Care Quality Commission

Choice Pathways Limited

Meylan House

Inspection report

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Ratings

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

Overall summary

We inspected Meylan House on 25 June 2015. It was an unannounced inspection. The service had not previously been inspected.

The service supports up to seven adults with learning disabilities and/or complex behavioural needs, as well as autism. At the time of the inspection there were four people using the service.

There was a registered manager at the service. 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.

Arrangements were in place to protect people who used the service from the risks of abuse and avoidable harm. There were enough staff and they were clear about their responsibilities to report abuse and where to report abuse outside of the organisation. Staff had received safeguarding training and records confirmed this. CQC

Summary of findings

had been notified of relevant incidents, which meant we could follow up any actions needed with the provider. The service had procedures to carry out checks out of hours to ensure care at these times was safe.

People had assessments which considered potential risks when they did activities and to ensure their health was protected.

Medicines were managed safely, which ensured people received the right medicine at the right time.

People were supported in a caring and respectful way. Appropriate health professionals had been consulted with where needed. Staff showed a caring approach to people in the service.

People were involved in menu planning, shopping and supported if they wanted to assist with food preparation. People liked the food and drink and mealtimes were relaxed and sociable. Risk assessments for eating and drinking had been completed and appropriate professional referrals made if risks were identified.

The provider, registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions or who may be deprived of their liberty for their own safety.

Activities in the home were tailored to suit people's individual needs and preferences and each person had a personal activity schedule. This included activities in the home as well as trips out into the community. Where they were able, people were involved in the running of the home. People were involved in the recruitment of new staff and had received training to help them with this.

There was an open culture and staff had access to the management team. One staff member told us they had been encouraged to suggest ways the service could improve. This had made them feel valued.

The staff had good relationships with relatives which helped communication. A relative commented "staff are always the same when I visit; they don't seem to have bad days which is reassuring."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were protected from harm. People had risk assessments and care plans that were used to identify and manage any risks associated with their care.

People were protected by staff who had good knowledge around the safeguarding and whistleblowing procedures.

Recruitment procedures were robust to ensure the right people were carrying out the care.

Medicines and other equipment were safely monitored.

Is the service effective?

Good

The service was effective. People received the care in line with their assessed needs.

Staff had training and support to ensure they had the right skills and experience to meet people's needs.

People were involved in their care and had choices around eating and drinking.

Managers and staff respected people and worked in their best interest.

People's consent was obtained and best interest decisions made where necessary.

Is the service caring?

Good

The service was caring. Staff showed a commitment to involve people and treated people with kindness and dignity.

People were assisted to improve and maintain their wellbeing by being supported to access health services and professionals when needed.

People's wishes and aspirations were asked about and recorded and discussed to help people achieve these.

Is the service responsive?

Good

The service was responsive. People were involved in their care planning. People's wishes and preferences were documented.

People were supported to take part in a range of activities and interests of their choosing. People were encouraged to share their interests and hobbies with others.

People had opportunities to make suggestions about the service with regular meetings and were involved in recruitment of staff.

Is the service well-led?

Good

The service was well led. Staff felt supported and enjoyed their job. There were a range of quality monitoring systems and these were used to continually improve the service.

The service communicated well with other professionals and external agencies were consulted when needed to support any changes or address any concerns about people.

Meylan House

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 unannounced inspection took place on 25 June 2015. The inspection team consisted of two inspectors. Before the visit we looked at notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

We spoke with two people who lived at the service and two relatives. We spoke with three members of care staff, the registered manager, and Assistant Area Director. We spoke with staff from three local authority learning disability teams. We looked at four people's care records, two staff files and medicine and administration records. We also looked at a range of records relating to the management of the home. We looked around the home and observed the way staff interacted with people.

We reviewed feedback from people who had used the service and their relatives.

Good

Is the service safe?

Our findings

People were protected from the risks of abuse and avoidable harm. Staff knew how to communicate with people and support them if they became distressed. Staff knew their responsibilities to report abuse and where to report concerns outside of the organisation. One staff member had reported a concern in line with the provider's policy and told us it had been dealt with promptly and appropriately. Staff had received safeguarding training and records confirmed this. CQC had been notified of relevant incidents, which meant we could follow up any actions needed with the provider. A person commented that their relative "was always keen to return to the house after a visit out which shows us they feel safe."

