

Meadowview Care Limited

The Tidings

Inspection report

The Tidings
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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 

Overall summary

The inspection took place on 4 June 2015 and was unannounced.

The service provides care and support to two people with learning disabilities.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were trained in safeguarding people from abuse and systems were in place to protect people from all forms of abuse including financial. Staff understood their responsibilities to report any safeguarding concerns they may have.

Risks to people and staff were assessed and action taken to minimise these risks. People were encouraged to remain as independent as possible and any risks related to this were assessed.

Staffing levels meant that people's needs were met. Recruitment procedures were designed to ensure that

Summary of findings

staff were suitable for this type of work and checks were carried out before people started work to make sure they were safe to work in this setting. New staff were recruited before posts were vacant.

Medicines were administered safely and records related to medicines were accurately completed.

Training was provided for staff to help them carry out their roles and increase their knowledge of the healthcare conditions of the people they were supporting and caring for.

People gave their consent before care and treatment was provided. Staff had received training in the Mental Capacity Act (MCA) 2015 and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS ensure that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. Where people's liberty needs to be restricted for their own safety, this must be done in accordance with legal requirements. People's capacity to give consent had been assessed and decisions had been taken in line with legal requirements.

People were supported with their eating and drinking needs and staff helped people to maintain good health by supporting them with their day to day healthcare needs.

Staff were very caring and treated people respectfully making sure their dignity was maintained. Staff were positive about the job they did and enjoyed the relationships they had built with the people they were supporting and caring for.

People were involved in planning and reviewing their care and were encouraged to provide feedback on the service.

No formal complaints had been made but informal issues were dealt with appropriately and to people's satisfaction.

Staff understood their roles and were well supported by the management of the service. The service had an open culture and people felt comfortable giving feedback and helping to direct the way the service was run. People were well integrated into their local community.

Quality assurance systems were in place and audits were carried out regularly to monitor the delivery of the service. These audits did not monitor the hours staff worked and some staff were working excessive hours which could place people who used the service and staff at risk.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Systems were in place and staff were trained in safeguarding people from abuse.

Risks were assessed and action taken to minimise them.

There were enough staff to meet people's needs. Staff were trained to administer medicines and medicines were given to people safely.

Good



Is the service effective?

The service was effective.

Staff received training to support them to carry out their roles.

The service had followed legal requirements relating to consent to care and treatment and the legal deprivation of people's liberty.

People were supported with their dietary and healthcare needs

Good



Is the service caring?

The service was caring.

Staff were patient, compassionate and kind and relationships between staff and the people they were supporting were good.

People were involved in decisions about their care and their choices were respected.

People were treated with respect and their dignity maintained.

Good



Is the service responsive?

The service was responsive.

People were involved in assessing and planning their care. Support was provided in a way which catered for people's individual needs and choices.

People's choices and preferences were recorded in their care plans and they were supported to give feedback about their care.

Informal complaints were responded to appropriately and promptly.

Good



Is the service well-led?

The service was not always well led.

People who used the service and staff were involved in developing the service.

Staff understood their roles and were well supported by the management team.

Requires improvement



Summary of findings

Quality assurance systems were in place to monitor the delivery of the service but these had not identified that some staff were working excessive hours.

The Tidings

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 4 June 2015 and was unannounced.

The inspection team consisted of one inspector.

Before we carried out our inspection we reviewed the information we held on the service. This included statutory

notifications that had been sent to us in the last year. A notification is information about important events which the service is required to send us. Before the inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with one person who used the service, two care staff, the registered manager, the operations manager and the provider.

We reviewed two care plans, two medication records, three staff recruitment files and staffing rotas covering four weeks. We also reviewed quality monitoring records and records relating to the maintenance of the service and equipment.

Is the service safe?

Our findings

We found that systems were in place to reduce the risk of abuse and to ensure that staff knew how to spot the signs of abuse and take appropriate action. Staff were able to tell us what they would do if they suspected or witnessed abuse and knew how to report issues both within the company and to external agencies directly. Financial procedures and audit systems were in place where the service was responsible for people's money. These were designed to protect people from financial abuse and were audited monthly by the manager. We checked balances of monies held and found they were correct.

