

The Meath Trustee Company Limited

The Meath Epilepsy Charity

Inspection report





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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

The inspection took place on 22 June 2016 and was unannounced. The Meath Epilepsy Trust is registered to provide accommodation with personal care for up to 84 adults who are living with epilepsy and may have associated learning and or physical disabilities. There are eight individual houses within the service, each of which has a manager and senior staff team. There are communal resources available to all those living at The Meath including a café, skills centre and gym.

The home had a registered manager. 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 registered manager supported us during the inspection.

People received excellent care in a way that was personalised and responsive to their needs. There a culture of positive risk taking which enabled people to lead full lives and maximised independence. People were supported by skilled staff who were knowledgeable about their needs and aspirations. Wherever possible, people were encouraged to take control of their own care and were supported in this by relatives and other professionals.

There was a positive and vibrant culture in the service and people were encouraged to push the boundaries and challenge expectations. In addition to a wide range of individual activities people were supported to take part in an extreme sports group which aimed to raise people's confidence. The service facilitated two social enterprise schemes based on the main high street of the local town. There was a commitment to developing community links and members of the public were invited to participate in various leisure activities with the service.

People's involvement in the running and development of the service was actively encouraged. People were involved in the recruitment of staff and had begun to contribute to audits of the service by acting as 'experts by experience'. The service gained regular feedback from people, staff and relatives through an annual questionnaire, house meetings and residents and relative's forums. The culture of the home was open and people felt confident to express their views and opinions. Concerns and complaints were encouraged, investigated and responded to in a timely manner.

The service worked extensively with other organisation to raise public awareness of people living with epilepsy and was actively involved in on-going research. Local links with other services had been established to ensure good practice was shared. People and relatives spoke highly of the registered manager and other senior managers who acted as positive role models and had a visible presence across the service. Quality assurance processes were robust and action plans to improve the service were prioritised and completed quickly.

People's healthcare needs were supported in a holistic manner. The on-site healthcare team provided specialist advice and ensured staff were aware of their responsibilities. There were close links with healthcare specialists and appointments were well documented to ensure people's complex needs were met safely. Medicines were managed safely and staff were knowledgeable about the medicines and support people required in a health emergency.

People were supported to maintain a healthy diet and we saw people were fully involved in choosing their food. Staff were knowledgeable about people's dietary requirements and where people required support to eat this was provided in a dignified manner which encouraged independence.

There were sufficient staff deployed throughout the service to meet people's needs. People's safety was protected as the service had robust recruitment procedures in place and staff were knowledgeable about their responsibilities in identifying and reporting abuse. There were contingency plans in place to ensure people could continue to receive care in the event of an emergency.

Staff received the training and support they required to carry out their roles effectively. Staff undertook a comprehensive induction when they joined the service to enable them to learn about people's needs and the visions of the service. Progression training was available to staff who wished to further their careers.

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 safeguarded from the risk of abuse because staff understood their roles and responsibilities in protecting them.

Risks to the health, safety and well-being of people were addressed in a personalised and enabling way which promoted independence.

The service had safe and robust recruitment procedures in place and people were supported by sufficient and suitable staff.

Safe medicines processes were in place and staff were aware of their responsibilities.

Is the service effective?

Good ●

The service was effective.

People's legal rights were protected because staff routinely gained their consent and where possible allowed people to make decisions for themselves.

Staff received effective training and support to enable them to carry out their role.

People had choices regarding food and drink and were supported them to maintain a healthy diet.

People were supported to maintain good health by a team of on-site healthcare professionals who maintained links with specialist teams.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us that staff treated them with kindness and compassion.

Staff had an excellent understanding of people's needs and

worked with them to ensure they were actively involved in decisions about their care and support.

People were supported to maintain and develop their independence in a variety of ways which took into account people's aspirations.

Care was consistently provided in a way which respected people's privacy and upheld their dignity.

People were supported to develop and maintain relationships. Visitors were welcomed to the service.

Is the service responsive?

The service was extremely responsive.

People received a personalised service which was responsive to their individual needs.

The service placed a strong emphasis on meeting people's aspirations through the provision of meaningful, imaginative activities and opportunities.

