

Mr and Mrs R A and A E Hine

# Meadowside Residential Home

## 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

This comprehensive inspection took place on 28 September and 4 October 2016 and was unannounced. Meadowside is close to the centre of Tavistock, a market town on the edge of Dartmoor in Devon. The home is a large semi-detached Edwardian house with accommodation on four floors. There are 11 bedrooms, two of which have en-suite toilets. Bedrooms are arranged over the four floors with bathrooms and toilets on each floor. There are two sitting rooms, the smaller of which is a smoking lounge. The main lounge is open plan and has a dining area and small kitchen area where people can make hot drinks and snacks. French windows from this lounge lead to a level garden which people have the use of. There is a large kitchen where meals are prepared by people and staff.

The home provides accommodation and personal care for up to 11 adults who have needs arising from enduring mental health issues. At the time of inspection, there were 11 people living at Meadowside. Most people had lived at the home for a number of years.

The home had a registered manager who was also one of the providers. 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.

The service was previously inspected in January 2014 when the service was found compliant with all the regulations inspected.

Meadowside was well run by a registered manager and her deputy, both of whom had worked at the home for over 20 years. The ethos of the home was to encourage people to be independent and lead fulfilling lives, maximising their potential. There were regular checks to ensure the safety and quality of the service was maintained. People said they knew how to complain but had not had to do so formally.

People living at Meadowside described how much they enjoyed living at the home. Comments included "it's lovely" and "I really liked living here." People were encouraged to undertake activities both as an individual and as a group. Care plans were developed when a person first moved into the home. These care plans were updated regularly to reflect changing needs and people's aspirations. People said they were involved in the development of these plans. Staff had a relaxed, positive and encouraging attitude when working with people, who they clearly knew well.

Risks to people had been assessed and plans put in place to reduce the risks. Most people did not require help with personal care, although some people did need help with their medicines. Staff had been trained to administer and record medicines safely.

There were sufficient staff to meet people's needs. Staff had been recruited safely with appropriate checks being carried out before they started working. All the staff we met were enthusiastic about their role,

describing how they enjoyed working at Meadowside. New staff were provided with an induction to the home. Staff were also supported to refresher training from time to time and undertake nationally recognized qualifications. This ensured staff had the right skills and competencies to do their job effectively.

Staff understood their responsibilities in terms of protecting people from the risk of abuse. Staff also understood their role in terms of working within the legal framework outlined in the Mental Capacity Act 2005.

People were encouraged to have a healthy balanced diet which they were involved in choosing. People were able to do some meal preparation themselves including breakfast and lunch. Staff supported people to address their health needs with health professionals including the person's GP.

The home was well maintained throughout and people were encouraged to individualise their bedrooms.

## 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 were protected from the risks of abuse by staff who understood their responsibilities.

Medicines were stored, recorded and administered safely.

There were sufficient numbers of suitable staff to ensure people were kept safe and had their needs met.

Risks to people had been assessed and supported people to be safe whilst minimising any restrictions on them.

### Is the service effective?

Good ●

The service was effective.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles.

New staff had an induction which included an introduction to the people they would be working with.

Staff understood their responsibilities in terms of assessing and addressing people's capacity to make decisions.

People were supported to maintain a healthy, balanced diet of their choice.

People were supported to access health services.

### Is the service caring?

Good ●

The service was caring.

Staff interacted with people with friendliness and humour.

People were supported by staff who were kind and compassionate.

Staff knew people very well and showed concern for their well-

being

People were involved in making decisions about their care.

People were treated with dignity and respect.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care that met their needs, preferences and aspirations.

Care records reflected people's risks, needs and preferences.  
Care records were updated when there were changes to people.

The service routinely listened to people. There was a complaints policy and procedure. People said they had not had a reason to complain, but knew what to do if they had a concern.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The home promoted a positive culture and involved people and staff in developing the service.

Staff and people knew the registered manager and said they felt they were supported by them.

Checks and audits to ensure the quality of the service were undertaken and actions were completed to make improvements where issues were identified.

# Meadowside Residential Home

## **Detailed findings**

### Background to this inspection

Start this section with the following sentence:

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 28 September and 4 October 2016 and was unannounced. The inspection was carried out by one Adult Social Care inspector.

Prior to the inspection we reviewed information we held on our systems. This included reviewing whether any statutory notifications had been submitted to us. A notification is information about important events which the service is required to tell us about by law. We had 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 provider had completed this in February 2016.

