14 June 2016. The inspection was unannounced which meant the provider did not know we were coming. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included asking the Local Authority for information. We also looked at notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law.

On the day of our inspection we spoke with the manager, four care workers and a social work student who was on placement at the service. Due to the complex care needs and unique communication style of people who lived at Meade Close we were unable to ascertain their views about the care they received verbally. We therefore carried out observations in relation to the care people received and the way staff interacted with people to ascertain if they were happy.

We looked around the building including in bedrooms, the bathroom and communal areas. We also spent time looking at records, which included four people's care records and records relating to the management of the service.

Good

Is the service safe?

Our findings

Due to the unique communication style of people using the service we were unable to obtain verbal feedback about how they felt about living there. We did however ask staff to interpret some of the body language being displayed by one person when we asked them if they were ok. They indicated they were. All the relatives we spoke to said they thought that their relative was safe.

We looked at the rotas and saw there were enough staff to meet the needs of the people who used the service. Staff we spoke with told us, "Yes things have really improved. There is enough staff now and people are supported well."

The team of staff working at the home was stable. Three of the staff we spoke with had worked at the service for more than 10 years. The staff told us they felt that it was very important for the people that lived there to have the same people supporting them and that for this reason agency staff were never used. This meant people who used the service were supported by staff who knew them well and understood their needs.

We saw on the rota that there was one member of staff in each bungalow to support people at night. Staff said they felt that once people were in bed one staff member could safely support all four people with their needs. We asked what would happen if a person was poorly during the night and another person required assistance at the same time; staff told us they would call the manager on the on-call rota for assistance. This meant staff knew what to do to keep people safe in the event of an emergency situation.

Staff told us, and records confirmed, they had received training in safeguarding adults. All the staff we spoke with were able to tell us of the action they would take to protect people who used the service if they witnessed or suspected abuse had taken place. Staff told us they would also be confident to use the whistle blowing procedures in place for the service if they observed poor practice from colleagues and were certain they would be listened to by the project manager and registered manager. One staff member told us, "We are a good staff team. We will challenge each other if necessary."

We looked at four staff personnel files to check if a safe system of recruitment was in place. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references.

Records we reviewed showed checks had been carried out with the Disclosure and Barring Service (DBS) for all staff. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This meant people who lived at Meade Close could be assured that the staff supporting them were suitable.

There was a staff disciplinary procedure in place and we saw that this was being used to manage poor performance and sickness where necessary. This meant that people who used the service could be confident that the staff supporting them were fit to do so.

Staff members we spoke with told us they understood fire evacuation procedures. The home had specialised equipment for supporting people who could not mobilise independently to evacuate safely and rooms had been modified so that people's beds could be wheeled into the garden. We checked records that showed staff had received fire safety training and each person living at Meade Close had a detailed Personal Emergency Evacuation Plan or PEEP in their care plan. PEEPs provide instructions on how to evacuate a person from the building in an emergency.

During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. We saw a monitored dosage system was used for some of the medicines with others supplied in boxes or bottles. Some of the people who used the service received food and medicines through a percutaneous endoscopic gastrostomy or PEG tube. There was information and guidance for staff about how to use them. We saw staff appropriately supporting people with their PEG feed during the inspection.

We found medicines were stored safely and only administered by staff that were appropriately trained. Medication administration records were up to date with no gaps in recording. This demonstrated people were receiving their medicines in line with their doctors' instructions.
We saw there were robust risk assessments in place to inform staff about what to do in the event of a medicine error. Staff we spoke with told us what they would do. What they told us meant they understood the risks involved if people did not receive their medicine and that they knew what to do to mitigate the risks in the event of an error occurring.

On the day of our inspection we found both bungalows to be clean and tidy. Staff we spoke with told us they were aware of how to manage risks in relation to cross infection and that they had access to appropriate personal protective equipment (PPE). We saw staff using the PPE appropriately during the inspection which meant people were protected from the risks of cross contamination or infection.

We looked at the records for gas and electrical safety, for water testing and for fire and manual handling equipment checks. All the necessary inspections and checks were up to date and there was a system in place to ensure they were carried out at regular intervals.

Good

Is the service effective?

Our findings

Staff told us they received regular training. Records showed that staff had attended courses on safeguarding, fire safety and infection control.

People living at Meade Close were unable to transfer without staff support. Assisting people to transfer with the use of a hoist was an important aspect of the care provided at the home. We saw all staff had received training in moving and handling which meant people who used the service were supported by staff with appropriate skills and knowledge to support them safely.

The manager informed us that new staff members could not work for the service until they had undertaken an induction. They told us staff who had not achieved a National Vocational Qualification (NVQ) in care would work towards achieving The Care Certificate. The Care Certificate is a basic introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours that carers must follow in order to provide high quality, compassionate care.

The staff we spoke with told us they felt supported by the manager. They told us they received the training, support and supervision they required to be able to deliver effective care. Records we reviewed showed there were systems in place to ensure staff received regular supervision and an annual appraisal of their performance. We saw that supervision sessions were used to discuss policies and procedures, the values of the organisation, training and development needs and any ideas staff might have to improve the service.