The service was committed to ensuring a strong community presence which highlighted people's abilities.

People, relatives and staff felt listened to and any issues raised were handled in an open, transparent and honest way.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

The registered persons led service developments to continually improve and maintain a high quality of life for people. New and innovative ways of further enhancing people's lives were continually being explored.

The service used a range of creative methods to ensure that people were involved in the running and development of the service.

People, relatives and staff felt their views were listened to and there was a strong positive culture throughout the service.

The service worked extensively with other organisations to promote good practice and develop opportunities for people.

Outstanding 

Robust quality assurance systems were in place which took into account people's views and experiences.

The Meath Epilepsy Charity

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 22 June 2016 and was unannounced. The inspection was carried out by five inspectors and a specialist nurse.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We reviewed the information contained within the Provider Information Return (PIR). A PIR 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.

During the inspection we spoke to three relatives and eighteen people living at The Meath about their experience and observed the care and support provided to people. We spoke to the registered manager, the chief executive officer, eight staff members, three members of the healthcare team and three house managers.

We reviewed a range of documents about people's care and how the service was managed. We looked at twelve care plans, medication administration records, risk assessments, accident and incident records, complaints records, policies and procedures and internal audits that had been completed.

The service was last inspected on 28 January 2014 and there were no concerns identified.

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. One person said, "I feel a lot safer now I'm living here, there's enough staff around in case I have a seizure." One relative told us, "Knowing as a parent that your child is safe is so important – there's consistency of care here. We're delighted with the stability."

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. Rota's for each of the units showed that a core number of staff were provided each day with additional staff available to support people during activities. People and relatives told us they felt that staffing levels at the service were good. One person said, "There's so many staff, I feel safe." A relative told us, "There are always plenty of staff in his house and around the site. He's safe because there are always good staff around to make sure he's okay."

Staff told us that they had enough time to support people in a safe and timely way. One staff member told us, "We always have enough staff. It can be busy in the mornings when everyone is getting ready for the day but we have good routines and no one has to wait for anything. When things quieten down we have time to spend with people doing things they enjoy." During the inspection we observed that people's needs and requests for support were responded to quickly and people did not have to wait for care.

People benefited from the use of regular staff. This enabled staff to acquire a good understanding of people's care and support needs. The manager told us that a number of bank staff were available to cover any shortfalls. They told us that all the bank staff knew people well and were able to respond to people's needs. We spoke to a bank staff member who confirmed that they had spent time in each unit as part of their induction which had enabled them to get to know people and their preferred routines.

Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work at the service. Staff files contained a photograph, interview records, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

People were kept safe because staff had a good understanding of how to keep people safe and their responsibilities for reporting concerns. Staff were confident about their role in keeping people safe from avoidable harm and demonstrated that they knew what to do if they thought someone was at risk of abuse. Records showed that staff had regularly attended safeguarding training and staff members were able to explain the different types of potential abuse and reporting procedures should they identify anything of concern. One member of staff said, "I would report it to everyone; unit managers, seniors, registered manager and take higher if not sorted. I would whistle blow if needed." A second member of staff said, "I would report it, speak to the unit manager and record it. Whistle blow if needed. We love these people; there is no way I would let them suffer." Information regarding reporting potential abuse was displayed in both communal areas and in individual units to inform people and staff how to report any concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise risks. These

included areas such as bathing, mobility, eating and drinking and use of transport. Risk assessments were detailed and included effective control measures to maintain people's safety. One person's file contained detailed guidance of the support they required with moving and handling with photographs of how the equipment required should be used. Another person had been assessed as being at high risk of falls. The person had protective equipment in place and a falls mat to alert staff immediately if they stood from their chair.

Monitors were in place in each house to alert staff if people were experiencing a seizure when in their bedroom. Guidance was recorded in each person's file to ensure staff were aware of when they should respond to minimise risks to people. Relatives and people told us they found this reassuring as staff would be aware when they needed assistance, particularly during the night.