People had detailed risk assessments. These included risks associated with their medical conditions and behaviours. For example, one person had a medical condition which meant they could have fits. The care plan detailed what action should be taken when the person experienced a fit to keep them safe. Guidance for staff on how to support the person was detailed and staff were aware of, and told us they followed this guidance. People who were at risk of having fits at night had monitors on their beds to alert staff which were checked twice daily to ensure they were working correctly. Risks were reviewed annually or as people's needs changed.

Where people had behaviour that could be described as challenging, ways to respond to this were recorded in positive behaviour support plans. A positive behaviour support plan helps to monitor episodes of behaviour that challenges. It is looked at regularly to try and find a cause to help develop effective ways to prevent or respond to behaviours. The support plans been updated appropriately and support had been sought from a psychiatrist and learning disability nurse. An updated behaviour support plan was seen which advised staff on ways to manage a particular person's behaviour.

There were sufficient staff on duty to meet people's needs. The assessed support hours for each person were identified in support plans. The registered manager used this information to ensure the correct number of staff were available to meet people's needs. We observed staff were not rushed in their duties and had time to chat with people and engage with them in activities. The staff attendance rota confirmed planned staffing levels were maintained.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff have a criminal record or were barred from working with children or vulnerable people.

Medicines were managed safely. People received the right medicine at the right time. There were effective systems in place to ensure medicines were ordered, stored and administered safely. Medicine administration records (MAR) contained accurate information and were fully completed. Medicines were administered by staff that had received medicines training and had their competencies checked.

One person required their medicines administered on a spoon with food. The decision to administer medicines in this way had been made in the person's best interest. There was evidence that appropriate professionals had been involved in the decision. We observed a person receiving their medicines. The member of staff spoke to the person explaining what was happening before offering the medicines. The member of staff was encouraging and praised the person when the medicines had been taken.

The home used a central database to monitor safety requirements of the service such as water temperatures. These alongside other household checks were put on the database and staff alerted if attention was needed. This data base was also used to complete behaviour observations and psychologists could review information to enable them to analyse behaviour and assess what action may be needed to ensure people and staff remained safe.

Good

Is the service effective?

Our findings

Staff knew people well and had the knowledge and skills they needed to carry out their roles and responsibilities. All staff received an induction training period and shadowed experienced staff before working unsupervised at the home. For example, one new member of staff was completing their induction and told us they felt well supported. They had received three supervisions and told us these were “supportive and reflective.” The provider had conducted a staff quality assurance review which covered supervision. One staff member had commented "it helps my performance as a support worker to do a better job.”

Staff had an annual appraisal where they identified training and development needs. Staff were then encouraged and supported to attend any identified training. For example, one member of the management team had started a management development programme.

People were supported by staff who had training in areas that were specific to their needs. For example, autism and Strategies for Crisis Intervention and Prevention (SCIP). SCIP aims to support staff to identify triggers and recognise early behavioural indicators, so that non-physical interventions can be used to prevent a crisis from occurring.

Staff had knowledge and understanding of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act (MCA) is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over. People should also be provided with an independent advocate who will support them to make decisions in certain situations, such as serious treatment or where the person may live. The service had asked for an advocate for a person they were supporting was potentially moving to another service, this was to ensure their views would be taken into account.

The service had, where appropriate, applied to the local authority for assessments under The Deprivation of Liberty Safeguards (DoLs). These ensure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. Training for MCA and DoLS was delivered to staff to ensure they had a good understanding of how it should be used. Care plans showed that people had an opportunity to be involved in decisions about their lives wherever possible.

People in the home were involved in developing a four week menu. Staff told us people were encouraged to follow a healthy eating plan. Staff encouraged and helped people to complete an on-line shop once a week and involved people in preparing food where they were able. People were supported to go out to eat and were involved in decisions relating to their food choices. If people did not want was on the menu they would be supported to make a different choice. People were referred to the speech and language therapist (SALT) where there were concerns around swallowing difficulties. One person had guidance from SALT which required food to be cut into small pieces. This person was supported in line with the recommendations.

