

Meadowview Care Limited

Brewery House

Inspection report

28 Brewery Drive
Halstead
Essex
CO9 1EF

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25 February 2020

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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?	Requires Improvement ●

Summary of findings

Overall summary

Brewery House is a residential care home providing accommodation and personal care for up to two younger adults with a learning disability and or autistic spectrum disorder. The care home is a domestic dwelling located within the local community of Halstead. At the time of the inspection there were two people living at the service.

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

We identified a lack of risk assessment and management monitoring in relation to the risk of burns and scalds from hot surfaces such as unguarded radiators and the risk of falls from unrestricted windows. In response to our findings the registered manager took immediate action to rectify these shortfalls. Whilst immediate action had been taken, management monitoring systems for auditing the safety of the service needed to be more robust as they had not identified the risk areas prior to this inspection.

People were protected from abuse. Staff understood how to recognise and report any concerns they had about people's safety and well-being. There was enough staff to keep people safe and provide them with support that met their needs.

Staff were trained, and competency assessed to administer people's medicines safely. Staff had access to relevant training, regular supervision and annual appraisal. This equipped staff with the knowledge and skills they needed to fulfil their roles and meet people's needs.

Nutritional needs were met. People were supported to access healthcare services if they needed them. Health care needs were closely monitored and any changes to people's health and wellbeing was responded to in a timely manner.

Staff knew people well, provided personalised care and treated people with dignity and respect. 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. We recommended further work to ascertain people's cultural needs and wishes in the event of sudden death or the need for palliative care support.

Staff demonstrated a good understanding of the people living at the service and created opportunities for maximising their independence and life skills. Staff worked in partnership with other social care and health

care professionals to ensure people received the support they needed.

The service consistently 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 30 August 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Brewery 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.

Inspection team

The inspection was carried out by one Inspector.

Service and service type

Brewery 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.

What we did before the 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-

Due to their complex needs, we were unable to speak with people using the service about their views and experiences. We therefore spent time observing the care and support they received.

We spoke with the registered manager and two support workers.

We looked at a range of records which included two people's care records, three staff recruitment files, training records and records in relation to the quality and safety management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed further evidence the provider sent us, along with actions they had addressed immediately following our concerns.

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 continued to be safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff were provided with guidance in steps they should take to keep people safe.
- This included guidance where people may present with distressed behaviours which would present a risk to themselves or others.
- Staff received training in responding to emergencies. This included first aid and fire awareness training, so they could support people safely in an emergency.
- Staff understood the importance of reporting and recording accidents and incidents.
- Incidents and accidents were recorded including an overview of actions.
- Risk assessments were personalised to each individual. Plans included how to protect people from self-harm and encourage positive risk taking, enabling people to live life to the full.
- We identified a lack of risk assessment and management monitoring in relation to the risk of burns and scalds from hot surfaces such as unguarded radiators and the risk of falls from unrestricted windows. Management audits had not identified these shortfalls.
- We signposted the registered manager to Health and Safety Executive Guidance for care home managers. In response to our findings at this inspection the registered manager took immediate action to rectify the shortfalls, risks to people were assessed with guidance produced. They also told us window restrictors had been installed within 48 hours of our visit.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse
- Staff were provided with training in recognising the signs of abuse and were confident to identify and report any safeguarding issues if needed.
- The registered manager demonstrated their understanding of how to raise safeguarding concerns appropriately in line with the provider's policy and local authority protocols.
- Where concerns had been raised the service worked in partnership with health and social care professionals to ensure people's safety.

Staffing and recruitment

- There were enough staff available to meet people's needs during our inspection.
- Staffing levels were based on individual needs. Staff were deployed to ensure personalised, one to one care support was provided when needed.
- Registered services are required to undertake checks to protect people from the employment of unsuitable staff.
- There were safe systems in place and followed when recruiting new staff. This included obtaining

references including from the last employer and undertaking criminal checks with the Disclosure and Barring Service (DBS).

Using medicines safely

- Processes were in place for the safe keeping, timely ordering and supply of medicines. Staff completed training to administer medicines and their competency was checked regularly.
- Staff had guidance about people's preferences of how they took their medicines, including information about any known allergies and medicines prescribed to be taken 'as required'.
- We noted the medicines cabinet was not large enough to store all prescribed medicines. The registered manager told us this had been noted and a new cabinet was on order to rectify this shortfall.

Preventing and controlling infection

- People were protected from the risk of cross infection. The service was found to be clean and free from offensive odours.
- Staff received training to prevent and control the spread of infection and demonstrated a good understanding of best practice guidance.

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.

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

- The service had an assessment process in place to identify people's needs before they started using the service. This helped to ensure people's needs and expectations could be met.
- Care support was regularly reviewed and planned with a focus on supporting people's independence, and enjoyment of life.
- People were supported to go on personalised holidays and take part in community activities of their choice.
- Staff worked in accordance with care plans to make sure people received care and assistance which met their individual needs. However, we noted some care planning had not been reviewed or updated to reflect changing needs.

