

Community Homes of Intensive Care and Education Limited

Meylan House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Meylan House is a residential care home registered to provide personal care and accommodation to up to seven people aged 18 and over. The service was fully occupied at the time of our inspection.

The site comprises of a six-bedded building and a one-bedroomed independent annexe in the property's garden equipped with a living/kitchen area and bathroom.

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

We carried out a focused inspection of the key questions 'safe', 'caring' and 'well-led'.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. The service was not fully reflecting the principles and values of 'Right support; Right care; Right culture'. This statutory guidance supports Care Quality Commission to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. Providers of existing services are expected to demonstrate principles and values including the environment meeting people's sensory needs and preferences.

There were six people living in the main house and four of these people had autism. There was also one autistic person living in the annexe. The main house had little evidence of an autism-friendly layout in line with best practice guidance (such as appropriate quiet spaces to ensure people's sensory needs and preferences were optimised). There was one open plan communal space but with the number of people and staffing levels required, the environment could be noisy with little opportunity for people to use other areas, other than their bedrooms.

We have made a recommendation the provider seeks and implements the values and principles of the current guidance.

The staff team were relatively new and beginning to work well together and in a collaborative way to ensure people received the support they needed. However, some staff did not have prior experience working in social care and we found the induction and training programme did not always reflect this. This meant the training provided did not fully ensure staff felt skilled and confident to support people with behaviours that could challenge. We also found that improvements were needed to ensure people's preferred communication methods were effectively met in order to be able to express their views and choices.

We have made a recommendation about the provider seeking and implementing up to date best practice in respect of effective communication to meet people's preferences and needs.

We observed many caring interactions and people and relatives we spoke with felt staff were caring and

wanted the best outcomes for people.

Medicines were administered and managed in a safe way. Risk management plans were detailed. The home was clean and tidy, and there were mostly safe infection control practices in place.

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. There were auditing systems in place and the registered manager had an oversight of the day to day running of the service.

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 6 June 2019).

Why we inspected

We received concerns in relation to the care people were receiving. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meylan House on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Meylan House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an assistant inspector.

Service and service type

Meylan House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 on both visits which took place on 31st March 2021 and 14th April 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives by telephone about their experience of the care provided. We spoke with four members of staff including the registered manager, assistant area manager, a positive behaviour practitioner and six care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and medication records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with the local authority who maintain an overview of services they commission.

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 now deteriorated to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not always effectively supported when their behaviour challenged and presented a risk to themselves or others. Although people's positive behaviour support plans (PBSP) were detailed, during the inspection we found the guidance in these were not always adhered to.
- We observed someone not being supported in line with their positive behaviour support plan resulting in them becoming upset and agitated. This distress impacted upon other people in the household. The guidance for staff stated, '[Person] can find change difficult to cope with, therefore any changes to [person's] daily routine should be explained at the earliest opportunity with an alternative activity/task offered. The provider had an action plan to provide opportunities for staff to discuss their practice and boost their confidence in supporting people's individual needs..
- One person's support plan stated they were to be encouraged to interact to reduce social isolation, improve overall mood and wellbeing. We found evidence this was not always happening. We discussed this with the PBS practitioner who said work was taking place to support staff and improve practice in this area.
- There was little evidence of the provider demonstrating that the environment had been fully considered in line with people's needs and in relation to current national guidance.
- Some staff reported at times people's behaviour could be very challenging and at times difficult to manage. One member of staff said people's behaviour that may challenge could be, "Extremely unpredictable." The provider has implemented a support programme for staff including reflective practice with the provider's positive support team. The provider felt that staff felt more supported, and their confidence has increased.

We recommended the provider refers to national guidance to adopt best practice in relation to supporting people who may display behaviour that may challenge.

- The provider had implemented an action plan to support leadership processes and provide reflective practice, discussion opportunities for staff to discuss practice, boost staff confidence and also to improve understanding of closed cultures and awareness of how they develop.

Staffing and recruitment

- A number of care staff were relatively new to the service and had been employed during the height of the pandemic. Given the high needs of people living at service and some care staff's limited experience working in social care, the provider acknowledged improvements were needed in respect of further training in areas such as communication and behaviours that could challenge.
- The provider had identified the need for extra training in these areas and was working with the positive

behaviour support team to support staff's knowledge and confidence.

Systems and processes to safeguard people from the risk of abuse

- The provider continued to have effective safeguarding systems in place to protect people from the risk of abuse. Staff understood their responsibilities and had received training to protect people from abuse. A staff member told us, "I will talk to the home manager and the senior staff if I have any concerns about the people we support." Asked what they would do if the management didn't act, the member of staff said, "I would go to higher management or report to CQC."
- People told us they felt safe. One person said, "I like it here but sometimes a bit noisy."
- No relatives expressed any concerns about the people supported in the service and felt they were safe.

Using medicines safely

- Medicines were ordered, stored securely within temperature limits and managed safely. This included topical medicines, such as creams and lotions and controlled drugs. Medicines were recorded on people's Medicine Administration Records (MAR) and stocks checked daily.
- Staff responsible for administering people's medicines received relevant training and had their competencies checked,

Learning lessons when things go wrong

- Systems were in place to monitor accidents, incidents and near misses to prevent reoccurrence.
- The management team acted appropriately when issues had been identified. For example, they were working closely with the local authority to address a longstanding issue that had proven to be complex to address despite all efforts. The registered manager and the assistant regional area manager had taken appropriate action in relation to this situation.

