

The Meath Trustee Company Limited

# The Meath Epilepsy Charity

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

The Meath Epilepsy Charity (The Meath) provides 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 nine 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. At the time of our inspection there were 81 people living at The Meath.

### People's experience of using this service and what we found

People and their relatives told us they felt the service was safe. There was a calm and relaxed atmosphere and people appeared comfortable in the company of staff. Staff were aware of their responsibility to keep people safe and safeguarding concerns were reported and acted upon. Risks to people's safety were assessed and action taken to minimise risks identified. Medicines and infection prevention and control were managed safely. Sufficient staff were deployed to keep people safe.

People, relatives and staff told us there was a positive culture within the service. Quality assurance processes had been developed to monitor the service people received and ensure improvements were made. Records regarding the care people required and received were completed in a person-centred way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service had developed strong links with the local community. People were encouraged to access community resources and undertake person centred activities. People received their support from staff who knew their needs well and respected their individual preferences. There was an ethos of personalisation which supported people's independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update) The last rating for this service was Requires Improvement (published 3 April 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this targeted inspection to check if the provider had met the requirements of the breaches of regulations identified at our last inspection. The overall rating for the service has not changed following this targeted inspection and remains requires improvement. This is because we did not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service effective?**

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

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

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act.

This was a targeted inspection to check if the provider had met the requirements of the breaches of regulations identified at our last inspection. These included the safety of people's care, the way staff were deployed, consent to care and the management oversight of the service.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by five inspectors

#### Service and service type

The Meath is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We announced the inspection the day before we visited to discuss the safety of people, staff and inspectors with reference to the COVID-19 pandemic.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included safeguarding information and statutory notifications. Statutory notifications are information about

important events which the provider is required to send us by law. We sought feedback from professionals who work with the service. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what they do well and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with 10 people who lived at The Meath and observed the care people received. We spoke with 20 staff members including the registered manager, quality assurance manager, support staff and housekeeping staff. We looked at infection prevention and control systems and reviewed a range of records which included nine people's care records, accident and incident monitoring and medicines administration records.

#### After the inspection

We spoke with eight relatives to gain their views of the service provided to their loved ones and a further staff member. We reviewed additional documentation requested from the provider including quality audits and policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the breaches of regulations identified at our last inspection. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

At our last inspection in February 2019 the provider had failed to ensure systems and processes were in place to protect people from potential abuse and ensure concerns were reported. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The majority of people and their relatives told us they felt staff knew how to keep people safe from the risk of potential abuse. One person told us, "I am safe living here. No one tries to hurt me in any way. I trust staff here to look after me when I need it." One relative told us, "Staff care too much to let anything happen to her." Another relative told us they felt safeguarding concerns were not always been managed promptly and effectively. We discussed this with the registered manager who gave assurances that lessons had been learnt and protocols were in place to minimise these risks being repeated.
- Staff had received training in safeguarding and received regular reminders of their responsibilities. Staff were aware of the potential types of abuse, signs of concerns and reporting procedures. One staff member told us, "We have had safeguarding training. It's about different types of abuse. I would report anything I suspect of abuse to the managers. If I think they have not dealt with it then I would report it to external agencies."
- The service had worked closely with the local authority to develop reporting protocols. This information had been shared with individual house managers and staff members to ensure a joined-up approach to safeguarding was in place across the service. The local authority quality assurance team told us they had seen improvements in how concerns were reported and addressed.
- Where safeguarding concerns were identified, action was taken to minimise risks. The registered manager had systems in place to monitor safeguarding concerns. These were regularly reviewed as part of the quality assurance process to ensure the appropriate action was taken.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection in February 2019 the provider had failed to ensure risks to people's safety were effectively managed and that safe medicines processes were in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People and their relatives told us they felt staff were aware of risks to their safety. One person told us, "The staff are great, they treat me well and keep me safe." One relative said of their family member, "I feel he is totally safe. Staff know how to use his special equipment. They make sure he is comfortable."
- Personalised risk management plans were in place to guide staff on how to minimise risks. Where people required support with their mobility, staff were aware of the equipment they needed to use. Staff used safe techniques when supporting people to transfer and spoke to people throughout the process.
- Detailed epilepsy care plans were in place which described potential triggers, any known patterns and the actions staff should take. Staff were able to describe people's individual plans and the emotional support people required to manage their health. Records of people's seizures were maintained and specialist support accessed when required.
- Staff understood the support people needed to manage their anxiety and how people communicated this. They were able to describe the importance of people's routines, triggers to anxiety and the support they required to remain calm. One staff member told us, "We tend to work on the same units so we know them really well. We know their routines and the little things that will make a bad day into a good day."
- Accidents and incidents were reviewed and action taken to minimise concerns being repeated. Following a review of a number of incidents, it was found one person's living environment was not meeting their needs. The person was given the opportunity to move to a quieter flat. In addition to a significant decrease in incidents, the person also communicated more and was becoming more independent in their daily living. Their family member told us, "I couldn't have asked for more. This is the happiest (person) has ever been."