We spoke to all four care staff working at the home on the days of inspection, as well as the registered manager and an administrator.

At the time of this inspection, 11 people were living at Meadowside. We met everyone living in the home and spoke to seven of them about their experiences at Meadowside.

We looked at a sample of records relating to the running of the home and to the care of people. We reviewed five care records, including risk assessments, care plans and three medicine administration records. We reviewed two staff records. We were also shown policies and procedures and quality

monitoring audits which related to the running of the service.

After the inspection we contacted four health and social care professionals. We received one response. We also contacted the GPs and district nurses at a local GP surgery but did not receive a response.

## Is the service safe?

### Our findings

People said they felt safe living at Meadowside. One person said they were "very happy here", whilst another said they had "been here 26 years and really feels like home." We observed people chatting in communal areas to each other and to staff in a relaxed and friendly manner.

People were protected against the risks of potential abuse. This included the risk of financial, physical, emotional and psychological abuse. Staff described how they supported people to reduce the risks. This included having systems in place to support people to manage their own money. One person had a Court of Protection order in place whilst two other people had family members who acted as their Power of Attorney in respect of their finances. The Court of Protection is a specialist court for all issues relating to people who lack capacity to make specific decisions. The Court makes decisions and appoints deputies to make decisions in the best interests of those who lack capacity to do so.

There were systems to record income and expenditure by people, where their money was looked after by staff.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had received training in how to safeguard vulnerable adults, which was updated on a regular basis.

There had been no safeguarding incidents at Meadowside, but staff were clear about how they would report any concerns. This included reporting concerns to the registered manager or her deputy. The registered manager and her deputy knew what they had to do should a concern be raised. This included reporting to the local safeguarding authority and working with them to address any issues. A health professional commented "I have no concerns with the clients I have placed there."

People were risk assessed when they first started living at Meadowside. Risk assessments included details about what staff should do to reduce the risks. People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. For example, staff had assessed the risks for one person who went out alone to activities and clubs. Staff were able to describe how they always made sure they knew where the person was going and what time they would be back. We observed the person during the inspection, talking to staff about a meeting they were going to and saying the time they would return. Staff understood what action they should take if the person did not return at a specific time.

Occasionally people became upset, anxious or emotional. For example one person's care record contained information about a person who, on occasions became agitated. This included the strategies staff should use when this occurred. Staff said there were occasional times when the person became agitated at meal times if they felt they had not been given enough food. Staff described the actions they took to reduce the person's anxiety, which was described in their care plan.

There were arrangements to keep people safe in an emergency. Staff understood what these were and

knew where to access important information should it be necessary. Personal emergency evacuation plans (PEEPs) had been written for each person. PEEPs included details of the person's ability to move independently and which bedroom they were occupied. The home had a reciprocal arrangement with another home in the local area to provide refuge in the event of a fire or other major event. Staff understood how to keep people safe from the risk of fire. This included supporting some people who smoked in their bedroom or a lounge area. For example, an assessment had been carried out on one person who smoked in their bedroom. There was an alarm in their bedroom and the person had a saucer of water in their bedroom, which they used to put their cigarettes out. We discussed the safety of this person smoking in bed. Staff described how they undertook regular checks on the person to ensure they were kept safe at night. In addition, the registered manager said they would contact the fire officer and take advice on any other actions they could take to reduce the risk further.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. When people had accidents, incidents or near misses these were recorded and monitored to look for possible developing trends. The care records were computerised and included details of incidents and accidents. This provided the registered manager with a detailed analysis of incidents and accidents for an individual or more generally in the home.

People said there were sufficient staff to meet their needs. One person said "staff are always around and help me if I need it." On both days of inspection, we saw staff working in a relaxed and unhurried way with people. Staff said they felt they had enough time to support people to do what they wanted. Care staff were responsible for cooking meals and cleaning, although some people cleaned their own bedroom. Some people also chose to help staff with domestic chores such as laying the table and taking the rubbish out.

Staffing levels were assessed and monitored to ensure they met people's needs. This took into account people's ability to look after themselves and undertake activities of their choice. Most people living at Meadowside needed minimal support for their personal care. For example being prompted to take a bath or help running one. Most people were also able to go out unaccompanied to activities and groups they were involved in.