Good medicines management processes were followed to ensure people received their medicines safely. Each person had a medicines administration record (MAR) which stated what medicines they had been prescribed and when they should be taken. MAR's included people's photographs and there was a signature list to show which staff were trained to give medicines. We found no signature gaps in relation to people's MAR's which meant people had been given their medicines when they required them. Protocols were in place for the administration of 'as needed' and emergency medicines (PRN) which were detailed and gave staff clear direction.

Medicines were stored securely. There was documented evidence of medicines received from and returned to the pharmacy as well as stock checks undertaken. Staff had a medicine policy providing guidance on the safe administration, handling, keeping, dispensing and recording of medicines. We observed staff supporting people with their medicines in an unhurried manner, taking times to talk to them and ensuring they had taken their medicines safely. People said staff supported them to take their medicines safely. One person said, "They help me with my medicines and they ask if I'm happy with taking them." Another person said, "I have tablets in case I have a seizure. They tell me what my tablets are and give them to me each morning. I take them myself."

Accident and incidents were looked at on an individual basis and records included actions taken to minimise reoccurrence. Records were also collated and reviewed centrally to ensure any trends across the service were identified. We found that risk assessments had been completed following accidents. Where incidents occurred as a result of people's behaviour towards others referrals had been made to the positive behavioural support team to ensure people received the support they needed.

Regular assessments of the environment were conducted to ensure that people were safe. Records showed that equipment was checked and serviced regularly to ensure it was safe for use. For example, hoists and slings had recently been serviced and window restrictors were being checked during the inspection. Fire systems and equipment were checked and serviced regularly and an up to date fire risk assessment was in place. There was a contingency plan in place to ensure that people's care would not be compromised in the event of an emergency and staff were aware of their responsibilities.

Is the service effective?

Our findings

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 make 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).

People's rights were protected because the staff acted in accordance with the MCA. Staff demonstrated a good understanding of the MCA, including people's right to take risks and the necessity to act in people's best interests when required. Records showed that capacity assessments had been completed for people in relation to individual decisions such as wearing lap belts on wheelchairs and the use of bedrails. Where appropriate best interest decisions and DoLS applications had been completed. Best interest decisions had been appropriately discussed, in line with the key principles outlined in the MCA Code of Practice.

People were fully involved in their care and staff sought their consent prior to supporting them. Throughout the inspection we saw that staff communicated in a manner appropriate to the person to ensure they were aware of what was happening. Staff took time to wait for a response and respected people's wishes.

People told us that the staff were knowledgeable and effective in carrying out their roles. One person said, "They are well trained." Another person told us, "I'm in good hands." People also felt that staff had a good understanding of epilepsy and how it affected people individually. One person said, "They talk to me about my epilepsy. They know when I have a bad night's sleep it could be linked."

New staff were supported to complete an induction programme before working on their own to ensure they were aware of people's needs and had the skills to support them. Induction programmes were documented and were adapted to take into account individual staff members existing skills and learning needs. One senior staff member told us they had supported a staff member who was new to working in social care and therefore needed additional support and guidance. They had put additional supervision and support in place to account for the need for more guidance. Staff told us they had the opportunity to shadow more experienced staff members. One staff member said, "I shadowed until the manager was happy with my performance. It made me feel very supported and gave me confidence. It gave people the chance to get to know me and for me to get to know them." During the inspection we observed a new staff member was being taught about people's care and communication needs by more established staff members.

People's needs were met by staff who had access to the training they needed. Training was monitored on an on-going basis to ensure that all staff received mandatory training which included safeguarding, moving and handling, health and safety and first aid. In addition staff received training relevant to their role and to people's individual needs such as epilepsy and autism. Staff were able to discuss learning points from the training they had completed in detail. One staff member detailed how epilepsy training had given them the

skills to support people if they required emergency medicines when experiencing a prolonged seizure.

People were complimentary about the food. One person said, "All the food is lovely." Another person told us, "The food is very nice. We get a choice of what we like. If you don't like something you have something else."