Preventing and controlling infection

- We were not fully assured that the provider was promoting safety through the layout of the premises. We recommend the provider consults with current best practice guidance in relation to isolation in premises if an infection outbreak is experienced.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

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 now deteriorated to Requires improvement. This meant people did not always receive appropriate support to maximise their involvement to express their views and make decisions about their care.

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

- People's preferred communication styles were included in their care records. For example, 'Use signing with [person] throughout the day and encourage [person] to use it. Provide lots of positive praise and sign back to [person] when [person] does.' We observed staff interacting with this person and we did not witness any examples that this guidance was followed. Other interventions to support communication stated supporting person to use their electronic tablet and offering choices around activities using objects and photographs and we also did not see this happening.
- Some people's care plans said they could use elements of Makaton, together with gestures and some speech. Makaton is a type of sign language that uses pictures and gestures. When staff were asked how they found out about people's preferred communication we had responses such as, "I refer to individual files to know about specific needs, such as Makaton" and "Body language, Makaton, show pictures and some items to help them understand." However, we found no staff we spoke with during the inspection had any Makaton training. The training records showed only 26% of staff had been trained in Makaton. This meant the service was not taking all steps to maximise people's communication style which could contribute to lack of involvement, choice and frustration.
- We saw staff communicated with people in other ways, but not using the methods above as stated in people's support plans.
- The provider was planning on arranging training to ensure staff were able to communicate with people in the person's preferred communication method.

We recommend that the provider considers current best practice guidance is referred to in relation to fully promoting people's preferred communication style and take action to update their practice accordingly.

Respecting and promoting people's privacy, dignity and independence

- Most staff offered people assistance in a discreet and dignified manner. However, we noted two occasions during the inspection where people's privacy and dignity were not dealt with as expected. We discussed this after the inspection and were informed the management team work with the staff and observe practice and have addressed the issues with staff and will carry out additional monitoring to ensure there are no further concerns.
- People were supported to focus on their independence where possible. For example, helping to prepare food and drinks and do some household tasks with support from staff.
- Every relative we spoke with felt staff respected people's privacy and dignity.

Ensuring people are well treated and supported; equality and diversity

- We observed caring and kind interactions, where people showed they appreciated the support from the staff. For example, we observed occasions when people were delighted to see members of staff. Caring interactions were observed. People we spoke with told us staff were caring.
- Relatives we spoke with were happy about the care their family members received. Comments included, "The care is very personal, and the attention is there, he feels a part of the group and the gang!" and "We feel very fortunate that [person] is in Meylan. We're very pleased with Meylan House, we think [person] is very happy there."
- People's right to make their own choice was promoted. A member of staff said, "We give choice and let them decide for themselves. Giving them as much independence and freedom as possible."
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. Staff comments included, "Service users can get what they want when they ask. Staff help them."

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 now deteriorated to Requires improvement. This meant the provider had not always ensured they were fully following guidance around best practice to ensure people's needs were fully met.

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

- We reported in the safe and caring sections of this report about improvements needed in respect of reducing incidents of behaviours escalating and ensuring people could communicate in their preferred style. We also reported that the provider had not ensured all principles of the 'Right Support, Right Culture and Right Care' guidance was fully reflected. This was significant given the size and layout of the property in line with people's high support needs to manage behaviours that challenged themselves and others.
- A relative told us, how their family member was reactive to noise and other people in the service being upset. They said if this isn't managed sensitively, the person could hit out. This meant the provider did not always ensure there was a positive and person-centred culture which promoted good outcomes for people.
- The registered manager and staff communicated well with relatives and updated them when needed. One relative said, "The staff always communicate with me, they email me, keep me up to date, particularly about restrictions lifting and activities. I feel I always have the info I want. We can call always and have day to day discussions about their care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager demonstrated a commitment to ensuring the service was safe and of a high quality.
- Regular checks were completed by the registered manager and staff to ensure the service was safe and any actions taken where identified, such as cleaning audits.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

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

- An incident had occurred in the previous year and we heard from the relative that they had been fully informed of what had happened.
- The registered manager was aware of their regulatory responsibilities to meet the duty of candour's guidance

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

- People in the service had regular keyworker meetings, but given we identified concerns about meeting their communication needs, it was not certain people could be able to maximise their involvement and effectively express their views.
- Relatives were asked for their opinions. A relative said, "Every now and again Choice Care Group ask some feedback questions."
- Staff told us they felt listened to and the registered manager was approachable. Comments included, "Yes, very positive team working and good working environment. I don't feel discriminated as I was in my previous employment. So yes, feel happy going to work and giving smiles to people I support" and "I feel comfortable with the staff and the service users I work with. We are given support where it is needed and working with the service user's day to day helping them live their life to the fullest is a proud moment."

Continuous learning and improving care

- All feedback received was used to continuously improve the service.
- The provider had evidence of learning and making improvements from these. For example, guidance was reviewed in line with learning such as improving staff confidence to raise concerns. The provider had developed a 'Speak Up' policy in March 2021, this included using an external organisation to manage whistleblowing concerns more effectively.

Working in partnership with others

- The registered manager had a good relationship with the local authority professionals, such as the local safeguarding team and the commissioning team.
- The service used the local community to access activities. This had been compromised considerably by the pandemic and lockdown's, but plans were in place to instigate these activities again as soon as restrictions were eased.