The Mental Capacity Act 2005 (MCA) 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Eight people living at the home were subject to a DoLS. We found the correct processes were being followed in line with the MCA to ensure the rights of people using the service were protected.

For example staff at Meade Close made decisions for the people who used the service which they considered be in their best interests under the Mental Capacity Act 2005. This included using people's money for holidays and activities as well as day to day tasks such as having their nails cut. We saw that the correct process for this had been followed and each decision was documented properly.

People who used the service ate food prepared by the support staff. On the day we visited we saw the fridge was well stocked with fruit and vegetables. Staff told us, "We make everything from scratch and it's all home-

made, they eat well". Food likes and dislikes were recorded in the care plans of people who ate food by mouth. We also saw people were weighed monthly to make sure any changes in their weight were identified and could be addressed if necessary.

We saw from our own observations and from care plans that people who used the service required input from a wide range of health care professionals. In the care plans we looked at we saw individuals had been seen by a range of health care professionals including GPs, district nurses, opticians, chiropodists and specialist nurses. Visits were recorded in the daily records for each person and in care files.

The service used a 'keyworker' system, whereby named staff members had responsibilities for a specific person at the home. We saw that these responsibilities were listed in the staff folder. The keyworker would be responsible for providing monthly updates which would be shared at team meetings. This was an effective way of ensuring staff were kept up to date and informed about any changes to the needs of the people they supported. We spoke to a member of staff about a person they were a keyworker for. The staff member knew the likes and dislikes of the person and about their personal and medical history and the names of their relatives. This showed that the staff knew the people they cared for well.

Good

Is the service caring?

Our findings

We observed the care and support given on the day we inspected the service and saw that staff were warm and friendly and interacted using humour when it was appropriate. Support staff knocked on doors before entering a person's room. We saw that staff members knew how the people at the home communicated and could respond to their needs in a timely way.

Staff we spoke with demonstrated a commitment to providing high quality care and support to people. One staff member told us, "I enjoy interacting with people and helping them. I am passionate that people should get good care, like one of my own family."

We asked staff what they understood by person centred care. One staff member told us, "It's making sure people who live here get the support they need as individuals, we definitely do that here." Another staff member commented, "Person-centred care is all about the person. They are in the middle and all their support should revolve around what their wants and needs are."

One person using the service could communicate using certain gestures. We saw that their care plan did include information on the gestures they used to communicate. We observed staff communicating effectively with this person using gestures they knew they understood. For example hand touching and 'high fives'. This meant staff understood the importance of promoting and respecting people's individuality in order to promote their sense well-being and independence.

We asked staff how people living at the home were involved in their care planning. One staff member said that people came to meetings about their care plans and that relatives were also invited. One relative confirmed they had been invited to care planning meetings. Each care file contained a circle of support. A circle of support shows who the important people are in a person's life and are a good way of staff knowing who to speak to should more information be needed to respond to people's care needs and it ensures that information is not shared with people who are not entitled to it. This respected the privacy of each person and their right to confidentiality.

In people's care plans we saw photographs of people involved in various activities. The manager told us this was something they planned to do more of in order to provide visual stimulation for people using the service. We found this was a good way to ensure people who used the service could share their experiences with others in a visual way to help make them feel more involved and promote their sense of wellbeing.

From our discussions and observations of staff we found they had a good understanding of people's individual needs. From our observations people were clean and well cared for and everybody looked comfortable throughout the day.

Everybody who needed it had access to advocacy services via an Independent Mental capacity Advocate (IMCA). IMCA's are a legal safeguard for people who lack the capacity to make specific important decisions including making decisions about where they live and about serious medical treatment options. People's

care plans outlined that IMCA's had been used to support and represent the person at risk appropriately thus respecting the rights of the individual involved.

People's bedrooms had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy which demonstrated staff respected people's belongings. All of the bedrooms had been decorated to a high standard and each person had been supported by the staff to choose colours and fabrics.

Good

Is the service responsive?

Our findings

We looked at the care files of four people who used the service. The files contained detailed personal histories, information on how each person liked to communicate and their likes and dislikes. We saw that this information had been used to personalise the care provided. For example one person's care plan outlined that they wanted staff to understand that they could not just rely on verbal communication. The example in the care plan stated, "I may understand if you tell me I am about to have a meal and if I have also smelt my food cooking and seen the table being laid." This was a good example of how the service worked in a person centred way to ensure people's individuality was respected and promoted.

Due to the complex care needs of the people using the service medical intervention was sometimes needed. The manager told us that whenever a hospital stay was required the staffing was adjusted to ensure that somebody familiar to the person could be with during their time in hospital. This is particularly important for people with complex care needs and limited or no verbal communication as they are unable to tell people who do not know them what their needs are. Each person also had a Hospital Admission Plan (HAP). HAPs are designed to contain important information about the individual being admitted to hospital. They ensure hospital staff know about the care needs of the person being supported. This meant the service was responsive in ensuring people's care needs were known by other healthcare professionals so they could be supported and treated well.