We saw that safeguarding people from abuse was an agenda item on resident and staff meetings. Staff had received training in safeguarding people from abuse and this training was appropriately refreshed. Staff we spoke with were knowledgeable about safeguarding matters and told us they would be confident dealing with safeguarding concerns.

We saw that risks had been assessed and actions taken to reduce these risks. We saw that people's risks associated with their day to day activities such as accessing the community, eating and drinking and using public transport had been assessed. Specific risks had also been considered, such as those relating to a person with epilepsy going swimming regularly. Each assessed risk had been recorded, reviewed appropriately and shared with the person, who had signed it if they were able. Accidents and incidents were recorded and analysed for trends to see if care plans needed to be adjusted in order to keep people safe.

There was a business continuity plan which documented how the service would continue to be delivered in the case of an emergency. We saw that the plan was detailed and contained clear and practical advice for staff to follow. The plan was not easily accessible and the manager confirmed to us that they would take action to ensure it could be located quickly by staff in the event of an emergency.

People received care and support from staff who knew them very well. The service was fully staffed and the manager had recruited to two posts, which were about to become vacant, before the staff had actually left. This helped to ensure that the service was not left without the required numbers of staff. Some staff worked at the two other services run by the provider which were located in the same road. This meant that staff were available nearby to cover in emergencies and for support.

Rotas showed that staff covered core hours and also worked flexibly to meet the needs of the people they were supporting and caring for. Staff told us that they felt that there were enough staff and that they could get help if they needed to. There was a member of staff on duty each night and staffing was used flexibly to support people who used the service on an annual holiday which they told us they were looking forward to.

Recruitment records showed that staff had followed an application process, been interviewed and had their suitability to work with this client group checked with the Disclosure and Barring Service.

Medicines were well managed by the service. We observed staff supporting one person to take their medicines in a patient and caring manner. Where people needed medicines only occasionally, (PRN), there were protocols to inform staff when to use them and for how long before contacting a healthcare professional such as a GP for further advice. Information about people's medicines and how they liked to have them was available for staff. We saw that the service had established that one person would only agree to take white tablets and the service had liaised with the pharmacy to ensure that the person received medicines in the way they wanted.

Records showed that staff had received the appropriate training to enable them to administer medicines safely and three competency checks were carried out by senior staff before people were able to administer medicines unsupervised.

Is the service effective?

Our findings

The people who used the service were not able to tell us about the care and support they received but we observed interactions between staff and the people who used the service throughout the day. We saw that staff met people's needs in a skilled and competent manner which demonstrated that they knew the people well. We observed one staff member supporting a person to go out for a picnic. The staff member ensured that they had sufficient medicines, sun cream and drinks with them.

Staff told us they felt they had the training they needed to carry out their roles. One member of staff said, "The training is good. I have recently had some training in mental health which was useful". Training records confirmed that staff received the training they needed and that the training was updated appropriately. The manager told us that they were planning to provide MUST training for staff. MUST is a universal screening tool for malnutrition and staff are taught how to support people to receive optimum nutrition. None of the people at The Tidings currently have an issue of this kind but the manager was keen to be proactive so that staff would be prepared to support someone in this way if needed. The manager had recently arranged some external training for staff on a specific issue related to the administration of medicines as they had identified that this was an area that needed some additional input.

When staff first started working at the service they received a 12 week induction which covered all aspects of delivering care and support. New staff spent time shadowing permanent staff until they were confident to deliver care themselves. One member of staff who had worked at the service previously told us that they had still had to complete a full induction on their return to the service a year later.

Agency staff had never been used by the service until the previous weekend. An agency member of staff had worked at the service for the first time due to an unexpected staff shortage. This person, along with two others, had already been interviewed by the service in case they ever needed additional staff. This meant that the staff member was already familiar with the service and the people who used

the service had already met them when they came for interview. They were trained to lone work and were provided with an in house induction and support from colleagues in the other services in the same street.

