

Meadoway Homes Limited

Meadoway Homes Limited - 613 Barking Road

Inspection report

613 Barking Road
Plaistow
London
E13 9EZ
Tel: 020 8257 8183
Website: www.meadoway.com

Date of inspection visit: 7 and 13 January 2015
Date of publication: 08/04/2015

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?

Requires Improvement 

Overall summary

This inspection took place over two days on the 7 and 13 January 2015 and was unannounced. At the previous inspection of this service in February 2014 we found three breaches of regulations. At this inspection we found improvements had been made.

The service is registered to provide accommodation and support with personal care to up to five adults with mental health needs. Three people were using the service

at the time of our inspection. There was a registered manager in place. 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.

Summary of findings

We found one breach of the Care Quality Commission (Registration) Regulations 2009 because they had not notified the Care Quality Commission of all significant events as required by legislation. You can see what action we told the provider to take at the back of the full version of this report.

Steps had been taken to promote people's safety. Staff had undertaken safeguarding training and people told us they felt safe living at the service. People managed their own money which reduced the risk of financial abuse. There were enough staff working to keep people safe and risk assessments were in place. Medicines were safely administered.

Staff undertook various training and received supervision appropriate to their roles. People were able to make choices in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS are laws protecting people who are unable to make

decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. People were able to choose and prepare their own food. People had access to health care professionals.

People were treated with respect and dignity by the service. The service met people's needs with regard to equality and diversity issues.

People told us that the service met their needs and they were happy with the support provided. Care plans were in place and staff had a good understanding of how to support people. The service had a complaints procedure in place.

People and care staff told us they found senior staff to be approachable. Various quality assurance and monitoring systems were in place. People were consulted over the running of the service.

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?

The service was safe. Staff understood how to respond to allegations of abuse and people looked after their own money. Risk assessments were in place which provided information about how to support people in a safe manner.

There were enough staff working at the service to keep people safe and checks had been carried out on staff to check if they were suitable to work in a care setting. Medicines were administered safely.

Good



Is the service effective?

The service was effective. Staff were supported by the service and received training and supervision.

No one living at the service was subject to a DoLS authorisation and people had a large degree of control and choice over their lives. People were able to choose what they ate and the service supported people to eat a healthy balanced diet.

People had access to health care professionals.

Good



Is the service caring?

The service was caring. People told us staff treated them with respect and dignity and we observed staff interacting with people in a respectful and friendly manner.

The service met people's needs with regard to equality and diversity issues.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and care plans were developed setting out how to meet those needs. People received care that was personalised to them.

The service had a complaints procedure in place and people told us they knew how to make a complaint if they wanted to.

Good



Is the service well-led?

The service was not always well-led. The service had not always notified CQC of significant events as required.

There was a registered manager in place and clear management structure. People told us they found senior staff to be approachable and helpful.

The service had various quality assurance and monitoring systems in place. Some of these included seeking the views of people that used the service.

Requires Improvement



Meadowway Homes Limited - 613 Barking Road

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.

The inspection was carried out by one inspector. Before the inspection we looked at the information we already held about the service. This included previous inspection reports, registration details, safeguarding incidents and any other notifications we had received.

During the inspection we spoke with all three of the people that used the service. We spoke with three staff. This included a support worker, the deputy manager and the Nominated Individual (NI) who was working at the time as a support worker to provide cover to a colleague that was on maternity leave. We observed staff interaction with people. We examined various records. These included three sets of care plans and risk assessments, staff training and recruitment records, minutes of meetings such as residents meetings and staff meetings and various policies and procedures including whistleblowing and complaints procedures.

Is the service safe?

Our findings

At the last inspection of the service we found they were in breach of regulations because they did not have effective systems in place for infection control. Areas of the home were found to be dirty, there was no cleaning schedule in place and used medicines needles were not disposed of appropriately. We found the service was now meeting the regulation.

People told us they felt safe living at the service. The service had a safeguarding adult's procedure in place. This made clear the providers responsibility for reporting any allegations of abuse to the relevant local authority. Staff said they had received safeguarding adults training and records confirmed this. Staff had a good understanding of their responsibility for reporting any safeguarding allegations and were knowledgeable about the different types of abuse. The deputy manager told us there had not been any safeguarding allegations since the last inspection.