Each person's care file contained care plans for every aspect of their care. We saw that plans had been reviewed at regular intervals and were currently in the process of being streamlined so that important information was not lost. Care files for each person contained information about the activities they enjoyed and were supported to take part in. We saw that people had a range of choices in the home and outside according to their preferences. People were also supported to go on holiday and risk assessments were in place to ensure all risks had been considered and mitigated to keep people safe.

Two of the people using the service could mobilise independently using their wheel chair. We noted that all the flooring at the home was on the same level and this helped people to move around independently. This showed us the service considered the needs of the people living in the home and had adjusted the environment to meet their needs.

The manager told us about a pilot scheme which was being launched in which assistive technology was being introduced to help empower people to make more choices and decisions about their lives. Assistive technology is specialist equipment which is designed to help people with disabilities do things that other people take for granted. For example switching lights on and off, choosing music and television programmes and being able to respond to questions people are asking. Each of the people at Meade Hill had recently been assessed as to which technology would be best for them. It was reported, "[name] spends her time looking out of a window and rarely indicates a preference in activities. Using an iPad and YouTube (after it being modelled to her), she was motivated to make a physical movement to advocate a choice that she wanted to hear more music. This was such an unusual experience; it moved her support workers to tears." We found this to be an excellent example of how the service was looking at innovative ways to

improve the lives of people who used the service and an excellent example of good person centred care provision.

We saw that during the inspection staff spent time with each person either engaged in an activity or just in general chit chat .The lounge, kitchen and dining area was open plan which meant people who used the service were involved in the general comings and goings in the house and were at the very centre of every activity and knew what was happening at all times. This was an example of how the staff were responsive in ensuring people did not become isolated. We observed a high level of motivation amongst the staff team which created a positive and relaxed atmosphere within the home.

The service had a complaints policy in place and information about how to make complaints was displayed in an accessible format for the people who used the service. The registered manager told us that no complaints had been received concerning the care provided to the people using the service since the last inspection.

We asked relatives if they would make a complaint if they were not happy with the care received. They told us they would and be confident the manager would act upon any concerns.

Good

Is the service well-led?

Our findings

Staff we spoke with were all positive about the manager. One person told us, "things have been difficult here over the last 12 months or so but have improved massively now." They told us this was in relation to staffing issues and lack of support. They said, "we have a good staff team now, the manager is approachable and that makes a difference. I love my job and enjoy coming to work." All the staff we spoke with said the manager was supportive and we observed good positive interactions between the manager, staff and people who used the service. Staff we spoke with said they would go straight to the manager if they had any concerns. This showed us that the home had an open culture.

We saw that the values of the organisation, which included, "Every disabled person has the right to live their life and work towards their goals without being limited by other people's expectations or prejudices. We never set limits on any disabled person's individual potential. "[we are] a charity that exists to make this country a place where disabled people have the same opportunities as everyone else," was embedded in the care provided at Meade Close. The manager had a clear vision about how these values could be achieved for people who used the service and the staff team spoke with pride and passion about their roles. Documentation showed that the values were discussed at every team meeting and during staff appraisals and supervision.

There were systems and procedures in place to monitor and assess the quality of the service. These included seeking the views of people the service supported and their relatives through regular house meetings. Relatives told us they could use these meetings to feedback any issues or concerns.

Staff also had regular team meetings where they could raise any concerns and discuss the needs of the people who used the service.

We saw a range of audits took place on a monthly basis to monitor the safety of the service. These included audits of accidents/incidents, equipment, medication, cleaning, infection control and pressure area care. The manager met with area managers to report any complaints, safeguarding concerns or issues with medicines. They also reported detailed information relating to people's care, the upkeep of equipment and specific risk assessments as part of a governance report to the service's head office.

We saw a Quality Assessment Framework (QAF) which was a tool the home used to carry out a self-assessment on the quality of care at the home. This looked at all aspects of service delivery and any improvements which were needed. For example one area assessed was, 'Achieving Goals'. This outlined that people, 'direct their person centred plan to achieve life enhancing experiences, setting and achieving their life goals and aspirations, facilitated by staff who empower them to express choices and achieve independence matched to their individual needs, options available and their abilities'. The improvement which had been identified was that, 'Work is ongoing to improve choice and control; our Social Work students are developing a range of new activities, which has included purchasing music equipment and outdoor sports equipment, as well as sensory craft items. Our assistive technology pilot will take this one step further, enabling us to explore customer independence in a new and exciting way. We also recently had

a patio area laid, enabling better access to the garden area for customers, and are keen to develop a sensory garden for customers also.' This meant the service was committed to ensuring the values of the service were maintained and that people who used the service received good quality care and support.

We found the service to have strong leadership and direction, a staff team willing to, "go the extra mile" and a culture of openness and transparency within the home. One staff member told us, "this is my family; we make sure people are well supported and know that this is their home, I am proud to work here."