

Meadow Lodge Home Care Services LLP

# Meadow Lodge Home Care Services LLP

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

### About the service

Meadow Lodge Home Care Services LLP is a domiciliary care service. It provides personal care to people living in their own houses and flats. It provides a service to older adults, younger disabled adults and people living with dementia or mental health problems. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service is mainly provided to people living in the Selby area, as well as some parts of Wakefield and the outskirts of York. When we inspected there were approximately 180 people using the service.

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

People were positive about the quality of the service they received. Everyone told us their care workers were polite and said they were kind and respectful.

People told us they enjoyed positive relationships with their care workers and looked forward to them visiting. One person commented, "I feel safe with the carers without a doubt, they are kind and caring towards me and we have a joke with each other which is nice."

There were effective systems to monitor that calls took place as planned. Effective management systems, policies and procedures were in place to protect people's safety and welfare. We have made a recommendation about the management of some medicines to make sure that best practice guidance is followed.

The service was responsive to people's changing needs and people felt well cared for and listened to. Care plans contained information regarding people's care preferences; these were kept under review and updated as needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff felt the registered manager was supportive and they always had the appropriate support and training to fulfil their roles effectively. Managers undertook regular audits and checks on the quality of the service to identify themes and trends and monitor progress.

For more details, please see the full report which is on the Care Quality Commission website at

#### Rating at last inspection

The last rating for this service was good (published 12 February 2018).

#### Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meadow Lodge Home Care Services LLP on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

### Is the service caring?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

### Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Meadow Lodge Home Care Services LLP

## **Detailed findings**

### Background to this inspection

#### The inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 6 November 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

#### Inspection team

The inspection team comprised of an inspector, an assistant inspector, a member of the CQC medicines inspection team, and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We contacted the registered manager three weeks before site visit activity began so they had time to share documents we needed to view and could arrange telephone calls for us with people using the service and relatives.

Inspection activity started on 6 November and ended on 26 November 2020. We spoke with the registered manager on 19 November.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We looked at all the information we held about the service and sought feedback from the local authorities and professionals who work with the service. The provider was not 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 the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 17 people who used the service and two relatives. We reviewed care records and associated medicine records for four people. We looked at a range of records relating to the management of the service including safeguarding and complaints records, meetings, reviews and audits. We spoke with five members of staff including the registered manager, a care coordinator and three care workers. We checked a sample of policies, reviewed staff recruitment with the registered manager and looked at staff training records and meetings.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed safely. Staff administering medicines had completed safe management of medicines training. Staff were also observed to ensure they were competent to follow safe administration practices.
- People told us they received their medicines as prescribed.
- The medicines management policy did not fully reflect current national guidance and best practice set out in the NICE guidance for managing medicines in the community. For example, guidelines for 'as needed' medicines were not person centred and did not describe in any detail the support people needed.

We recommend the provider consider current best practice guidance on managing medicines in the community and take action to update their practice accordingly.

### Assessing risk, safety monitoring and management.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans described the control measures for staff to follow to keep people safe.
- People's home environment and equipment was assessed for safety.
- People told us they liked staff and felt safe. One person said, "I feel safe with the carers they are always happy to help me and are well trained."

### Systems and processes to safeguard people from the risk of abuse.

- Effective safeguarding systems were in place. Staff knew what to do to protect people from harm and had received safeguarding training.

### Staffing and recruitment.

- People received care in a timely way with 95% of calls being within agreed timescales (half an hour each side of appointed time) in their service level agreement with local authorities. People told us staff communicated any changes if they were delayed.
- The provider operated a safe recruitment process.

### Preventing and controlling infection.

- Staff followed good infection control practices. Specific training has been provided to staff on using personal protective equipment (PPE) to help prevent the spread of healthcare related infections. The registered manager had also sought specific guidance from infection control and prevention teams locally and consulted with them on specific cases.

Learning lessons when things go wrong.

- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.



# 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 good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider ensured people consented to their care and treatment. People were involved in decisions about their care.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Staff completed an assessment of people's mental capacity. For people who lacked mental capacity, staff knew what to do to make sure decisions were taken in people's best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about staff and said they were kind and treated them well. Comments included, "Staff are nice to me and we have a laugh," "Carers are always very kind to me and very respectful." and, "Staff are fantastic."
- Staff spent time to get to know people's preferences. They used their knowledge of people's life history to develop good relationships and understand their way of communicating.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in making decisions about their care. One relative told us, "Staff are always asking [Name] what they would like; I think they do a really good job with speaking to [Name]."
- The provider carried out regular reviews of people's care, asking them for feedback and if they wanted any changes to their care and support. Where needed staff sought external professional help to support decision making for people.
- Staff undertook training about dignity and respect, and this was discussed with staff through meetings and supervision sessions.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people's likes, dislikes and care preferences. They used this detail to plan care for people in the way they wanted. One person told us, "Staff asked what was needed and it was worked out from the start. If there are new staff they always work with established staff so they know what is needed and how I like things doing."
- People were encouraged to make choices and have as much control and independence as possible regarding their care.
- Staff kept people's care under review to make sure issues were identified and addressed in a timely way.
- People benefited from a responsive service. One person told us, "When I had to go into hospital they [Staff] were so good. They stayed with me; they sorted it all out and got an ambulance for me."
- The registered manager had identified a low take up of flu vaccines among the staff group. They had approached the local pharmacy to deliver these on site, which had improved the take up of flu vaccines from 50% to 80%. Which in turn helped to protect the people using the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff could describe people's communication needs and how these should be met. Any sensory impairments and language needs were recorded in care plans.

End of life care and support

- Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.
- Managers and staff worked closely with other healthcare professionals including GPs and palliative care teams to support people.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff at all levels understood their roles and responsibilities. The registered manager had continued to drive continuous improvement and development throughout the Covid-19 pandemic to ensure staff received the training and support they needed to meet people's needs effectively.
- Effective management systems were in place to safeguard people and promote their wellbeing. Managers completed a series of checks and audits. These showed issues were identified and satisfactorily addressed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager fostered a shared commitment with staff to provide high-quality care. People consistently told us they were happy with their care and they would recommend the service. One person said, "I would absolutely recommend the company. I have everything I need and I don't have a negative thing to say."
- Although we identified improvements to the medicines policy the service generally had effective policies and procedures in place. These were regularly reviewed and updated.
- The registered manager was open and responded appropriately to complaints and issues of concern raised with them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Managers and staff regularly reviewed people's care with them through regular telephone calls and video conferencing. People confirmed staff asked for their feedback and acted upon what they said. One person told us, "The management are very easy to get hold of. I have a phone number to call if I have any problems. They sort things out very quickly."
- Staff told us they felt listened to and managers were approachable. Managers held online calls to agree work priorities and check on progress; managers and staff told us they worked as a team to deliver high standards. One said, "I love working for them They are very supportive and understanding. We all work together; it is a good team."

Working in partnership with others.

- Managers and staff had established good community links, reflecting the needs and preferences of people

in its care.

- The registered manager was proactive and worked with healthcare and social care professionals to effectively coordinate and make improvements to the service and people's care and support. For example, they had identified a low take up of flu vaccines among the staff group owing to staff time constraints. They had approached the local pharmacy to deliver these on site to staff, which had improved the take up of flu vaccines from 50% to 80%.