Staff support: induction, training, skills and experience

- Staff were positive about the training and support they received. Training was provided both on-line and face to face by qualified trainers. Training provided staff with the skills and knowledge they needed to meet people's needs. For example, autism awareness, epilepsy and safe management of medicines.
- Staff continued to receive support with one to one and team meetings. Whilst some staff said formal supervisions were not always planned and as regular as they would like, they found the registered manager always available when they needed to discuss any concerns.

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

- People were supported to maintain a healthy diet.
- Staff monitored people's weight for signs of changes and where necessary referred people for specialist advice and support.
- Meals were planned involving people who used the service.

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

- People had access to health and social care professionals according to their individual needs.
- Staff worked with health and social care professionals to make sure people's needs were met. For example, advocacy services, GP's, psychiatrists, sexual health specialists and community learning disability nurses.
- Further work was needed to ensure planning to enable people to access to regular dental and hygienist checks. The registered manager told us this shortfall had been identified by the management team and oral

assessments had been produced with plans to implement these at Brewery House.

- Each person had a health action plan. This ensured planning to meet people's health care needs and ensure regular monitoring where needed.

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

- People's rooms were decorated and furnished according to their preferences.
- There was accessible outside space which needed attention to enhance this area for people who used the service.

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.

- The registered manager had a detailed understanding of the MCA and understood their responsibility in terms of how this legislation was applied.
- Care plans contained clear information regarding people's capacity to make decisions about their care.
- Staff had received training in understanding their roles and responsibilities in relation to the MCA.
- Where people's freedom of movement was restricted to protect them from the risk of harm, legal authorisation had been obtained.

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

- People were treated with genuine care and we observed positive interactions between staff and people.
- Staff were highly motivated and passionate about the care they provided. They knew people well.

Keyworkers described how they supported people to live fulfilled lives where their choice in how they wished to spend their time was respected.

- Staff interacted with people in a friendly, relaxed and sensitive manner. Our observations of care, review of records and discussion with the registered manager and staff demonstrated people were treated with kindness and respect.

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

- People were supported to express their views and choices as to their daily routines and decisions about their care and support.
- People were involved where possible, in decisions regarding their care and support. When this was not possible, advocacy support was sought and provided.
- Meetings took place between people and their keyworkers where they were supported to express their views and assess their wellbeing.

Respecting and promoting people's privacy, dignity and independence

- Staff knew people well including their preferences for care and their personal histories.
- Staff were respectful when they spoke about people and were sensitive in their communication when supporting with their care support.
- People were supported as individuals to enhance their quality of life.
- Care plans provided information as to people's daily life choices and described how they wanted staff to care for them, encourage their wellbeing and promote their independence.

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 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

- Care plans were person centred and described people's likes, dislikes and daily living was planned around people's choices.
- People were supported to take part in a wide range of activities they were interested in such as drama groups, shopping, holidays and access to entertainment of their choice.
- People were supported to develop and maintain relationships with people in other services and maintain close links with their families where appropriate.
- Staff told us the service would benefit from having its own transport, but also said the lack of this provision did not stop people accessing the community.

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.

- People's communication needs had been assessed. Where needed, staff accessed specialist support and advice where needed to support and enable people to express their needs and wishes.
- Information was provided to people in a format they could understand, such as pictorial aids when notifying people of staff who would be supporting them and choosing activities.
- We saw staff communicate with people in a way they understood and responded to.

Improving care quality in response to complaints or concerns

- There was a system in place to respond to complaints. There had been no complaints since the last inspection.
- People and their representatives were provided with opportunities to attend regular reviews of their care. This system enabled people's care to be reviewed and any concerns to be discussed.
- Satisfaction surveys were carried out with people who used the service and sent to staff and relatives.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who needed care at the end of their life. People using the service were younger adults.
- There was limited information to evidence people's preferences and choices had been explored in relation to their end of life and ensure their cultural and spiritual needs would be met.

We recommend further work be carried out to ascertain people's needs and wishes in the event of sudden death or the need for palliative care support.

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 deteriorated. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Risks to people's safety were not always consistently managed, and lessons were not always learned when things had gone wrong.
- The registered manager and provider conducted audits to assess the quality and safety of the service. However, these were not robust enough to ensure areas of improvement referred to in the safe section of this report had been identified and action taken to address these shortfalls prior to our inspection.
- Provider auditing processes needed to be more robust. The registered manager told us plans were in place to improve the oversight and monitoring across the provider's services following recent inspections where similar shortfalls had been identified.

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

- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service.
- Staff told us they liked working at Brewery House. One told us, "I really like working here. It is calm and we see the difference we make to people's lives." Another said, "There is consistent care. As keyworkers we build good relationships with people and they are our priority. We work well as a team, you don't worry about staff constantly calling in sick as I have experienced working in other homes. Staff show commitment to their work and this benefits the people we support."

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

- People, their representatives and staff were encouraged to contribute their views on an ongoing basis through keyworker meetings and care reviews.
- Staff told us they were fully informed of changes and, encouraged to share ideas to improve team working and people's experience of the care and support provided.
- There was a system to ensure feedback from staff was received.
- People had regular access to the local community.

Working in partnership with others; Continuous learning and improving care

- The registered manager worked with other organisations and professionals to ensure people's needs were

met and specialist advice sought where needed.

- The registered manager told us they updated their skills and knowledge, including opportunities for reflective practice with other service providers in homes managers forums.