

J & K Partnership LLP

# Meadow House

## Inspection report

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Date of inspection visit:  
13 June 2017

Date of publication:  
27 June 2017

## 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

Meadow House provides accommodation with personal care for up to eight people. There were eight people living at the home at the time of the inspection. At the last inspection, the service was rated Good. At this inspection the service remained Good.

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.

People received support from staff who knew how to keep them safe. Staff knew how to protect a person from the risk of harm and how to report any concerns they saw. People were assisted by staff who ensured they were available for people when needed. Staff had time to support people in every aspect of their daily lives. Staff gave people their medicines when needed and recorded when they had received them.

People's care was provided by staff that had been trained to understand their needs and were supported in their role. People's decisions about their care and treatment had been recorded and staff showed they listened and responded to people's choice in how they received care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People made choices regarding their meals and planning the menu options and alternative diets had been considered. People were supported to access health and social care professionals with regular appointments when needed and were supported by staff to attend these appointments.

People were comfortable around the staff that supported them. People were happy to chat and relax with staff. Staff knew people's individual care needs and respected people's dignity and independence.

People chose how they spent their days in their home, the garden or out and about. People had the opportunity to raise comments or concerns and these were addressed. There were processes in place for handling and resolving complaints and guidance for people living in the home was available in alternative formats. Staff were also encouraged to raise concerns on behalf of people and they had done so where necessary.

The registered manager was available, approachable and known by people. The provider ensured regular checks were completed to monitor the quality of the care delivered. The management team had kept their knowledge current and they led by example.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Meadow House

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 June 2017 and was completed by one inspector. We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with five people who lived at the home. We also spoke with two care staff, the deputy manager and registered manager. We reviewed a number of risk assessments and plans of care for one person and three people's medicine records. We also looked at provider audits for environment and maintenance checks, two staff recruitment files, two complaints, incident and accident audits, two staff meeting minutes and three 'residents meeting' minutes.

# Is the service safe?

## Our findings

People told us that care staff made them feel safe and secure while living in their own home. People were able to continue to live towards independence and felt safer with the support and guidance offered by the care staff. Staff knew and understood how to keep people free from the risk of harm or abuse. All staff told us they would report any concerns about people's care immediately and action would be taken to keep a person safe.

People managed their risks with support from staff if needed, for example, how to manage their money. Staff we spoke with knew the type and level of assistance each person required. In each person's care plan it detailed their individual risks, which had been reviewed and updated regularly. All care staff we spoke with told us that people's risks or safety was recorded and any changes reported.

People told us and we saw that staff were available for people in and out of the home. The registered manager matched the needs of people with the number of staff needed to look after them. All staff we spoke with told us they had time to meet people's personal care needs along with their social plans during the day.

Staff told us they completed application forms and were interviewed to check their suitability before they were employed. The interview process included people they would be supporting as well as the management team. The registered manager checked with staff members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure suitable people were employed, so people using the service were not placed at risk through their recruitment practices.

We saw people were supported to take their medicine when they needed it. People were involved in making decisions about any additional medicines they needed for pain management or wellbeing. Staff on duty who administered medicines told us how they ensured people received their medicines at particular times of the day or when required to manage their health. Staff told us they checked the medicines when they were delivered to the home to ensure they were as expected. The medicines were audited, stored in a locked area and unused medicines were recorded and disposed of.

# Is the service effective?

## Our findings

People were supported by a staffing team that understood their needs and how to look after them. All staff told us they were supported in the role, understood their responsibilities and had regular supervision and team meetings. The staff training provided reflected the needs of people living at the home and care staff confirmed the training had enhanced or embedded their current knowledge.

People we spoke with knew their legal rights to make choices. One person told us, "I have my rights, they (staff) cannot tell me what to do". 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. One person told us staff respected their choice to do things on their own. They told us, "Staff leave me alone to do what I want".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All staff had received training and understood the requirements of the Mental Capacity Act in general, and the specific requirements of the DoL. One member of staff provided examples of how they now had more understating of the rights of people to make decisions following the training.

People told us they enjoyed the food and that staff would support them if they wanted it. Staff monitored people's food and drink intake where needed to ensure people received enough nutrition in the day. People were asked monthly what type of food they preferred and menus had been planned for that month. Staff told us that menus were flexible and, "Nothing is set in stone", and people were supported in what they wanted whilst meeting their cultural requirements or preferences.

People had seen their GP when needed for routine tests and if they were concerned about their health or had felt unwell. Other professionals had attended to support people with their care needs, such as consultants and social care professionals. All staff were able to tell us about how people were individually supported with their health conditions that needed external professional support.