People had choice and control over their meals and were supported to maintain a healthy and balanced diet. The way in which people were supported to choose and prepare their meals varied depending on their individual needs. We observed some people were able to choose and prepare their meals independently or with minimal support whilst others needed more support from staff. Staff were aware of people's individual needs and these were well documented in care plans. One person's care plan stated, 'I am able to prepare simple meals that do not require much cooking. I would like staff to support me to prepare and cook meals that are more nutritional. I have developed a seven day menu of some of my favourite food which will help me each day on what to cook and the ingredients to buy when I am out food shopping'. We observed the person making their lunch and saw this guidance was followed.

Where people required additional support a variety of ways were used to offer people choices. We heard staff talking to people about their preferences and pictorial menus were available to aid people making a choice. Staff were knowledgeable about people's likes, dislikes and dietary preferences. One person told us, "I don't like veg and staff never try to get me to eat it." Another person followed a vegetarian diet and we saw that they had their own freezer compartment containing the foods they liked. People were involved in meal preparation in each of the houses we visited. One person told us, "I sometimes help make dinner. I enjoy it and it tastes nice." Another person told us, "I do the cooking with everybody. We choose what to have in the shopping."

Where people required support to eat at mealtimes this was done in a caring and enabling manner with staff providing the appropriate support whilst still enabling people to be as independent as possible. Information was available to staff regarding people's specialist and cultural dietary requirements and staff demonstrated a good understanding of people's needs. People's weight was monitored regularly and any significant changes were investigated and acted upon.

People were supported with their healthcare needs and records showed that any changes in people's health were addressed promptly. One person told us, "I see the doctor and dentist whenever I need to." One relative told us, "They always keep us informed. If there is an increase in seizures the epilepsy nurse will review things and contact the consultant or the GP for other things. They're very open. They show good judgement and common sense."

A healthcare team was available on-site to support people with their health needs. This included a nurse consultant and two nurses, all of whom held advanced qualifications in epilepsy. This input enabled a seamless link to specialist epilepsy services and gave people and staff access to specialist advice at all times. One nurse acted as a nursing matron and provided direct support to all houses to ensure that people's medical and clinical needs were met and fully incorporated into individual support plans. Another nurse supported staff in the day to day monitoring and recording of people's epilepsy. Records were reviewed in detail on an on-going basis and collated each month. Information was then shared with the GP and specialist services to ensure that all information was up to date and any changes in people's epilepsy management could be amended quickly.

A local GP was contracted to visit the service twice each week and people were able to make their own appointments to visit the GP surgery if they preferred. A specialist outpatient's clinic was held regularly to support people with their epilepsy needs. Where it was more appropriate for people to access external

specialist appointments staff supported people to attend their appointments. The service had close links with the local community health team and appointments and recommendations were clearly recorded with people's care files.

Staff were knowledgeable about people's health needs and individual emergency protocols. The nursing team took a leading role in training staff in supporting people with their epilepsy. The training materials used were well presented and evidence based and covered all aspects of epilepsy management and emergency interventions. Individual epilepsy support plans were in place for each person and contained detailed guidance for staff to follow. Staff were able to demonstrate their knowledge of individual plans and knew what support people required should they experience a prolonged seizure. We observed staff supporting one person during a seizure. The person was cared for in a respectful and compassionate manner and staff were able to describe the support the person would require next and the recording they would complete.

In addition to the nursing staff a qualified physiotherapist and occupational therapist were also available on-site to offer direct support and guidance to people and staff where needed. Records evidenced their involvement in people's support and we observed they spent time discussing people's needs. One person said they wished to purchase a different type of shoe. We observed this was discussed in detail to look at ways in which this could be achieved whilst ensuring the shoes were suitable.

Is the service caring?

Our findings

People and relatives told us that staff were caring. One person said "Staff here are friendly." Another person said, "I get on really well with all of them. We can have a joke." Another person told us, "They are very caring. They are sensitive about things." One relative said, "The staff are exceptionally caring, they're so motivated and genuinely enjoy their work. I find it quite moving to watch them."