People had access to health professionals when needed. Care plans contained detailed information from specialist health professionals. For example one person was reviewed regularly by an epilepsy specialist and there were letters from psychiatry teams regarding medication and management of behaviours.

A relative commented “staff are always the same when I visit – they don’t seem to have bad days which is reassuring.”

There were systems in place to assess the safety of the environment. We saw a daily designation sheet which detailed all checks required, such as epilepsy monitors, water temperatures, bedding, and house cleaning. This meant all essential tasks and checks were carried out when they should be.

The service was clean and appropriately furnished. A relative commented “it is a homely home, definitely not an institution”.

Good

Is the service caring?

Our findings

People who used the service were treated with respect, kindness and in a caring manner. Caring interactions were observed throughout the inspection. There was a cheerful atmosphere. Staff knew people well and used their knowledge to support people with kindness and compassion. Staff had the skills to listen to people and understood what people wanted.

Staff knew about people's likes and dislikes. For example one person liked to sing and dance, we saw staff encouraging this person, who smiled and laughed with staff.

When people became anxious staff were quick to respond and did so in a supportive manner. For example, one person got tearful and staff were quick to respond and reassured with appropriate touch. They offered a drink and to call the person's relative, which they did and they spoke with their relative for some time.

One member of staff told us, "I love it here. What's important is that service users are happy".

Staff developed communication passports to help people express their views. These are a person-centred way of supporting adults who cannot easily speak for themselves. They contain pictures and signs to help people to communicate effectively with those around them.

One person's first language was not English. When the person had moved to the home they had not been able to speak any English. Staff had developed a list of pictures with words both in English and the persons own language. The person was now able to speak many words in English and staff had learnt some words in the persons own language. We heard many interactions where the person was supported both in English and their own language.

Throughout the day people were supported to make decisions about how they wanted to spend their day. Where people changed their mind this was respected. For example, one person had a shopping trip planned for the day of our visit but did not want to go. Staff encouraged the person and explained the benefits of the outing. Staff respected the person's choice.

Care plans showed people were involved in all decisions relating to their care. This included details around their daily personal care needs and their social needs. One relative told us, "They [staff] are brilliant. He is really flourishing. Staff really understand him and give space when needed."

People were treated with dignity and respect. One member of staff told us, "dignity and respect is at the forefront of everything we do." People were encouraged to be as independent as possible. For example, people were supported to engage with housekeeping tasks. When people required support with personal care they were supported to their rooms and doors were closed. Information relating to people and their care was held in the office. The office had a keypad door lock ensuring people's information remained confidential.

One person experienced a seizure. Staff responded promptly, in a caring and calm manner. They supported the person in line with their care plan, making sure the person was safe. Staff reassured the person and supported them to rest following the seizure.

Care plans included detailed end of life plans that showed involvement of people. This included what people wanted to happen after death and details of people's funeral wishes.

Staff were respectful to people and each other. When staff were communicating with each other they involved people if they were present.

Good

Is the service responsive?

Our findings

People who used the service received care that met their needs. Transition to the service was done gradually and people's needs were assessed fully to ensure the service was appropriate for the care and support they needed. For example, a person was due to move into the service shortly. The registered manager had identified staff training that needed to be completed before they moved in. The person had visits to the home to prepare them for moving in. Monitoring the suitability of the placement was an on-going process when people were living at the service. There was evidence of two young people moving to another service as it had been recognised their level of need was now too high for the service.

Care plans were person centred and contained information relevant to each person, such as medical history, epilepsy care plans and behaviour plans. Each person was allocated a key worker and some people chose their own key workers. This meant the person knew who was responsible for them and relatives had a point of contact. Care plans included detailed information about things people did or did not enjoy. Other information was also included such as which relatives to keep in touch with and if this should be done by daily or weekly phone calls. Family birthdays were also noted and any assistance needed to send a card or buy a present was documented. Care plans included people's aspirations. One relative told us they had been involved in the development of their relatives care plan. Comments included; "They [staff] really understand him", "They give him opportunities to express himself" and "Staff are very receptive. Staff support me".