Staff received regular support and supervision from their managers. An annual appraisal system was in place and staff told us that they felt they received the support and guidance they needed from their managers and the provider.

We noted that people's consent was asked for before care and treatment was provided and the management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005. We saw that people's capacity to make day to day decisions had been assessed and recorded. We also saw that where a person's liberty and freedom to leave the service needed to be restricted for their own safety, an application had been made to the local authority to comply with the Deprivation of Liberty Safeguards.

We observed staff supporting people to prepare their meals and ensure they had access to food and drink. People were encouraged to make their own choices about food and drink and they told us they were happy with the food provided. The service encouraged healthy eating and supported people to choose and eat a healthy and varied diet. People's food preferences were recorded in their care plan and staff demonstrated a good knowledge of people's likes and dislikes. People's weights were monitored and action was taken promptly if someone gained or lost a significant amount of weight.

People were supported with their healthcare needs and staff worked in partnership with other healthcare professionals to meet people's need promptly. We saw that one person's epilepsy was closely monitored and staff supported them to attend hospital appointments regularly. We saw from records that another person had recently had a change of medication and staff contacted the local pharmacist for some additional advice before making the change. Staff had noted an increase in falls for one person and had promptly made a referral to the community nurse and occupational therapist. People attended dentist and optician appointments regularly with the support of the staff. Information about people's health conditions and any medicines they took was in their care plans for staff to access.

Is the service caring?

Our findings

People we spoke with appeared happy with the way staff provided care and support. Staff demonstrated that they knew people very well and we saw that they anticipated what might cause people concern so that they could put strategies in place to help keep them calm.

We observed that staff had built good relationships with the people who used the service. Staff chatted and joked with people in a relaxed way and were patient, compassionate and caring. Some people had difficulties communicating verbally and we saw that staff took time to ensure they had understood the person correctly.

Information was shared with people who used the service in a way they understood. We saw that care plans had been drawn up with the people they concerned and shared appropriately with their relatives. Information about people's needs and their likes and dislikes was captured in different ways. For example some information, such as the service user handbook, contained pictures and signs and we saw that one person's activity plan also contained these.

The manager told us that they were piloting care plans with more pictures and photographs as part of a drive for more individualised care. We saw that the staff rota displayed on the kitchen wall did not include photographs and so we were not sure that it was fully accessible to one of the people who used the service as staff told us that the person did not read well.

People at the service had the opportunity to use a local advocacy service if they needed to and contact details were made available to people and some had used advocates in connection with their finances.

The service had recently started up 'Social Sundays' where people who used the service and those from the other two homes in the same street got together to chat and spend time together. We saw that any issues raised during this time together were recorded by staff and fed back to the manager. A recent get together had discussed some new food options. People told us they really enjoyed these social occasions and friendships had developed from them. Two people had started going to a craft club together. These meetings were in addition to keyworker meetings and resident meetings where people who used the services also had the opportunity to raise issues and give feedback about aspects of their care and support.

Staff practice promoted people's dignity and privacy and provided the support people needed whilst encouraging people to be as independent as possible. The service had an Infringement of Human Rights policy and each person had a Client's Charter of Rights given to them. These spelled out the rights people had and detailed how they should be treated. Contact details for various organisations were included in this information to signpost people to further help and guidance if they were not happy with this aspect of their care.

Is the service responsive?

Our findings

People received care that met their needs and took into account their individual choices and preferences. Staff knew the people they were supporting and caring for well. Care plans documented people's choices and preferences and made clear what people's skills and abilities were as well as the things they needed help with.

Care plans were subject to on-going review and reflected any changes in people's needs promptly. All staff had signed people's care plans and when there was a change to an aspect of someone's care this was highlighted to staff via the communication book which helped to ensure staff were aware of the person's current needs.

All staff had undertaken equality, diversity and inclusion training to help to ensure that people were given the support they needed in a way that was sensitive to their age, disability, gender, race, religion, belief or sexual orientation. Care plans recorded if people preferred to receive care, particularly personal care, from care staff of the same gender. One person at the service had requested this and we saw that it was respected.