There was a vibrant atmosphere across the service and staff demonstrated a commitment to ensuring people were happy and involved in the support they received. Staff were passionate about the people they supported and demonstrated empathy through the way they spoke about, and interacted with people. People appeared relaxed in the company of staff and throughout the service laughter and banter was heard between staff and people. We observed people choosing to spend time with staff who always gave them time and attention. In one house we observed everyone was involved in a separate activity of their choice and staff took time to offer encouragement to people individually. When talking to a staff member one person came and started to massage their back. The staff member reacted positively and they shared a joke about how relaxing this was.

People were supported to be in control of their own care wherever possible. Records showed that people were supported to develop their own support plans and were able to amend them when they wanted changes to their support. One person told us it had been important to them to be in control of the process and that staff had been supportive throughout. They said, "Staff were very kind and helped me get things how I wanted them." Where people were unable to contribute to their support plans directly staff ensured that plans were completed in a person centred manner and included detailed descriptions of how people preferred their support based on their observations and experience of working with the person. Relatives were also involved in contributing to people's plans where appropriate. One relative told us, "Everyone has been involved throughout, it's a team effort to make sure everything's right and it works. It's made such a difference to (family member), they are so happy now." Support plans were primarily focussed on people's skills and abilities and we observed that staff supported people in the same manner. When we asked staff about people's support needs they told us about the person, what they enjoyed and their abilities before explaining the support they required.

There was a culture of positive risk taking which supported people to develop independence. We observed people, cooking, cleaning, gardening and shopping throughout the service. Individualised risk assessments were in place to support people in these areas where required and we saw that these were followed. We observed one person baking a cake, the staff member stood at a discreet distance and offered verbal support when required. Another person told us they were going to walk into the local town. Staff checked with them how long they were going to be and if they had their contact details with them. Minutes of residents meetings detailed how people agreed to participate in daily living tasks that included recycling, shopping and recording fridge temperatures. Rota's were displayed in various formats in each house detailing people's responsibilities on each day and we observed people taking part and being encouraged throughout the inspection. Staff understood the importance of promoting people's independence. One staff member told us, "We try and promote independence as much as possible. This varies depending on the

person. For example, for one it might be carrying their own plate. Another person wanted to go into the local town on their own. Some people may say this isn't wise but they have the same rights as us. We made sure it was safe and followed at a distance for the first few times to make sure they were okay."

People were looked after by staff who took time to get to know them well and ensure that they were happy with the support they received. One person sat with their breakfast in the lounge but was not eating. Staff joined them and started chatting but did not prompt them to eat. The staff member later explained that the person would not generally eat unless staff were with them but did not like to be prompted. We observed staff spend time talking to people about what they would like to do and responding promptly to people's requests. One person said they wanted to go for a walk, the staff member asked if it was okay if they went with them and waited for a response before they went out together.

People were supported using accessible, tailored and inclusive communication methods. Staff had a good understanding about each person's communication style and took time to gain people's agreement. Support plans gave detailed guidance regarding how people communicated including people's facial expressions, the use of technology and body language. One person's communication plan stated that if they were in agreement they would use a thumbs up sign, if they did not use the sign they were declining support. We observed staff approached the person and ask if they would like support to transfer to the dining room for lunch. The person looked away and did not use the thumbs up sign. Staff therefore made the person comfortable and brought their lunch into the lounge where they were sitting. Throughout the inspection we observed that staff always gave people time to respond without rushing them and did not make choices on people's behalf.

People's privacy was respected. One person told us, "They let me be on my own when I want." Another person said, "They're good with privacy." We observed staff knock on people's doors and wait for a response before entering and staff told us they would make sure people's curtains were closed and they were covered during personal care. One staff member told us, "It's important to knock on doors before entering. I have a special knock for one person so that they recognise it's me outside their door. It's important to give people privacy if they have visitors, for example switch off the seizure monitor. I treat people as I would want to be treated or how I would want my family members to be treated. You have to put yourself in their situation."

People told us they had chosen how they wanted their bedrooms decorated and all bedrooms contained personal items. One person's room contained lots of photographs of them doing various activities. They told us, "Pictures of me" was the favourite part of their room. Another person said, "I like pink and picked the colours. I really like my bed." Each house had an individual feel with photos of people displayed prominently.