Meadowside had 11 staff at the time of inspection, most of whom had worked at the home for a number of years. Staff were deployed in a way that kept people safe. For example staff rotas showed there were usually two staff on duty during the day in addition to the registered manager and deputy manager. There was one waking member of staff on duty at night, who, as part of their duties, undertook some food preparation for the following day's meals. A senior member of staff explained that as people's needs had changed, they had changed the staffing at night. This had included changing the duties of night staff, which meant that day staff "had more time to support people during the day."

An administrator worked one day a week to support the registered manager. There was also a maintenance person who worked part-time at the home.

The service followed safe recruitment practices. Checks were made to ensure staff were of good character and suitable for their role. Staff described how they had been recruited to their post. One member of staff said they had not started work after their interview until checks had been made to ensure they were safe to work with vulnerable adults. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure people were suitable to work with vulnerable adults. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Peoples' medicines were managed and administered safely. People were risk assessed to identify whether they were able to self-administer their medicines with the support from staff. At the time of inspection, two people self-administered their own medicines. Recent risk assessments for both these people had been completed. Staff said everyone else had their medicines administered by staff.

Medicines were stored securely in a locked cupboard which was in the main office. This office was locked whenever there were no staff present. The key to the cupboard was always held by a member of staff. Staff signed a register when they received the key or handed over the key. The medicines cupboard was tidy and contained individual boxes for each person. The person's name and photograph was on each of the boxes. Medicine administration record (MAR) sheets were clear and easy to follow and held in a MAR folder. This folder also contained a sheet where each medicine was photographed and described. This helped to ensure staff had the information needed to administer medicines safely. Staff had signed to confirm medicines had been given or refused. Most medicines were held in dosage packs which indicated the day and time when they should be administered. We observed staff administering medicines to two people, signing the MAR only after the medicine had been taken. Staff said they felt confident about administering medicine as they had received training. Regular audits of medicines and the administration records were carried out by the registered manager who said they "see it as one of my most important responsibilities."

## Is the service effective?

### Our findings

People spoke positively about staff and told us they were skilled to meet their needs. Comments included: "They know what they are doing." and "They have helped me."

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles.

Staff said they had the training and skills they needed to meet people's needs. Comments included: "I have done my level two" and "I have learned a lot being here". A 'level two' referred to a national qualification achieved in an appropriate subject in health and social care.

The registered manager said new staff were required to complete an induction when they first started working for Meadowside. The induction covered the 15 fundamental standards outlined in the nationally recognised Care Certificate. The Care Certificate is an award that all new staff in care settings are expected to complete during their induction.

Training records for staff confirmed staff received training on a number of subjects. Records showed one person was working on their Care Certificate. Staff confirmed that when they started working at the home, they had undergone an induction. Staff completed training which included safeguarding adults at risk, fire prevention, food hygiene, basic first aid, infection control and health and safety as part of their induction. Staff updated this training on a regular basis.

Staff were also encouraged to complete nationally recognised qualification in care as well as training which was specific to meet people's needs. For example records showed staff had completed courses in diabetes awareness, diet and nutrition, person centred approaches and record keeping. A health professional commented "Staff are very skilled." Staff had also been supported with training in areas including understanding mental health and challenging behaviour.

People were supported by staff who had supervision (one to one meeting) with their line manager. Staff said supervisions were carried out which enabled them to discuss any training needs or concerns they had. However they also commented that they could speak to the registered manager or her deputy at any time.

The Mental Capacity Act (MCA) 2005 provides the legal framework to assess people's capacity to make certain decisions at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well, such as relatives or friends, and other professionals, where relevant.

People's rights were protected because the staff acted in accordance with the MCA. At this inspection, we found staff had an understanding of the Mental Capacity (MCA) 2005. People were supported to make decisions wherever possible. Where staff had a concern that the person may not be able to make a decision, they had involved family members and health and social care professionals as well as the person

themselves.

People were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. People had signed to say they agreed with their care plan.

Where people are deemed to not have capacity to make a decision about a particular issue, it may be necessary to consider whether they are being deprived of their liberty in relation to the issue. If this is found to be the case, an application for a Deprivations of Liberty Safeguards (DoLS) authorisation must be made. In these circumstances the provider must do all they can to find the least restrictive ways to meet the person's needs. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

At the time of inspection, no DoLS authorisations had been applied for to the supervisory body. The registered manager explained that everyone living at Meadowside had capacity. However, they recognised that some people's needs were changing and they might have to make an application for a DoLS authorisation in the future.