The service had a whistleblowing procedure in place which made clear staff had the right to whistle blow to organisations other than the provider if appropriate. Staff had a good understanding of issues related to whistleblowing.

People all had their own bank accounts. They told us they were the only people that could access their accounts and that they looked after their own money. This reduced the risk of financial abuse occurring.

Where people were at risk of exhibiting behaviours that challenged the service risk assessments were in place to manage this. For example, distraction techniques were in place and people had access to therapeutic services including anger management therapy.

People told us there were enough staff working at the service. One person said, "They have morning and night staff. They are here all day." Most of the time the service operated with one support worker on duty and extra staff were arranged if a person had an appointment they needed staff support with. Staff told us they thought staffing levels were adequate as all of the three people that used the service had a large degree of independence and only needed minimal staff support. We observed this to be the case during our visit as we saw people carrying out tasks without staff support, including cooking and going shopping.

We checked four sets of staff recruitment records. Three of these contained written employment references, proof of identification and criminal records checks. For one member of staff there were no employment references in place although we saw that references had been requested. The NI told us that the relevant member of staff began working at the service in September 2014 as an agency worker and only became employed by the service in December 2014. They told us they had taken verbal references for the person whilst awaiting the return of written references. **We recommend that** the provider maintains a documentary record of any verbal references they obtain. Proof of identification and a criminal record check was in place for the staff member.

Most medicines were stored securely in a locked and designated medicines cabinet located in the office. The office was kept locked when not in use. However, we found one medicine was not stored securely. This was a bottle of Thiamine tablets that had been left in a recently vacated bedroom, which was unlocked in the day of our inspection. Staff told us this was an oversight and removed the medicine to a secure location once it was brought to their attention.

One person managed their own medicines. This helped them to develop their independence and gave them control over their daily lives. We saw there was a risk assessment in place for this. The person told us staff carried out random spot checks to make sure they were taking their medicines as prescribed and records confirmed this. Staff provided support with medicines to other people. One person told us, "They supervise the medicines four times a day. I usually remember when it is time but if I forget staff remind me."

The service had a policy about medicines. This said all staff were required to have medicines training which included an assessment of their competence to administer medicines. Staff said they had undertaken this training and records confirmed this.

We examined medicine administration records over a two month period leading up to the date of inspection and found these to be accurate and up to date. The service carried out a weekly audit of medicines held in stock. We checked supplies of medicines held in stock and found these matched the amounts recorded as being in stock. Good record keeping in regard to medicines helps reduce the risk of errors being made.

Is the service effective?

Our findings

At the last inspection we found the service was in breach of regulations. This was because the service was not well maintained and there was not an effective system in place for dealing with maintenance issues. At this inspection we found these issues had been addressed. Previously broken tiles in bathrooms had been repaired and maintenance issues were addressed in a prompt manner. One person told us, "My bed broke and they bought me a new one pretty quickly." Another person said, "The kettle broke so they replaced that." We observed that the interior building was well maintained and in a good state of repair. We found the service was now meeting the regulation.

At the last inspection we found the service was in breach of regulations. This was because the service did not ensure staff undertook training and development appropriate to their role. We found the service was now meeting the regulation.

A staff member said that they worked alongside an experienced member of staff the first five days they spent working at the service. This was so they could learn what the job entailed and how to provide support to people in line with their assessed needs. Records showed that new staff also completed the Skills for Care Common Induction Standards. This provides knowledge to new staff about best practice when working in an adult social care setting.

The Nominated Individual (NI) told us all care staff undertook various training courses as a mandatory condition of their employment. This included health and safety related training such as fire safety and infection control and training related to the needs of people such as training on the Mental Health Act 1983. Records confirmed that staff had undertaken relevant training. Staff told us they received one to one supervision and records confirmed this. Records showed staff were able to raise issues of importance to them and these were addressed by senior staff. For example, one person's supervision record showed they had concerns that not all staff fully participated in shift handover. This issue was subsequently addressed with all staff at the next team meeting. Records showed staff had an annual appraisal of their performance and development needs.

People told us there were no restrictions on their freedom. One person told us, "I can come and go as I please." The NI told us that no DoLS authorisations were in place and none were needed. However, they said that one person was subject to Home Office orders under the Mental Health Act 1983 which placed some restrictions on them. People had capacity to make decisions and were able to do so in line with the MCA. Staff were aware of MCA and DoLS legislation.

People told us they a choice about what they ate. One person said, "Staff generally buy the food but they ask us what we want" and "It's up to me what I cook." People said they could help themselves to food and drinks as they wished. One person told us, "You can get a drink when you want, anytime." Another person said, "I buy my own food but if I need help with cooking staff are there." We observed one person preparing their own lunch on the day of our visit and they told us they were cooking what they wanted to cook.

People told us staff encouraged them to eat a healthy balanced diet and care plans included information about supporting people to eat healthily.

People told us that they had a lot of independence with health care appointments and generally attended them without staff support. They told us this was their preference. However, people said staff helped them with managing and arranging appointments. One person said, "Most of the appointments I go to on my own, but the staff remind me." People told us they accessed health care professionals including GP's and opticians.

The service worked with other health care providers to support people with their mental health needs. Everybody that used the service was on the Care Programme Approach (CPA). The CPA is a way that services are assessed, planned, coordinated and reviewed for someone with mental health problems or a range of related needs. Records confirmed that people and staff from the service attended CPA meetings. People also told us they attended hearing voices groups and met with psychologists to help them manage their mental health needs.

Is the service caring?

Our findings

People told us they were treated well by staff. One person told us, "The staff are nice to us." Another person said, "They are polite, they are really OK." Another person said, "I've got no problems with staff, they are pleasant to me" and "I do like it here, staff are very friendly. People said staff promoted their privacy. One person told us, "They definitely respect my privacy. They always knock on my door."

The Nominated Individual (NI) told us the service met people's needs in relation to equality and diversity issues. This was done by respecting each person as an individual and meeting their own individual needs. For example, people were able to choose food, clothing and activities that reflected their cultural and ethnic backgrounds and one person attended a place of worship of their choice. People were supported to obtain college courses and employment. For example, one person attended a course about becoming an advocate for other people with mental health needs. Another person had voluntary employment and they told us they hoped this might lead to paid employment.

The NI said the service arranged social events at the home such as BBQ's and a Christmas party which people were involved in choosing and planning. Residents meetings confirmed that people were involved in planning these events. However, the NI told us that for the most part people arranged their own social and leisure activities within the community as part of their developing independence. People confirmed this was the case and that they were happy to arrange their own social and leisure activities.

Staff told us how they promoted people's dignity. They said they respected privacy by respecting people's right to choose to spend time on their own and always knocking on doors before entering a bedroom. Staff told us one of the main aims of the service was to promote people's independence and we saw evidence of this. For example, people had a large degree of control over their daily lives. Plans were in place to help people develop independent living skills as required, for example with budgeting and cooking.

We observed examples of positive and caring interactions between people and staff. For example, we saw staff discussing a planned visit to a relative with one person. The person appeared to be involved with and enjoying the conversation. Another person told staff they did not want to attend their voluntary employment on the day of our visit. We saw that staff respected this but also spoke positively to the person about the benefits of them attending their employment.

People told us they were able to make choices about their daily lives. For example, one person said, "I buy my own clothes and shoes." People told us they had keys to their bedrooms. Two people showed us their bedrooms and we saw these were decorated to people's personal tastes and that they contained their own possessions. One person's artwork was on display within communal areas of the home. People had their own personal phones which helped to promote their independence and privacy.

Is the service responsive?

Our findings

People told us they were happy with the support they received from the service. One person said, "I think it is OK. Our needs are met." Another person told us they received support with the things they needed support with, telling us, "They support me with my hygiene and cooking. They advise me on my budget but I am in charge of my own money." Another person told us that staff knew how to meet their individual needs. They said, "They would know the triggers to look for if I relapsed. They have helped me a lot since I came out of hospital."

Senior staff carried out an initial assessment of people's needs to determine if the service was able to meet those needs before they began using the service. As well as assessing basic needs the assessment also included information about people's likes and preferences such as what they liked to be called. The NI told us they gathered information from family members and health and social care professionals when carrying out the assessment of need if appropriate. They said this helped to present them with a more complete picture of the person and their needs.

People were initially invited to visit the home for a meal and then for an overnight stay before a decision was made as to whether they should move into the service. This enabled the person to make a more informed choice and also provided existing people that used the service with the opportunity to discuss the suitability of the placement.

The nominated individual told us that after people moved into the service care plans were developed by the person, their keyworker and the registered manager. Plans were based upon the initial assessment of need and on-going discussion with and observation of the person. We saw care plans were in place for everyone using the service at the time of our inspection. Care plans were personalised and focussed on the needs of individuals and what was important to them. For example, one person had a budgeting plan in place to help them become more independent. The person confirmed they wanted this as an

element of their care plan. Care plans also included information about how to support people's mental and physical health needs and education, employment and leisure activities.

People told us their care was regularly reviewed. One person said "I meet with my key worker every month. We meet to talk about things and how I am progressing." Another person said, "They do my keyworker sessions once in a while. They ask me a few questions and write it down on a piece of paper." Records confirmed these meetings took place. They evidenced discussions that supported people to develop their independence and raise any issues of importance to them. We saw that care plans had all been reviewed within the past six months. This showed the service was seeking to be responsive to people's needs as they changed over time. People signed their care plans which indicated their agreement and involvement with them.

Staff had a good understanding of the individual needs of people they supported. They told us they were expected to read people's care plans and they demonstrated a good knowledge of the contents of care plans. We observed staff providing support in line with care plans. For example, staff gave polite but assertive encouragement to a person to attend to their personal care in line with their plan.

People told us they knew how to make a complaint although no one we spoke with said they had made any complaints. One person said, "If something was wrong I would talk to the manager." Another person said, "They encourage me to be proactive and tell them if I have any problems. They are all approachable."

The service had a complaints procedure. A copy of this was on display in a communal part of the home which made it accessible to people. The procedure included timescales for responding to complaints. However, it gave incorrect information about whom people could complain to if they were not satisfied with the response from the service. We discussed this with the NI who said they would amend the procedure accordingly. They told us the service had not received any complaints since the previous inspection. This was in line with what people that used the service told us.

Is the service well-led?

Our findings

In preparing for this inspection we looked at the information we already held about the service. We found they had not sent us any statutory notifications since our previous inspection in February 2014. However, during the course of this inspection we found that the police had been involved with the service on two occasions and CQC had not been sent notifications of this. We discussed this with the NI who said they were not aware that such incidents needed to be notified to CQC. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The service had a registered manager in place and a clear management structure. There was a deputy manager and support workers working at the service. The Nominated Individual (NI) told us they were carrying out shifts as a support worker to cover for a colleague that was on maternity leave. They said this enabled them to have a good insight into the issues that both staff and people that used the service had. The registered manager was on annual leave at the time of our inspection.

People that used the service told us they found the registered manager to be helpful and approachable. One person said, "He [registered manager] is all right. You can talk to him." Staff told us they found the management to be approachable. They said if senior staff were not present at the service they were able to call them anytime. We saw out of hours on-call numbers on display within the office.

We noted on the first day of our inspection a support worker called the deputy manager to provide support with the inspection which they did. This showed senior staff were on-call and available to provide support if required.

The service issued surveys to people to gain their views. One person said, "I was sent a survey which I filled in and sent back." The deputy manager said the service issued an annual survey to people that used the service and their relatives. The most recent survey was issued in December 2014 but the results were not yet in at the time of our inspection. We looked at the survey results from the December 2013 survey which contained positive results and comments about the service

People told us the service had residents meetings where they could discuss issues of importance to them. One person said, "The floor is open to say anything, you know, like what shopping do we need, that kind of thing." Records confirmed monthly residents meetings took place. Minutes indicated that staff encouraged people to raise any issues and that they were free to raise issues in confidence if they did not want to bring them up during the meetings.

Staff said the service had staff meetings which discussed issues relating to people that used the service and any staff were able to raise issues for discussion. Records confirmed staff meetings took place. They included discussions about best practice when working with people and team work within the service.

The service carried out various health and safety checks to help monitor safety within the home. These included weekly medicines audits, fire drills and checks of smoke detectors. We saw records of these checks.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The service was not notifying the Care Quality Commission of incidents that were reported to the police. Regulation 18 (1) (2) (f)