People were supported to develop and maintain relationships. People told us that the home was inclusive and created a positive environment for building friendships. One person said, "We are all involved and I have met good friends." Another person said, "The best thing has been making new friends." Relatives told us they were always welcome at the service and that staff would support people to visit them. One relative said, "I'm always made to feel welcome and as though I'm part of things. We can spend time in the house or go for a coffee in the café. I've never been made to feel awkward."

Is the service responsive?

Our findings

People and relatives told us that the service was committed to ensuring people were able to live as full a life as possible and used creative ways to develop people's confidence and independence. One person told us, "The Meath gave me a new life. I'm proud of myself. I've got my life back." One relative told us, "They're outward looking – they've made people in the area aware of what people living here are capable of."

People were empowered to challenge perceptions and limitations of living with epilepsy and what they were able to achieve. The registered manager told us that the service worked on the principle that there was no activity people could not do. People had been supported to develop an extreme sports group, Meath Extreme, which supported people to take part in a wide range of ambitious sports including rock climbing, abseiling, canoeing and sky diving. Each activity was individually risk assessed and alternative options offered to people who were not able to participate in the planned activity. For example, two people had successfully completed a tandem sky diving jump and others been supported to access a wind tunnel which simulated the experience. The group had recently completed a kayak challenge across the Great Glen Way in Scotland. Following the inspection people forwarded a short video of the expedition which highlighted the impact on people's confidence. One person said, "Anybody can do anything. You have to think positively in your life and always have a go if you want to try something new."

People were supported to take a key role in the local community and the service was actively involved in developing further links. A senior staff member told us that they believed it was essential that people had a presence and meaningful role within the local community which promoted their skills and capabilities. To enable this the service had opened two shops on the main high street of the local town which ran social enterprise schemes to enable people to build skills and confidence. One enterprise, 'ARTHOUSE Meath' enabled people to develop their artwork into designer products which were sold in the high street shop, on line and in outlets internationally. The stated aim of ARTHOUSE Meath is, 'To create a platform of positive change in attitude towards people who are often marginalised'. The second enterprise, 'Changing Perceptions', supported people to restore furniture which was sold in the high street shop. The shop also has a cafe which was widely used by the local community. The enterprise had been externally recognised through being awarded the Surrey Care Associations 'Most Innovative Activity Programme Involving Service Users' award. We spoke to one person involved in ARTHOUSE Meath who told us, "It's a challenge and it means something." Another person became animated, smiling and laughing, when we asked if they had enjoyed their morning at Changing Perceptions.

The registered manager told us they believed it was also important to build local links by offering the use of the facilities at The Meath to the local community to maximise integration. The service offered gym membership to people in the local area as well as craft and fitness classes, all of which included people living at the Meath.

In addition a wide range of activities were offered which were based on people's hobbies and interests. Support plans contained detailed information regarding places and activities people valued and individual activity plans had been designed around these interests. Staff were able to explain this detail to us and used

this information to develop activity programmes. One house had started a vegetable garden in response to one person's interest. People were involved in activities on a weekly basis included swimming, horse grooming, gym, rock climbing, theatre workshops, church and voluntary work in the local community. The on-site enterprise centre offered a wide range of activity programmes ranging from health and fitness classes, pottery, employment skills and accredited qualifications. People had access to the centre throughout the week for specific activities they had chosen.

People were supported to maintain and develop their interests when at home which created a positive and vibrant atmosphere. Throughout the inspection we observed people being supported with activities such as crafts, computer games, reading and gardening. One person told us, "I like doing stamps." We later observed the person being supported by staff to update their stamp collection. Another person told us they had an interest in lorries. The person's room contained pictures and models of lorries and we heard staff chatting with them about their hobby.

People's care needs were assessed prior to them moving into the service. Assessments were completed in detail to ensure the service was able to meet people's needs and that risks regarding their health care needs were assessed and control measures implemented. Records showed that people, their families and health care professionals were involved where appropriate. There were clear links between the completed assessments and people's support plans.