We saw that staff supported people to play an active part in their community and to attend social functions, follow their own interests and hobbies and go on holidays. Records

showed that people attended a variety of clubs and social events as well as accessing local services such as shops, local pubs, cafes and leisure centres. Both people who used the service were due to go on a holiday with some of the people who used other services run by the provider. We saw that they had met together and took a vote to decide where to go and what kind of things they wanted to do when they were there. People were really looking forward to spending time at the seaside.

House meetings and individual keyworker meetings were held regularly and enabled people to discuss any aspects of their care and support that they were not happy with or wished to change. This meant that any informal complaints could be dealt with promptly. There was an accessible complaints procedure and details about how to make a complaint were included as an agenda item at each house meeting.

Annual review meetings were held and parents and carers were invited to attend if the person, whose review it was, consented to this. This meant that parents and carers were able to discuss any concerns they might have with the staff and the manager.

The service had a suitable complaints policy and each person had a copy of this. There had been no formal complaints made to the service in the last year.

Is the service well-led?

Our findings

The service had a positive and open culture. The registered manager worked regular shifts at the service and the provider was well known to staff and residents. Staff told us that the manager was very supportive and provided advice and guidance when they needed it. One member of staff said, “One of the really good things is that the management support you if you have any concerns”.

People who used the service were routinely involved in the recruitment of staff if they wished and were encouraged to provide feedback on all aspects of the service through their house meetings, keyworker meetings and annual reviews. Surveys were sent out to parents and carers asking for feedback about the service. These had recently been sent out and the results were not yet available for us to view. Staff surveys were completed and four were available for us to view. Each contained positive feedback and gave people an opportunity to comment on how the service could improve. These suggestions were then considered by the manager. Staff were invited to add their own agenda items to the regular staff meetings via a book held at the service. This meant that staff had the opportunity to be involved in developing the service and raising any concerns that they had.

The culture of the service was based on a set of values which related to promoting people’s independence, celebrating their individuality and providing the care and support they needed in a way that maintained their dignity. Staff we spoke with were clear about how they provided support which met people’s needs and maintained their independence and we observed this during our inspection. There was a real commitment from the manager and staff to ensure that the people who used the service lived independent lives as part of their local community. The manager told us that they tell the staff, “Everything you do the people we support could do - and they do!”

There was a clear management structure in place, with the registered manager in day to day charge and their line manager visiting the service regularly and providing them with support and guidance. Communication was good

between these two people and the registered manager told us they felt well supported by their manager. The registered manager understood their responsibilities and had previously sent all of the statutory notifications that were required to be submitted to the Care Quality Commission for any incidents or changes that affected the service.

There were systems in place to monitor the quality of the service. A training matrix gave an overview of the training provision at the service. Other records for the people who used the service and staff were well organised and clear, which meant that important information could be located easily and quickly.

Regular audits were carried out by the manager to monitor the quality and safety of the service. A monthly audit monitored various aspects of service delivery including medication, finances of the people who used the service, maintenance, health and safety issues, completion of records relating to people who used the service and attendance at healthcare appointments. An analysis of incidents and accidents took place to see if there were any patterns and trends and where these were picked up, as in the case of one person whose falls had increased recently, we saw that action was taken promptly.

Although people’s needs were met with regard to staff numbers and consistent staffing, because the service very rarely used agency staff, we saw that some staff were working excessive hours. In the four week rota we looked at we saw that one staff member worked an average of 57.5 hours a week. In one three week period they worked over 194 hours. These hours included one week where they worked 85.5 hours and did a sleep in at the service five nights in a row. Other staff were also seen to work considerably in excess of their contracted hours. Whilst staff were happy to do this we could not be assured that working such hours ensured that they could carry out their roles safely and effectively at all times, especially as a proportion of these hours were lone working. We spoke to the manager about this and they have assured us they will monitor this more closely to ensure that staff are not working such excessive hours on a regular basis in future.