Staff supported people who could become anxious and exhibit distressed behaviours. For example one person got very anxious about running out of cigarettes. Staff had worked with the person, who had agreed to having a quota each day and keeping their cigarettes in the office. The person then signed a sheet to say they had taken a cigarette and how many they had left. Staff said the person had freedom to get as many cigarettes as they wanted during the day. However they added that normally the person restricted themselves to about one cigarette an hour. We observed this person coming in the office a number of times to help themselves to a cigarette. We also saw they entered the time they had taken the cigarette, the number of cigarettes left and signing the entry. These strategies helped to keep the person's anxieties at bay.

The staff were all aware of people's dietary needs and preferences. Staff said people tended to get their own breakfast and lunch but normally chose to eat the same main meal in the evening. People's preferences were clearly recorded in their care plans. Meals each week were discussed with people. One person chose to go through the planned menu each week to decide in advance whether they wanted the main meal on offer or an alternative. This person's menu was displayed in the kitchen alongside the menu other people were having. People said the food was "good" and "I like the food." A health professional described how people had "commented to me in the past that the food is of a high standard."

People had access to health and social care professionals. Records confirmed people had kept appointments with their GP, dentist and other health services including the local mental health team. People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed.

The home was light and well-maintained. There were spaces for people to use, both indoors and outdoors. People were supported to have their room decorated to their taste and were able to bring their own furniture and decorations to make it homely. The garden was equipped with garden furniture which people used during the inspection.

## Is the service caring?

### Our findings

There was a happy relaxed atmosphere at Meadowside during the inspection. We observed people and staff who appeared comfortable in each other's presence, interacting with each other with laughter and light banter.

People's dignity was respected by staff. Staff ensured that when helping people, they spoke to them in a respectful manner and asked them what they wanted before they undertook any task.

Staff were very careful with people's possessions. For example, when cleaning a bedroom, a member of staff was very particular to ensure that personal items were placed back in the right place.

People said they were happy with the care they received. They appeared relaxed and contented in staff company. People were able to access all parts of the home, including the kitchens and office spaces. During our inspection, the office door was nearly always open which gave good visibility to the front door. Staff in the office were therefore always aware of people and visitor's comings and goings. We observed people often stopping at the office for a chat as they were going in and out of the home.

People's bedrooms were personalised and decorated to their taste. For example, one person had chosen the colour and decorative stencils on the walls of their bedroom. Another person said their room had been decorated recently.

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated kindness and compassion at all times. For example, each person's birthdays were celebrated as they wanted them to be. During the inspection, one person chose to have take-away fish and chips followed by lemon meringue pie to celebrate their birthday. The registered manager always bought a card and present for each person on their birthday and Christmas, making sure these were something the person really wanted. For example, one person had wanted a new wallet which they had received and been very pleased with.

The registered manager said that most people stayed in the home at Christmas and therefore staff and their families made particular efforts to ensure people enjoyed the celebration. This included having a Christmas party with an entertainer, such as a singer. One person said they had enjoyed the pantomime trip last year.

People were supported to go on holiday if they wanted to. One member of staff described how they had taken a trip to the Lake District the previous summer. A person spoke about how much fun this had been and how they had really "enjoyed it, particularly the crumpets."

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews and annual surveys.

People's care was not rushed enabling staff to spend quality time with them. For example, we observed one person being supported to the lounge. The member of staff led them slowly at the person's own pace. They provided continual quiet reassurance by holding their hands and leading them gently. The staff then helped the person to sit down before ensuring they had a footstool and blanket for their comfort. This person said staff were "lovely."

Staff show concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. For example, they were concerned that one person was not feeling confident about going out on their own. The registered manager therefore arranged to take the person shopping on a weekly basis, which she said "we both enjoy!"

Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. Staff also were familiar with people's families and ensured that, with permission, they were involved in people's care.

Many staff had worked at the home for a number of years and had involved their own family in the home. Therefore the home had a very homely feel. For example, at Christmas, some staff relatives would visit as they were well-known to people living there. The registered manager also said she often brought her dogs into the home as people were keen to see them. One person described one dog they had grown particularly fond of.

People were also encouraged to think about each other in a caring way. For example, there were birthday cards kept in the office, which were available for people to choose from. During the inspection, one person chose a card to send to another person.

