

Meadowview Care Limited

Bethel Place

Inspection report

9 St James Close
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Essex
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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

Bethel Place 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. Bethel Place is a small service that accommodates one person in an adapted building.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe. There were appropriate arrangements in place for medicines to be stored and administered safely.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. People and their relatives were involved in making decisions about their care and support.

Care plans were person centred and contained information about how people preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed, and were supported to keep in contact with family members. When needed, they were supported to see health professionals and referrals were put through to ensure they had the appropriate care and treatment.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

The management team had systems in place to monitor the quality and safety of the service provided.

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.

The provider had systems in place to manage risks. Staff understood how to recognise, respond to and report abuse or any concerns they had about safe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

There were systems in place to manage people's medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

People had privacy and dignity respected and were supported to maintain their independence.

Is the service responsive?

The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place which enabled people to raise complaints and the outcomes were used to improve the service.

Good ●

Is the service well-led?

The service was well-led.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Staff were clear about their roles and responsibilities, and were encouraged and supported by the manager and their deputy.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Good ●

Bethel Place

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 service was registered in 2017 therefore this was the first inspection of this service. The registered manager was also responsible for another nearby small service.

This inspection took place on 31 July 2018 and was announced this was because Bethel Place is a small service and we needed to be sure someone would be at home to enable us to have access to the required paperwork. The inspection was completed by one inspector.

We reviewed the information we held about the service including safeguarding alerts and statutory notifications, which related to the service. A notification is information about important events, which the provider is required to send us by law.

During the inspection, we spoke with the registered manager and locality manager. The person living in the service decided they did not want to stay at home to speak with us. We therefore spoke with them over the telephone to gain their views about the service. We also spoke with two care staff and one relative.

We reviewed care records, medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules and training plan.

We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

Is the service safe?

Our findings

The person told us they felt safe living at Bethel Place. They said, "Yes, I do feel safe the staff look after me." A relative we spoke to told us, "I feel that [relative] is safe living at Bethel Place I don't have any concerns".

The provider's safeguarding and whistle blowing policies and procedures informed staff of their responsibilities to ensure people were protected from harm and abuse. Staff told us they had completed training in safeguarding and this was evident from our discussions with them. They had a good awareness of what constituted abuse or poor practice and knew the processes for making safeguarding referrals to the local authority. The manager had maintained clear records of any safeguarding matters raised in the service. 'CQC records' showed that the manager reported concerns appropriately, and it was clear from our discussions with the manager that they understood and were clear about their roles and responsibilities with regards to keeping people safe.

The provider had systems in place for assessing and managing risks. Care records contained risk assessments which identified risks and what support was needed to reduce and manage the risk. The staff gave examples of specific areas of risk and explained how they had worked with the individual to help them understand the risks. For example, when out in the community, or accessing the kitchen. Staff worked with the person to manage a range of risks effectively.

We saw records which showed that equipment at this service, such as the fire alarm system was checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. We were confident that people would know what to do in the case of an emergency situation.

The person living in the home had 1:1 staffing at all times. There was a 24-hour on-call support system in place which provided support for staff in the event of an emergency.

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which is to check that staff being recruited are not barred from working with people who require care and support, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting to work with people. One staff member told us, "When I started working here I shadowed other staff and worked at building up a relationship with [name of person], before I worked on my own."

Medicine records and storage arrangements, we reviewed showed that the person received their medicines as prescribed, and were securely kept and at the right temperatures. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. Staff completed a competency assessment to evidence they had the skills to administer medicines safely.

The service was clean and odour free. The registered manager told us the staff supported the person living in the service to keep the home clean and to understand infection control issues.

Is the service effective?

Our findings

The person and their relatives told us the staff met their individual needs and that they were happy with the care provided.

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication and managing challenging behaviour. Training for staff was a mixture of e-learning and group based sessions, and staff told us the training was good and gave them the information they needed to meet people's needs. One member of staff told us, "We are always encouraged to do training and to keep it updated." Staff told us that they were supported with regular supervisions and that their professional development was discussed as well as any training requirements. The manager carried out observations whilst on shift, to ensure staff were competent in putting any training they had done into practice.

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. The application 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.

The manager demonstrated a good understanding and awareness of their responsibilities of MCA and DoLS. Care plans showed that where people lacked capacity to make certain decisions, these had been made in their best interest by health professionals or with input from family members. Where people did have capacity, we saw that staff supported them to make day to day decisions, and sought their consent before providing care. The manager had made appropriate DoLS referrals where required for people.

The person told us they were able to choose the foods that they liked and staff encouraged them and offered support for them to eat a healthy balanced diet. The person told us, "I do my shopping with the staff and they help me prepare my food."

Care records showed their day to day health needs were being met and they had access to healthcare professionals according to their individual needs. The service had regular contact with GP support and healthcare professionals that provided support and assisted the staff in the maintenance of the person's healthcare. These included dentist, opticians and specialist nursing staff.

The registered manager told us that the person had recently been diagnosed with a health issue which required them to follow a healthy eating diet. Therefore, staff were encouraging them to eat healthily. The staff told us they were supporting them to understand the implications of this health issue and also

supported them to attend a weight management class.

The service was an adapted two-bedroom property in a community setting. This enabled easy access to the town centre which was in walking distance of the service. The person that lived in the service had a bus pass and with staff support could access easily places of their choosing by using public transport.

The person told us they had taken part in choosing some of the furnishings in the service and the service had a welcoming, warm and 'homely' feel to it.

Is the service caring?