#### Using medicines safely

- People told us they were supported with their medicines safely. One person told us, "Yes, they are good with my medicines. I get what I need."
- People received their medicines in line with their prescriptions. Medicines administration records contained the required details including allergies, GP contact details and clear instruction regarding how each medicine should be administered. Records showed there were no gaps in administration.
- Staff completed training in medicines administration which included the use of rescue medicines where people living with epilepsy required these. Staff competence in medicines management was regularly reviewed.
- Protocols for the administration of 'as and when' required medicines had been developed, although for some people additional information was required. The registered manager forwarded evidence following the inspection to show this was being addressed. We will review the effectiveness of this at our next inspection.

#### Staffing

At our last inspection in February 2019 the provider had failed to ensure sufficient staff were appropriately deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of



regulation 18.

- People told us they felt there were sufficient staff to support them with their needs and activities. One person told us, "Staff come and spend time with me in my room. I like to have the company. They help me to be independent."
- Staff told us they felt there were sufficient staff deployed to keep people safe. One staff member told us, "We have enough staff and things have definitely improved. There were some difficult times with Covid because of isolating but it was always safe. Now we can have tests, it's better."
- There had been a significant reduction in the use of agency staff, which had had a positive impact. One staff member told us, "We have a better team now and we can give more consistent care. It feels more like a family now."
- Staff had time to spend with people and respond to their requests. We observed there was a relaxed atmosphere in all areas of the service with people and staff engaging in activities together.
- The registered manager told us that staffing levels were monitored constantly. In addition to the recruitment of permanent staff, a pool of bank staff had also been established to ensure flexibility and consistency.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection in February 2019 the provider had failed to ensure care and treatment was always provided with the appropriate consent. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People told us they were supported to make choices and decisions. One person said, "If I ask to do something then staff listen to me and try their best. I also like that they try their best to keep me independent."
- We observed staff asking for people's consent including if they could enter people's rooms and join them in their activities. Choices were continually offered such as different foods, where they wished to sit and how people spent their time.
- Staff told us they had received training in the MCA and how this impacted on their work. One staff member told us, "We had the training but it's working with people that puts it all in context. It made me understand the importance of offering choices in a way people understand and means something to them. We use a lot more pictures and signs now."
- In the majority of areas, capacity assessments had been completed regarding specific decisions including

the need for constant supervision, support with medicines and the use of epilepsy monitoring equipment. Where we found this process had not been completed in a detailed manner, the registered manager assured us this would be rectified and sent evidence the process was underway. We will review the effectiveness of this during our next inspection.

- Where people were found to lack capacity to make specific decisions, best interest decisions were made and considered least restrictive options. People who knew the person best, such as family members, staff and health professionals, were involved in the decision-making process.
- DoLS applications had been made to the local authority where appropriate. The registered manager kept a register of DoLS applications in order to ensure any conditions were met.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection in February 2019 the provider had failed to ensure robust management oversight and that effective quality assurance systems were in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People and their relatives told us the service was open and inclusive which promoted a homely atmosphere. One person told us, "I have had to go to hospital but when I did, I wanted to come back here as this is where I feel at home." One relative told us, "Things have improved day by day with (nominated individual) and (registered manager). They don't want to exclude anybody. They make a superb team."
- Staff told us they had seen significant improvements in the management of the service. One staff member told us, "Communication has improved tenfold and we've become more open. Everyone is now so much more secure and we know if we don't know how to do something we should just ask." A second staff member said, "I feel so confident in speaking about any issue. There's a person-centred approach to staff, not just residents."
- Relatives told us they felt the service was transparent and they were informed of any concerns promptly. One relative said, "They will always let us know whatever's happened. We're told the same day, usually straight away. You never feel they're hiding anything."
- People, staff and relatives told us they felt the service had managed the COVID-19 pandemic well. Communication systems had been established quickly to ensure people could maintain contact with their loved ones.
- Staff told us they felt guidance had been shared and they were informed of the precautions they needed to take. A clear strategy had been developed to ensure risks were managed to keep everyone safe. Guidance had also been provided on well-being and mental health support to both people and staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection in February 2019 the provider had failed to ensure the CQC were notified of significant events within the service. This was a breach of the Regulation 18 Registration Regulations 2009

(Notifications of other incidents).

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- The provider had ensured notifications of significant events had been forwarded to CQC in line with their regulatory responsibilities. Where additional information was requested, this was provided in a timely manner.
- Records were person-centred and regularly updated. The service had further developed an electronic recording system which provided easier access to up-to-date information for staff.
- Quality assurance systems were in place to monitor the service people received. Changes had been made to audit processes to provide more comprehensive checks. Regular audits were now completed in areas including medicines, safeguarding, care plans and health and safety. Where concerns were identified these were reviewed to ensure action had been taken.
- Audit processes had been designed to involve staff across the organisation including individual house managers. The quality assurance manager told us, "Managers are doing audits and investigations so they are learning and developing their understanding. They are now more involved in developing audits and training for staff and understand their responsibilities more."
- A service action plan was in place which highlighted where improvements were required, how these would be achieved and who would be involved. Training was provided to staff as part of the action plan to ensure they understood their responsibilities in safeguarding, MCA and providing care with dignity and respect.
- The registered manager told us they felt the whole service had worked together to achieve the improvements made at The Meath. The senior leadership team had established clear roles, responsibilities and shared purpose. The registered manager said, "We're such a good team. We know what we need to do, we communicate well and we know we can rely on each other."