

London Borough of Merton

Meadowsweet

Inspection report

14 Meadowsweet Close
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Meadowsweet is a residential home providing personal care to people with a learning disability. Meadowsweet accommodates up to 6 people in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were safe and there were enough staff to meet their needs. The premises were well maintained, and any incidents or accidents were appropriately investigated. Staff understood how to safeguard people and action was taken to mitigate risks to people. We have made a recommendation about the management of 'as needed' medicines and assessment of staff competency.

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. People received support to meet any healthcare or nutritional needs. People's needs were appropriately assessed and the home environment was catered to meet people's needs.

The home was caring, with staff knowing people's needs well. People were treated with dignity and respect and involved in decisions about their care. Staff encouraged people to be as independent as possible and carry out day to day tasks for themselves.

The home was responsive to people's needs and ensured they were enabled to participate in meaningful activity that was important to them. An appropriate complaints policy was in place for people, relatives and other stakeholders to raise any concerns. People's end of life wishes were discussed where appropriate.

The management of the home was robust in ensuring that there was suitable day to day oversight. Relatives and staff were positive about the management of the home. The registered manager understood their responsibilities and ensured consistency of care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 28 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Meadowsweet

Detailed findings

Background to this inspection

The 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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Meadowsweet is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person and three relatives about their experience of the care provided. On the day we spoke with the registered manager and two support workers. We reviewed a range of records. This included

two people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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

This KLOE is for services that administer medicines as part of providing a regulated activity.

- People's medicines were safely stored in safes within their rooms, with medicines administration records (MAR) kept to show that people's medicines were given at the right time.
- People had protocols in place for PRN ('as required') medicines. However, these were not signed by a doctor. Staff received medicines training, however were not subject to regular medicines competency assessments.
- We recommend the provider consider current guidance on PRN protocols for people as well as competency assessments for staff and take action to update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse

- Staff knew of the action to take to ensure they reported any potential abuse. A staff member said, "It's about protecting adults, looking out for the signs of abuse and preventing it from happening in the first place."
- Where any allegations of abuse had been made the registered manager ensured that these were recorded and investigated promptly.

Assessing risk, safety monitoring and management

- Risks to people were suitably assessed to ensure that staff knew how to reduce the likelihood of risks occurring. This included risk assessments for safety in the community, use of transport and risks specific to people's care needs.
- The premises were regularly checked to ensure they were safe and well maintained.
- Routine fire drills were conducted to ensure that people were supported to leave the building safely and in a timely manner.

Staffing and recruitment

- There were enough staff to meet the needs of people living at the home and we observed that people were supported both at the home and in the community throughout the day.
- Staff recruitment processes were safe with satisfactory references, record of employment and identification sought prior to them commencing their employment.
- All staff were subject to a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection

- We saw that the home was well maintained and odour free.
- A staff member told us, "We've got aprons, arm covers, foot covers, mouth guards and hair nets." Staff told us of the importance of ensuring communal areas were cleaned following each use.

Learning lessons when things go wrong

- Where incidents or accidents occurred these were investigated with appropriate action taken. The registered manager informed us that there had been no incidents or accidents since our last inspection (asides from one safeguarding incident that we knew about).
- Staff meeting minutes showed that any changes in people's needs were regularly discussed and debriefed.

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. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. 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.

- All of the people living at the home were subject to DoLS. The registered manager had ensured that any applications to deprive people of their liberty had been applied for in a timely manner.
- Staff understood the principles of the MCA and how it applied to their roles. Staff told us, "It's to protect them [people] and ensure they are getting a say in their lives and how they are living" and "We all have rights to live a positive life, for example, if someone wants to get a drink in the middle of the night but the door's locked it's not right."

Supporting people to eat and drink enough to maintain a balanced diet

- On the day of inspection we saw that some opened jars and bottles in the fridge had not been labelled with their date of opening. We raised this with the registered manager and a staff member immediately took action to ensure these were labelled correctly.
- At the time of our inspection all of the people living at the home were able to eat and drink independently. Where one person was at risk of eating their foods too quickly risk assessments were in place to ensure staff monitored their safety.
- Each person had their own plates and cups within the home and we saw people help themselves to these when preparing their lunch. People moved freely across the kitchen area if they were able to make drinks independently and planned their weekly food menus.
- On the day of inspection we saw that some people were supported to buy their own lunch from the local

supermarket with staff and relatives telling us this was a regular occurrence.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in line with best practice, and to ensure their care needs were met.
- Prior to moving into the home people's needs were assessed with the input of relevant other professionals such as a social worker and people's family members.

Staff support: induction, training, skills and experience

- Staff received regular training to ensure that they were competent in carrying out their day to day responsibilities. People's relatives told us they felt that staff were well trained.
- The registered manager had highlighted that some staff required refresher training and was in the process of booking staff onto additional training courses.
- Staff told us, and records showed that staff received regular supervision and appraisal of their work. A staff member said, "I use it [supervision] to bring up stuff in the home, it's also about me and my progress."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals at times that they needed them. Records showed that people had recently attended appointments with the chiropodist, dentist and their GP.
- The registered manager told us that each person had an annual health review and that people were seen by specialists such as at the hospital or psychiatrist when required. Records confirmed this.
- Some people regularly attended a local day centre, staff at the home participated in regular reviews of people's progress at the day centre.