Our findings

Staff spoke about the person living in the service with compassion and empathy. The person told us, "I like all of the staff they are all very nice and look after me. I can do a lot for myself they are there if I need them." Relatives told us, "All of the staff are lovely caring and kind."

One Healthcare professional told us, "The staff seemed to have established a good working relationship with [name of person]."

Staff told us they enjoyed working with [person name] Comments included, "I really enjoy my time with [person] we get on so well, I feel we have built up a positive relationship", "[name of person] is quite capable of letting you know what and when they would like to do something and like to be busy."

The person made their own decision about their lifestyle choices and what they wanted to do with their day. This showed how the provider and staff encouraged people to maintain their independence.

The person who lived at the service had been encouraged to be involved in planning their care. We looked at care plans and saw that these were comprehensive and clearly stated their needs and preferences, likes and dislikes. Their choice as to how they lived their lives had been assessed and positive risk taking had been identified and documented. They had been supported to sign their care plans to confirm they agreed with the contents.

Relatives confirmed that staff supported people to ring them on a weekly basis. They also told us that staff supported the person to visit regularly and told us that were pleased that staff had supported their relative to attend a BBQ that was being held at their home recently.

The person told us that the staff treated them with dignity and respect. They told us, "I am able to wash myself in the bath the staff help me if I need them to and help me choose my clothes, they always knock on my bedroom door before coming in."

Is the service responsive?

Our findings

The person received care and support that was planned and centred on their individual and specific needs. A relative told us that the manager and staff understood their family members' needs and were alert to signs shown by them if they were anxious or not happy about something. Staff gave us examples of situations that the person disliked and how they would support them to cope in those circumstances, for example noise and crowds.

Care plans were personalised and sufficiently detailed to guide staff on the nature and level of care and support the person needed, and in a way they preferred. Care and support plans and risk assessments were reviewed regularly and this ensured they were current and relevant to the needs of the person.

Staff spoken with knew the individual they supported well. They were able to outline what they liked to do and what areas they needed assistance with. They spoke about how they communicated with the person they supported and this was documented in the person's care plan.

Support was provided that enabled the person to take part in and follow their interests and hobbies. This included regular access to the local community and access to community social activities. They told us, "I have a job I work in a charity shop once a week I don't like working there when it is so hot so sometimes I leave early. They don't mind", "I go to the day centre three days a week I enjoy going there I meet lots of people the staff come with me." Staff told us that other activities the person enjoyed doing included attending a 'lifestyle' course, music and exercise class as well as doing arts and crafts. We observed some of the items made during the arts and craft class displayed within the service.

The registered manager told us the person living in the home led a busy life and liked to go to bed early to enable them to get up for their planned activities the following day. They also liked watching some reality TV shows that were not shown on TV until quite late. Therefore, they had purchased a device that enable them to watch 'catch up' TV whenever they wanted to without the need to staying up late if they chose not to.

Service user meetings were held on a regular basis we looked at some minutes of a recent meeting and saw that the person living at Bethel Place was asked if they would like to add any questions to the interview questions for new staff. They replied, "What is your best joke, and what arts and crafts are you good at." Activities were discussed for the forthcoming month along with any plans for 'social Sunday' this was a day arranged for the homes in the nearby vicinity to get together to socialise this included BBQS, trips to the park with a picnic as well as trips to the beach or other places of the person's choosing. Other topics of discussion including asking people if they were happy with where they were living, if they felt safe and if they felt they were treated with dignity and respect by the staff.

The service had a robust and clear complaints procedure, which was displayed in the home in a format that the person could read and understand. Relatives told us they had no complaints but would feel able to raise any concerns with the manager or staff. The manager confirmed that the service was not dealing with any complaints at the time of our inspection. They advised us that they dealt with any issues as and when they

arose.

The person's care plan included information on their wishes for end of life care. This plan included what flowers, music, clothes they would like as well as details of their chosen place.

Is the service well-led?

Our findings

Staff told us the service was well organised and they enjoyed working there they said the manager had a visible presence within the home and in the daily running of the home. They knew the person they supported and regularly worked alongside staff. They also told us that they were treated fairly, listened too and that they could approach them at any time if they had a problem.

They said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs. Staff told us, "The manager is very supportive and gives advice and guidance to help me."

The manager carried out a range of audits to monitor the quality of the service. These audits included medicines check and monitoring areas relating to health and safety such as fire systems, emergency lighting and testing of portable electrical appliances. Records relating to auditing and monitoring the service were clearly recorded.

Minutes of meetings we looked at all had an action plan stating who was responsible for carrying out the actions along with an agreed timescale. For example, adding the person's questions to the interview questions for staff had to be carried out within two weeks by a designated person.

Relatives told us, "The manager keeps me updated and I see the staff on a regular basis. I definitely feel I know what is going on". Professionals we spoke with told us, that the staff and management communicated effectively and worked in partnership with them to provide a positive outcome for the person who lived in the service.

The registered manager was supported by a locality manager and attended regular meetings with the service manager and managers from other homes. The manager told us they discussed and shared good practice at these meetings along with updating themselves on any legislation that needed implementing. They also reviewed any accidents and incidents for patterns or trends along with staffing issues and maintenance required within the service.

The providers head office held a 'open surgery' every six weeks this was spread over a couple of days and available to everyone who lived in one of the providers homes. An easy read poster was displayed in the service stating the days and times along with suggested themes to talk about for example, "Is there anything you are unhappy about?" as well as "Do you have any ideas you would like to share?"