Support plans were person centred, detailed and regularly reviewed; meaning staff had the most up to date information to guide them when providing care to people. Records showed that people were fully involved in developing their support plans along with family members, staff, advocates and health professionals where appropriate. The registered manager told us, "The best way of providing care is to make sure everyone is involved. It's the way to make sure people can move forward in the way they want." Support plans contained detailed guidance on the support people required and how they preferred to be supported. Support plans included information about the person's background, routines, personal care requirements, mobility, health and wellbeing, communication needs, relationships and independent living skills. People's social and family backgrounds were written sensitively and recorded relationships that were important to them.

Reviews of people's care took place regularly and also involved all relevant people. One family member told us, "We're usually invited to reviews about three times each year but we can always raise anything at any time and they'll respond. It's often more useful to address things as they arise rather than waiting for a big event." They went on to explain that they had discussed their family members mobility needs which had led to an increase in the one to one occupational therapy they received which had led to significant improvements.

Staff were extremely knowledgeable about people's individual needs and preferences which enhanced people's sense of wellbeing and quality of life. They were able to describe these in detail without the need to refer to records. One member of staff described to us how one person's mobility needs varied from day to day depending on how they were feeling. They were able to describe how they assessed what the person needed each day and how they agreed this with them. We later spoke with the person who confirmed this was the way in which staff supported them.

People were supported to develop and maintain their independent living skills. One house which had recently opened was designed specifically for people with physical disabilities. Assistive technology had been integrated into the design to maximise people's independence. Each person had a personal tablet device which enabled them to switch on lights, open doors, adjust the heating and draw their curtains.

People told us this had a significant impact on them being able to control of their own environment. One person said, "It's great, I can do it all from the (tablet device) without having to ask for help."

People's concerns and complaints were encouraged, investigated and responded to in a timely manner. People and relatives told us they were aware of how to make a complaint and felt any concerns would be listened to. One person told us, "If I wanted to complain I would speak to the manager and if I wasn't happy with what they said I would go to the Chief Exec." A relative told us, "I would contact the manager if there was a problem. I know I could be open and straight forward and he would listen. I wouldn't be at all concerned that it would backfire (on family member)." Information about how to complain had been produced in an easy read format and was displayed in all the houses. Complaints and compliments books were located in houses and where concerns had been raised these had been responded to appropriately. A central log of complaints was also held which enabled the registered manager to monitor complaints and ensure that concerns did not reoccur.

Is the service well-led?

Our findings

People and relatives told us they felt the service was well-led. One person said, "I can go and see any of the managers at any time, they're always there and we see them walking around all the time. We're a team." One relative told us, "They've got the vision – they know what needs to be done. They've made some really good (staff) appointments." Another relative said, "My (family member) has lived in a number of good care homes but this is way above what we've ever seen before. It's the most exceptional place, it should be used as a blue print for all care homes. It comes from the top and goes right the way through."

The service used creative ways to ensure that people were involved in the running of the service. One senior staff member told us, "It theirs, they own it." The registered manager told us that they were constantly looking for ways to increase people's involvement and empower people to be in control. People were fully involved in the recruitment of new staff and had received training to ensure they could take a full and active role in the process. People's views were listened to and they had an equal say in recruitment decisions. People were asked about their views of the staff that supported them during house meetings and we were informed that the next stage in this process was to involve people directly in staff supervisions and appraisals.

In addition to house meetings, the service facilitated a number of forums and groups to increase people's involvement in service development. In addition to individual house meetings a monthly resident's forum was held between people and the Chief Executive Officer (CEO). Minutes showed that people were able to raise issues and were kept up to date regarding developments and staffing. A representative from the forum attended trustee meetings to directly feedback on the discussions held. The service was in the process of developing a Quality Audit Team to enable people to be involved in the auditing of the service and help people communicate their needs and aspirations. People had been invited to become 'experts by experience' and meeting minutes showed that people were receiving training and support for this role. Although the Quality Audit Team was a new initiative, a number of audits had taken place and the reports generated had already formed an integral part of the overall audit process of the service.

A variety of methods were used to keep people and their relatives informed of developments in the service and to gain feedback. Regular relatives forums were held to gain feedback and share information regarding service development and relatives were also invited to be involved in staff recruitment and training. Each house produced a monthly newsletter detailing what people had been involved in during that time and updates on staffing. This was sent to people's relatives where appropriate. A quality survey was sent to people, relatives and staff on an annual basis to gain views on the quality of the service provided. Comments from the 2015 survey were positive and included, "I love living here." And "We are confident that our relative is receiving high quality care."

Quality assurance systems were in place to monitor the quality of service being delivered. These included reviews of care plans, medication, health and safety, cleaning, premises and individual house audits. Where improvements were identified action was taken to ensure that the desired standard was reached. For example, audits identified concerns regarding the records within one house which had recently opened. The

registered manager had developed an action plan for improvement and had designated time to spend with people, and staff in the house to ensure that actions were met.

The service worked extensively with other organisations to ensure they are able to share specialist advice and good practice including The National Care Forum and the International League Against Epilepsy. The Meath was a founder member of the Joint Epilepsy Council and was represented on the board. The organisation was made up of a group of specialist epilepsy providers and gave the service access to specialist advice and contacts to ensure that current thinking and best practice was followed when supporting people. On a local level the service was involved with the Surrey Care Association and attended forums to share advice and good practice.

The service was continually striving to improve. Staff recently visited another provider to see how they had supported people to deliver a safeguarding training programme to staff. As a result they were in the process of modelling this training at The Meath. The CEO told us, "It will focus and engage staff much more if the programme is delivered by the people here."

The service was committed to contributing to research and raising the public profile of people living with epilepsy. They were represented on the All Party Political Group for Epilepsy which are specialist meetings held with MP's to raise issues facing people living with epilepsy. The service was currently working with two other organisations on a research project to develop a discreet monitoring system to alert people when they are about to have a seizure. The registered manager told us that this technology would have a great impact on people's lives and freedom.

Staff told us they felt supported in their roles and felt their views were listened to. Records showed that staff received regular supervision and staff confirmed they found this useful to discuss any concerns and training needs. One staff member told us, "We get lots of support. I had supervision this weekend and it's always regular." Another staff member said, "The support we get is brilliant, I never feel on my own." Regular staff meetings were held both in individual houses and as a service. One staff member told us, "We have monthly staff meetings when we are able to put forward our ideas about the unit and the service. We are asked for our views." One staff member had noted that when people needed to travel to London for medical appointments the journey using the service transport was difficult due to traffic problems. They had suggested using public transport which had reduced the amount of travel time and increased people's independence.

Staff had opportunities to undertake further qualifications to support them in being effective in their role and in developing their career opportunities. The registered manager told us they believed this was a contributory factor in retaining staff which provided stability for people. One staff member told us, "They are very open to the training we request and very supportive." They told us they were working towards taking on a management role and had been provided with training to help them develop the skills and knowledge they needed. A senior staff member was able to provide a clear account of the additional training they had undertaken in order to prepare for a position which involved managing and supporting other staff. Another staff member had recently completed training as a Makaton (a form of sign language) trainer to enable them to teach people and staff within the service.

The vision and values of the service were clearly demonstrated throughout. The registered manager told us that they believed it was essential that staff were aware of the aim to provide individualised care that promoted people's independence and opportunities. They told us that the process started during recruitment where the values of the service made clear to all candidates. During induction each new staff member met both the registered manager and the CEO on an individual basis to ensure they were clear on

what was expected of them and gain their commitment to the service. During the inspection we observed that staff demonstrated these values and that people were supported to achieve their aspirations.

There was an open culture and the registered manager and other members of the senior management team were visible around the service. One staff member said of the registered manager, "He's a good role model. He's always around and will always stop and talk to people and staff. All the managers are the same." We observed the registered manager and CEO spend time throughout the day walking around the service. Through their interaction with people it was clear that they knew them well and took a personal interest in their well-being. People and relatives spoke about the registered manager in a relaxed manner and told us that they were always accessible if there was anything they needed to discuss. One person told us, "I've asked to speak to him (registered manager) and he's said he'll come and see me today. I know he will if he's said so." The person later confirmed the meeting had taken place. The CEO told us that they had recently restructured the management team to enable them to increase the amount of time they were able to spend with people and staff within the service.