## Is the service caring?

### Our findings

Everyone we spoke with told us that they liked living at Meadow House. People said they enjoyed the company and support of staff. Throughout our inspection we saw people were supported by all staff, including the registered manager in a kind and considerate way. People were comfortable in the home and one person we spoke with said, "I am happy living here, nice staff".

All staff were unhurried in their approach with people and where people were quieter and not always able to engage in conversation, staff would sit make eye contact and look for visual or physical responses. We saw one person start to become upset and disorientated. Staff members recognised and responded quickly to this person. They spoke calmly and listened to the person's concerns. They acknowledged how this person's concerns were causing anxiety and helped reassure the person and relieve their anxiety.

People told us about how their independence was prompted and supported within in the home. Staff were able to support people retain their independence, for example, we saw that staff involved people in everyday tasks such as laundry and cleaning. Staff told us that often people only required encouragement and guidance. Staff were aware that people's independence varied each day depending on their wellbeing and respected people's right to privacy in their rooms.

We saw staff knew what was important to people, for example we saw people chatting with staff about their local community, their friends and lives. People were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

## Is the service responsive?

### Our findings

All people we spoke with told us they got the right amount of support they wanted. People's individual needs were met, which helped them achieve and celebrate goals relating to their health, independence and social lives. Staff used ways to listen and value people's involvement and ideas about their needs. During our conversations with people and staff they told us about how their lives had improved outcomes with lower levels of anxiety and depression.

People and where requested by the person their relatives, were fully involved in care reviews and understood their plans of care. People were supported to achieve goals around daily living and independence, health, activities and aspirations. Staff told us they met people's individual needs and recognised and responded to changes in people's condition. Staff told us any changes with a person's well-being would be referred to the management team or healthcare professional for review.

There was a designated care worker for each person who completed the primary assessment of needs and developed the care plan in partnership with the person, their family, and other professional's. The care plans we looked at included personal care preferences, specialised care needs and any cultural or spiritual needs and wants. Staff we spoke with had an excellent understanding of people's needs and how to interpret the needs of people who were not always able to clearly communicate verbally.

People were supported to undertake a range of varied activities and social opportunities. We saw effective arrangements were in place to support people to maintain family connections. For example, one person was supported to visit their family home so they could spend time with their family. People were supported to reduce their risk of social isolation as a result of their mental illness. People told us staff encouraged them to participate in events with others on site and to be part of the community.

All people we spoke with said they would talk to any of the staff if they had any concerns. We saw the people approached the staff and management team throughout the day to ask questions and seek reassurance. All staff and the registered manager said where possible they would deal with issues as they arise. Material on how to complain was available to people in alternative formats and a small number of complaints had been received. We saw these had been logged and investigated appropriately and analysed on a quarterly basis to look for any themes or trends.



## Is the service well-led?

### Our findings

People told us they liked and enjoyed living and relaxing in their home. They were able to be open and honest and tell staff their opinions and voice ideas or suggestions. People and their relatives had contributed by completing questionnaires so the provider and registered manager would know their views of the care provided. The most recent survey was positive overall and the provider had developed a clear action plan for suggested improvement. For example, further improvement in involving family member's in care planning and increasing responsibility opportunities for staff.

The registered manager told us that they had good support from the staffing team and the provider. Staff confirmed that the management team promoted a culture which supported people to live a fulfilled and meaningful a life as possible. We found the culture of the service was positive and focussed on people.

All of the staff we spoke with told us the home was well organised and run for the people living there. They told us the management team was supportive and they felt able to approach the registered manager with any concerns they may have. Team meetings also provided opportunities for staff to raise concerns or comments with people's care.

The registered manager and provider had regularly reviewed the care and support provided and had completed audits. The audits we saw recorded the care people had received. For example, they looked at people's care records, staff training, and incidents and accidents. The registered manager and staff told us that the results of audits were discussed in staff meetings and all staff were made aware so that any shortfalls were addressed to improve the overall quality of the service.

The registered manager told us they were supported by the provider in updating their knowledge and continued to identify further professional training opportunities. We have asked that the registered manager reviews the guidance on when to submit notifications to the commission, such as significant events and accidents.

The registered manager and care staff sought advice from other professionals to ensure they provided good quality care. The registered manager felt they were supported by other professionals locally, such as GP surgeries and community support nurses. These provided guidance and advice in how to support people's needs and we saw that this had been used in support of people's care.