Adapting service, design, decoration to meet people's needs

- The premises were suitable to meet the needs of people living at the home. At the time of inspection there was no one presenting with mobility issues, but a lift was available should people need to use it.
- People's rooms were decorated in line with their preferences. People displayed art work and artefacts of choice, as well as family photographs.

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. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Throughout the day of inspection we observed positive and thoughtful interactions between staff and people. Where people preferred to communicate through Makaton staff accommodated this. Where people were sitting we saw staff speak with them on their level.
- Relatives said, "[Staff] seemed very dedicated and committed" and "I get on well with them [staff], they're nice and friendly."
- Staff told us that although no-one living at the home was practicing any religion they regularly asked whether people would like to attend their local place of worship.
- Staff spoke passionately about their work and were able to convey to us that they knew people and their needs well.

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

- People and their relatives were involved in decisions about their care. A relative said, "Oh definitely [involved in family member's care], the last meeting we had at my home."
- Records confirmed that people's keyworkers, family members and other people that were important to them were involved in the planning and review of their care.

Respecting and promoting people's privacy, dignity and independence

- The registered manager told us, and we saw that people were supported to be as independent as possible. Each person had a 'training day' a week where they were responsible for their laundry, cleaning their rooms and helping with housekeeping tasks.
- Each person had a key to their room and the front door of the home. A staff member said, "They have keys to the front door, and their rooms. It's their home."
- A relative said, "[Person's] encouraged a great deal. Last time I went [person] had started to talk, I found it interesting, I could understand what [person] was saying." Another relative told us, "I'm pleased with [person's] development actually, a lot more assertive."
- Staff communicated to us the importance of encouraging people to do things for themselves, and we saw staff work to this ethos throughout the day.

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. At this inspection this key question has now remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People's care plans reflected their preferences and choices in their care delivery. For example, care plans detailed people's routines in relation to their personal care and how they preferred for staff to support them.
- A staff member told us, "People get to choose where to go, they go for care plan review meetings."
- Communication profiles were in place to highlight to staff the best ways in which to communicate with each individual. Where appropriate guidance from the Speech and Language Therapist (SALT) had been sought.

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.

- Where one person had a hearing impairment his keyworker had supported him in accessing specialist equipment to support improvement of his speech. The registered manager told us this was particularly helpful for supporting the person in communicating at external appointments.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were well supported to participate in activities of their choosing both inside and outside of the home. One relative told us how their family member was supported to attend the local day centre, take care of their room, attend the local shops and take trips on the bus.
- One person at the home told us of their excitement for their upcoming holiday and how they were looking forward to going to the airport.
- One person was supported to visit their family each week and staff told us that relatives and friends were permitted to visit at times of their choosing.
- Staff told us, "[As a keyworker] I agree three things to achieve this year [for the person]. [Person] wanted to start a sticker collection, we plan trips and holidays – she loves them."

Improving care quality in response to complaints or concerns

- There was a suitable complaints policy in place, that was also available in a pictorial format to support people to understand how to raise any concerns.

- Relatives told us they had not needed to make a complaint but understood how to raise their concerns should they need to.
- No complaints had been raised since our last inspection.

End of life care and support

- At the time of our inspection there was no one being supported with end of life care.
- Where appropriate, the provider had discussed people's preferences for their funeral wishes and supported the set up of funeral plans where necessary.
- For one person records showed that their preferences had been recorded, and their keyworker was knowledgeable in what the person had chosen.

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.

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

- Relatives were positive about the management of the home telling us, "Caring and interested in what they're doing. It seems a very happy environment in the home, staff that are caring there look after them very well" and "She [registered manager] seems in control, friendly. Any issues she's been straight on it, let's us know what's going on."
- Staff told us, "The management here is good in general, you can go and approach about anything" and "Staff issues get resolved, I think the care home is lovely for the guys."

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 understood their responsibilities telling us, "I need to keep the home running safe for service users and staff. To be present in the home."
- The registered manager was also responsible for running another home in the area. Staff told us that the registered manager was always contactable on the phone or 15 minutes away. Staff working at the home were longstanding and acted as shift leads to ensure there was suitable day to day oversight of the home.

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

- The registered manager had oversight of people's care needs and ensured that these were reviewed on an annual basis or when people's needs changed.
- The registered manager understood their responsibilities to the Care Quality Commission and informed us of important events as they occurred.
- Regular audits of premises safety were conducted to ensure they were safe and maintenance issues were addressed. This included day to day checks and regular checks conducted by the local authority.
- Actions were taken to drive improvement across the home. Following a recent safeguarding incident the registered manager had introduced an updated protocol to ensure staff had a step by step guide for responding to safeguarding allegations.

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

- People's views on the care they received were sought annually through quality assurance questionnaires. We reviewed the responses collated in January 2019 and saw that positive feedback was received.
- These questionnaires reviewed what people wished and disliked to participate in. People had access to a service user guide in the lounge which informed them of their rights and what they could expect from the service.

Working in partnership with others

- The home worked collaboratively with other agencies to ensure people's needs were met. This included healthcare professionals, staff at the day centre and referrals to specialist teams to meet people's presenting needs.