Information about advocacy services was available to people. People were supported to meet with an advocate if they felt they needed to.

## Is the service responsive?

### Our findings

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. A health professional confirmed that people received person centred care and were encouraged to do activities.

People were also involved in the ongoing development of their care, support and treatment plans. Care plans were held on a computerised system. They contained personalised and detailed routines specific to each person. Staff were able to describe each person's preferences. For example, one person liked to be very busy and would go out on the own to clubs and groups. Another person enjoyed going out each day for a coffee or lunch. A third person felt less inclined to go out, so staff had found activities the person could do in the home, which they enjoyed.

People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved. One person had needed some medical examinations following concerns about their health. Staff had arranged appointments through the GP with the local hospital in order for tests to be carried out.

The examples of care plans reviewed during the inspection were thorough and reflected people's present needs and choices. An example of this was one person where staff were concerned about their memory failing. There was information relating to particular occasions when staff had identified the concern. There was also evidence that staff had taken action to support this person, for example getting the person to use a diary, which they found helped.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to do. In addition to some group activities, people were able to maintain hobbies and interests, staff provided support as required. For example, one person had a large collection of toy cars and trains. Staff had supported them to display these on shelves in their bedroom.

Staff told us that people were encouraged to be as independent as possible. For example, one person was very keen to be involved in community groups. Staff ensured they accessed the local library, a reading group, a walking group as well as a local community centre. Staff described how the person was very well known in the local town as they were involved in so many groups.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff also said that they found the computerised records were very helpful in providing information which they could easily find and access. They said this was particularly helpful if they had been off work for a few days as they could easily catch up on what had been happening for each person, whilst they had been away. This helped to ensure

continuity of care.

There was information available about how to make a complaint on a notice board in the main entrance hall. Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had not been any written complaints since our last inspection. The registered manager said they found people would prefer to raise any concerns in person rather than write a formal complaint. The registered manager described how if anyone did have a concern or complaint they would try to resolve it quickly and informally. People said they did not have any complaints and liked living at Meadowside. They said staff would always listen to them if they were not happy. One person did say "staff are kind, but don't understand me" adding that they couldn't do the activities they used to enjoy, but this was due to the medicines they were taking rather than staff. There was evidence in the person's care plan that staff were working with the person to support them with activities.

Minutes of meetings held with people at Meadowside showed that people were given the opportunity to make suggestions and these were acted on. For example, there had been changes to where people smoked in the garden to prevent smoke being blown into the main lounge. The minutes also showed suggestions for where people wanted to go on holiday.

## Is the service well-led?

### Our findings

The service promoted a positive, person-centred culture which supported and empowered people to lead happy fulfilled lives in the local community. The registered manager described how they aimed to provide "a very individual" service for people which addressed their specific needs and preferences. Throughout the inspection, we saw evidence of staff following these principles, working with people to maximise their enjoyment of life.

Staff said they really valued the registered manager and her deputy. They described how supportive both of them were, helping staff to maximise their potential. A health professional described the registered manager as "a great manager." They also said there was "good communications" and the home worked in partnership with the health and social care professionals.

The registered manager was a qualified mental health nurse, who described her role as empowerment with compassion and respect. The registered manager had developed the staff team to consistently display appropriate values and behaviours towards people. There was a well-developed understanding of equality, diversity and human rights which managers and staff put into practice. The registered manager and her deputy also regularly worked alongside staff helping to provide support to people. For example, on the second day of inspection, the registered manager attended a meeting with a person and the local mental health team. The registered manager described how this 'hands-on' approach meant that they were aware of how staff were managing and what their development needs were.

There were regular staff meetings which were minuted. Minutes of the last two meetings showed that staff actively partook in the meetings and were able to make suggestions for improvement to the home. People benefited from staff who understood and were confident about using the whistleblowing procedure.

The registered manager had notified the Care Quality Commission about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

The registered manager kept up to date with current national guidance and was involved in local and regional organisations to ensure their own practice remained current. The registered manager had made links with the local community, for example a local arts and community centre as well as with other providers in the area.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. These included audits of buildings, medicines and care records. There was evidence that where audits had identified shortfalls, action had been taken. The registered manager was in the process of introducing a new system to monitor staff understanding and compliance with the policies and procedures in the home.

People and their relatives were encouraged to contribute ideas to improve the service. For example there was evidence that a survey had been completed and actions had been undertaken to address issues.

People and staff said they had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately.