Meadowview Care Limited

Allensmead

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

Summary of findings

Overall summary

The Inspection was carried out on Thursday 23rd July 2018 and was unannounced.

This service 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. Allensmead accommodates people in one adapted building. At the time of our inspection there was one person using the service.

At the previous inspection the service was rated Good overall with Requires improvement in Well-Led. Since our last inspection the service has change location from the county of Kent to Essex. At this inspection we have rated the service Good overall.

The service's recruitment process ensured that appropriate checks were carried out before staff commenced employment. There were sufficient staff on duty to meet the needs of people and keep them safe from potential harm or abuse. People's health and wellbeing needs were assessed and reviewed to minimise risk to health. People's medication was managed well and records of administration were kept up to date.

People were cared for and supported by staff who had received training to support people and to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to health and social care services was made when required.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

Records we viewed showed people and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and when there was a change in care needs. People were supported to follow their interests and participate in social activities. The service responded to complaints received in a timely manner.

Staff and people spoke very highly of the registered manager and the provider who they informed to be supportive and worked hard to provide an exceptional service. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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 felt safe at the service. The provider's arrangements ensured that staff were recruited safely and people were supported by sufficient staff to meet their needs and ensure their safety and wellbeing.

Risk to people living in the service was well managed and people free from risk and harm.

Medication was managed well and stored safely.

Is the service effective?

Good

The service was effective.

Management and staff had a good knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty, which helped to ensure people's rights were protected.

Staff received a suitable induction. People were cared for by staff that were appropriately trained to meet their needs. Staff felt supported in their role.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good

This service was caring.

Staff were kind and treated people with dignity and respect.

Staff made efforts to seek people's views about their care and took these into account when planning their care and support.

Staff communicated well with people in a variety of ways.

Is the service responsive?

Good

The service was responsive.

Care was person centred and met people's individual needs. Care plans were individualised to meet people's needs.

There were varied activities to support people's social care needs. Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good

This service was well-led.

The service had an open culture where staff and people living in the service were included and encouraged to participate in aspects of running of the service.

The registered manager had developed good links with the local community and local services.

The registered manager provided staff with appropriate leadership and support.

The service had several quality monitoring processes in place to ensure the service maintained its standards.

Allensmead

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 inspection took place on the 23 July 2018, and was unannounced. The inspection team consisted of one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information we held about the service, we looked at the previous inspection report and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with one person using the service; we spent time observing care in the lounge area. We also spoke with the registered manager, deputy manager and one support worker. We reviewed one person's care files. We also looked at quality monitoring, audit information and policies held at the service and the service's staff support records for the members of staff including the registered manager.

Good

Is the service safe?

Our findings

The person we spoke to told us they felt safe with the support they were provided with by the staff that stayed with them.

Staff had the information they needed to ensure people's safely. Each person had support plans and risk assessments that were regularly reviewed to document current knowledge of each person's, current risks and practical approaches to keep people safe when they made choices involving risk. For example, a risk assessment was in place for one person who liked to access the car park at the back of the house. Staff informed us that they gave the person access to the car park and would observe them from a distance to ensure they were safe. It was documented how each person would be supported without affecting people's freedom. In addition, each person using the service had an allocated keyworker who was responsible for ensuring that each person's risk assessments were kept up to date and any changes to the level of risk was communicated to all the staff working in the service. A keyworker is a named member of staff who has a central role in respect of a person. This will include the overseeing of the updating care plans.

We looked at the safeguarding folder, which contained all the policies and procedures that inform staff on the different types of abuse, which would constitute raising a safeguarding concern or alert with the local authority and what actions staff should take. One staff member we spoke to informed us, "If I witnessed abuse of any form I would speak to the person/report this to my manager and the deputy manager." Member of staff also added that they would contact the local safeguarding team and CQC.

There were sufficient numbers of staff on duty to meet people's assessed needs and when people accessed the community, additional staff were deployed. The registered manager adjusted staffing numbers as required to support people needs. A sample of staffing rotas that we looked at reflected sufficient staffing levels. The registered manager informed us that the service was staffed on a one to one basis 24hrs a day. And staff worked three to four days at a time and then rotated. Staff we spoke to informed that these shift patterns worked well for them and if there was a change there could get someone from the sister service to support or cover.

The provider continued to have robust recruitment processes in place, which showed that staff employed had the appropriate checks to ensure that they were suitable to work with vulnerable people. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

We looked at one person's medication records and found that the person received they medication as prescribed and regular medication reviews where instigated by the registered manager or deputy manager when a prolonged change in a person was noted. We found staff knowledgeable about people's medicines and the effect they may have on the person. All staff working in the service had received training in medication administration and management and dispensed medicines to people.

The service had a robust cleaning schedule in place. The manager informed us that every member of staff

was allocated time during each shift to carryout cleaning within the service. We reviewed the cleaning schedules and found all highlighted areas on the schedule had been carried out. Inspection of people's rooms and communal areas we found rooms to be clean and tidy.

The registered manager informed us the following in regard to working with external agencies, "We are in regular communication with healthcare professionals and they will often carryout reviews on the person and make suggestions on how we can improve the person's quality of life."

Good

Is the service effective?

Our findings

The person using the service received effective care from staff who were supported to obtain the knowledge and skills they needed to provide continuous good care. Staff received on-going training in the essential elements of delivering care. The staff training files showed us that staff received reminders from the head office of training that was required or due. All the staff working in the service had attended training provided in house, by the Local Authority and other Healthcare training agencies.

Staff felt supported at the service and one member of staff reported how much they valued the on-going support and patience of the registered manager. Staff received an induction into the service before starting work and documentation on staff files confirmed this. The induction allowed new staff to get to know their role and the people they were supporting. Upon completion of their training staff they then worked 'shadowing' the registered manager or another member of staff. 'Shadowing' is a form of training which involves a member of staff observing a more experienced member of staff over a period.

Staff told us that they received regular one-to-one supervision from the deputy manager. The registered manager told us they received supervision from the registered provider. Supervisions are used as an opportunity to discuss the staff members training and development and ascertain if staff were meeting the aims that had been set out from the previous supervision. Staff added that they had regular team meetings, and added the meetings were open and gave staff the opportunity to raise any issues they may have. Staff also received yearly appraisals.

The person using the service told us said they had enough food and drink and were always given choice about what they liked to eat. Throughout our inspection we observed staff supporting the person to make hot drinks. And the person even made the inspector a drink with minimal assistance from the member of staff present. We also observed staff taking the person to a local shop to buy food they wanted to have for lunch. Reading through the person's care record it was evident that this was a regular routine and further evidence that staff were continuously promoting choice.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any hospital appointments as scheduled. When required people were supported with access to their GP, mental health professionals and community mental health services. In addition, people were supported to access dental care and vision tests in the community. When appropriate this was discussed the with person and their relatives, to ensure everyone was involved and kept up to date with any changes.

The registered manager expressed that staff continued to encourage and support the person to develop and sustain their aspirations. For example, the service supported the person to access the community on a regular basis.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity

Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager informed there was currently no one under a deprivation of liberty; however, should one become necessary they would make an application to the local authority. Staff could demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting the person about how they wanted their support to be delivered and if the person was unable to make an informed decision staff would then decide within the person's best interests.

Good

Is the service caring?

Our findings

Staff interacted with people in a respectful manner. Our observations during the inspection showed staff to be kind, caring and support people in a compassionate manner. The person we spoke to informed us that the care provided in the home was very good and all the staff and registered manager were very caring and always looked at doing what's best for all them.

The person and their relatives were actively involved in making decisions about their care and support. And records we reviewed confirmed this. The registered manager informed us that the service regularly reviewed the person's support plans with healthcare professionals, their family and regular staff where possible and changes were made if required. On reviewing the person's care and support plan, we found them to be detailed and covered their preferences of care.

The service used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs; this also ensured that people's diverse needs were being met and respected. And this was system that had been adopted across the service as a whole.

Staff working in the service continuously promoted the person's independence by encouraging the person to take lead in the decision making of what they wanted to do each day. Staff informed us that the person's well-being, dignity was very important to them, and ensuring that the person was well presented was an important part of their supporting role.

The person and their relatives had been supported and encouraged to access advocacy services. The mental capacity assessments relating to people's capacity to decide about moving on had indicated that some people required the services of an Independent Mental Capacity Advocate (IMCA). Advocates attended people's review meetings if the person wanted them to. The registered manager gave us examples of when the service had involved an advocate, such as a person in the service did not have family or friends to support with annual reviews and support planning. Advocates were mostly involved in decisions in changes to care provision. People were given the opportunity to attend self-advocacy groups.

Good

Is the service responsive?

Our findings

The person's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and in the attitude and care of the person by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

The person had a very detailed support plan in place. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the people needed, in the way each person preferred. People's strengths and levels of independence were identified and appropriate activities planned for people. The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would try to either deal with it or notify the manager or person in charge, to address the issue. The manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter.

The service was sensitive towards the needs of people in relation to end of life care and had policies in place. The registered manager explained that as the people living at the service were young and vibrant, that many families did not want to consider this aspect. We found the person's support plan did not contained clear information regarding what end of life arrangements were in place. Staff member informed us, "We know we should to call the doctor for them to clear the death, but before we do this we would call the relatives first." We suggested that to the registered manager that clear instruction be noted in the person support plan to ensure there was a uniform message for a staff working in the service.

Good

Is the service well-led?

Our findings

At our last inspection the domain was rated requires improvement. This was due to the provider and registered manager not having effectively monitoring risk and safety within the home. In addition, the organisations quality assurance policy had not been updated and did not clearly set out how the risk and quality within the service would be assessed, audited and monitored.

At this inspection we found the provider had reviewed their monitoring system and quality assurance policy as to ensure it was up to date. Documents we reviewed confirmed this. The registered manager informed us that since the last inspection, "The provider carries out regular quality monitoring visits and if any issues have been identified an action plan is put in place to help improve the service."

There were several effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls and infection control. The registered manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.

The registered manager was present during our inspection. They informed us that they had oversight over this service and a sister service within the same locality. The registered manager was supported by a deputy manager who was also present during the inspection. The registered manager had a very good knowledge of people living in the service and their relatives.
People benefited from a staff team that felt supported by the registered manager. Staff said this helped them to assist and help people to maintain their independence and showed that the people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use, which staff used to communicate important information about people's wellbeing during each shift. The communication book was available to all staff on duty and acted as a point of reference for staff who had been off duty. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

People and their relatives felt at ease discussing any issues with the registered manager and her staff. They informed us the service had a family feeling and this was due the service being a family run business. One relative informed us that their family member asks to return as soon as they have finished their respite stay because they enjoy it so much and told us, "This gives us assurances that our relative is happy in the home and they are getting all the support they need."

The registered manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. The manager informed us that she held meetings with relatives and the person using the service as this gave the service an opportunity to identify spacing areas of improvement and give relatives an opportunity to feedback to staff; be it good or bad. People and their

relatives also told us that were involved in the continual improvement of the service.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.

The manager informed that the service was continuously using past and present incidents as learning experiences for both staff and people using the service. For example, one person had been assessed as being able to self-medicate, however on one occasion they failed to take their medication on time and resulted in them becoming unwell. Since the incident, the registered manager has retrained all staff and educated the person on the importance of taking their medication on time. The registered manager confirmed there has been no further incident and records we reviewed confirmed this.

The registered manager met with other health professionals to plan and discuss people's ongoing support within the service and looked at ways on how to improve people's quality of life. They used the information they gathered to make changes to people's support plans. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care. People's needs were discussed with them and a support plan put in place before they came to live at the service. The provider added, "We are not afraid to take advice from specialists in areas that impact on people's health and well-being, we will take on board any positive idea if we think it will benefit people using the service."