Care plans included positive behaviour support plans. One person's positive support plan identified the person should not be given too much notice of activities as they could become anxious. Signs and signals of anxiety were detailed and staff were aware of these.

We saw people being offered choices around activities and being given the time to consider and make a preference. Staff made suggestions and people's preferences were respected. Activity plans were displayed in picture form in the home so people could read them. Many people had trips out planned on their schedule. Care plans detailed what activities people enjoyed and what was important to them. Activities including going to church, telephone calls with family members, and dancing. It also included visits from family. One person's care plan included the importance of regular telephone calls with family.

A relative told us how their relative had gone home for a visit and how wonderful this had been for them all. This person had developed many skills since moving to the home and now accepted support with daily bathing. Skills developed included, helping prepare meals, dressing, cleaning and bringing laundry to kitchen.

One professional told us one person was, "doing more activities." and "it had taken time to find the right place" for the person and felt they had progressed since moving there.

One person in the service had adopted the role of house Craft Manager. They had taught one member of staff rug making and kept files about staff members in their room. They also enjoyed teaching other people in the service. On discussion with the person they were clearly proud of this role and liked to offer staff 'supervision' sessions. This evidenced that staff had recognised the importance of this person having a role in the house and allowed her to share her expertise with others which helped them feel valued.

People had been supported to take part in a talent show organised by the provider. Staff told us how much people had enjoyed this and how important it was for people to have access to events outside of the home. One person in the house had entered the talent show.

Regular meetings for people living at the house were held and minutes recorded. Items discussed included holiday wishes, choice of keyworker and, doing a recipe book.

People and their relatives knew how to make a complaint. A complaint by a relative had been responded to and actions in relation to this had been followed.

Good

Is the service well-led?

Our findings

People and their relatives knew who the management team were. The rRegistered mManager had been in place since April 2015. A relative was positive stating the "[rRegistered mmanager] "is very responsive".

There was an open culture. Staff were aware of the whistleblowing policy and felt confident to use it if necessary. The management team were visible around the service readily available to staff and people who used the service. One staff member told us they had been encouraged to suggest ways the service could improve. This had made them feel valued. Comments included, "I get fantastic support from [the registered manager] and management team", "The managers are very open and easy to approach", "There is a good balance of praise and how to improve" and "managers are always there if I need them."

The service worked in partnership with visiting agencies, particularly the NHS and local authority. Professionals were complimentary about how the service worked with people and told us the service communicated well with them. A professional said when they visited the service they were "always welcomed."

One professional told us that at times requests for information wereas not always responded to in a timely way but they did always get the information they required. Professionals told us staff and the management team were keen to improve the service for people that lived there and listened to any comments or suggestions about how this could be done.

People were involved in the recruitment of new staff. For example, they helped with staff interviews, developing the questions, showing applicants around the home, or having a cup of tea and a chat with them. One person told us they liked interviewing and thought we were there to be interviewed. This demonstrated the positive culture of the home.

Senior managers from the organisation visited the service to carry out a monitoring check. This covered a range of areas relating to the quality of the service. For example, peoples records, staff training and environmental issues. Any required actions were followed up at the next visit to check they had been completed.

Senior representatives of the provider such as company directors carried out unannounced visits at the service. These were mainly at night but also included early mornings and weekends. The rRegistered mManager also carried out spot checks during the night. These visits were intended to strengthen the service's quality assurance systems and make sure people were safe and being well cared for when the management team wereare not at the service.

Staff had regular meetings. The minutes evidenced safeguarding and whistleblowing were a standing item and had been discussed. The minutes also noted discussion of any incidents around concerning behaviour and the measures and technology and made reference to actions needed to reduce any reoccurrence. The minutes also evidenced achievements for each staff member and examples were given of a person using the service "making their own breakfast and doing laundry."

Staff wereare valued by the organisation they worked for. For example, the provider held annual awards for staff. Awards were given to staff across 12 categories and finalists attended a function. Prizes were given to winners and staff performance was celebrated.