

London Borough of Merton







Meadowsweet

Inspection report

14 Meadowsweet Close
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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

This inspection took place on 26 May 2015 and was unannounced. At the last inspection on 10 September 2013 we found the service was meeting the regulations we looked at.

Meadowsweet is a small home which provides care and accommodation for up to six adults with a learning disability. At the time of our inspection there were six people living in the home.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were happy at Meadowsweet. Relatives said people were safe. Staff knew how to protect people if they suspected they were at risk of abuse or harm. Identified risks to people's health, safety and wellbeing had been assessed and staff knew how to manage these

Summary of findings

to keep people safe from harm or injury. The home, and the equipment within it, were regularly checked to ensure they were safe. The home was free of clutter to enable people to move around it safely.

There were enough suitable staff to care for and support people. People were cared for by staff who received appropriate training and support. Staff felt supported by the registered manager and their views and concerns were listened to. Staff demonstrated they had a good understanding of people's needs and how these should be met. Staff supported people in a way which was kind, caring, and respectful.

People were supported to keep healthy and well. Staff ensured people were able to access other healthcare services when needed. Medicines were stored safely, and people received their medicines as prescribed. People were encouraged to drink and eat sufficient amounts to reduce the risk to them of malnutrition and dehydration.

Support plans had been developed for each person using the service which reflected people's specific needs and their individual choices and beliefs for how they lived their lives. Support plans gave guidance and instructions to staff on how these needs should be met. People were appropriately supported by staff to make decisions about their care and support needs. These were reviewed with them regularly.

The home was open and welcoming to visitors and relatives. People were encouraged to maintain relationships that were important to them. People were

also supported to undertake activities and outings of their choosing. Relatives told us they felt comfortable raising any concerns they had with staff and knew how to make a complaint if needed.

Relatives told us the service was managed well. However there was some inconsistency in the way the registered manager fulfilled their legal obligation to submit notifications to the Commission in a timely manner. This meant the Commission did not have all of the information needed to monitor how the service dealt with concerns or events that could affect the safety of people. The registered manager took immediate steps to remedy this during our inspection.

The registered manager sought people's views about how the care and support they received could be improved. They carried out regular checks of key aspects of the service to monitor and assess the safety and quality of the service that people experienced.

The service regularly involved relevant healthcare professionals in the planning and delivery of people's care and support. This gave staff access to best practice, research and guidance to improve the quality of care people experienced.

The manager had sufficient training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to understand when an application should be made and in how to submit one. These safeguards ensure that a care home only deprives someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them.

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. There were enough suitable staff to support people. Staff knew how to recognise and report any concerns they had, to protect people from the risk of abuse or harm.

Regular checks of the environment and equipment were carried out to ensure these did not pose a risk to people. There were appropriate plans in place to minimise and manage risks to people, and to keep them safe from injury and harm in the home and community.

People received their prescribed medicines when they needed them. Medicines were stored and administered safely.

Good



Is the service effective?

The service was effective. Staff had the knowledge and skills to support people who used the service. They received regular training and support to keep these updated.

People were supported by staff to eat well and to stay healthy. When people needed care and support from other healthcare professionals, staff ensured people received this promptly.

We found the home to be meeting the requirements of DoLS. Staff had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 and the DoLS.

Good



Is the service caring?

The service was caring. People said staff were kind, caring and respectful.

People and the people important to them were involved in making decisions about their care. Their views were listened to and used to plan their care and support.

Staff respected people's dignity and right to privacy. Relatives were free to visit the home without restrictions.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and support plans were in place which set out how these should be met by staff. Support plans reflected people's individual choices and preferences for how they lived their lives in the home and community.

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life in their home and community.

Good



Summary of findings

Relatives told us they were comfortable raising issues and concerns about their family members care and felt these would be dealt with appropriately.

Is the service well-led?

There was some inconsistency in the way the registered manager met their legal obligations to submit notifications to the Commission.

People told us the service was well managed. People's views about the quality of care and support they experienced, were sought. Staff acted on people's suggestions for improvements.

The registered manager carried out regular checks to monitor the safety and quality of the service.

Best practice, research and guidance was regularly sought from relevant healthcare professionals to improve the quality of care people experienced.

Requires improvement



Meadowsweet

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 26 May 2015 and was unannounced. It was carried out by a single inspector. Before the inspection we reviewed information about the service such as notifications they are required to submit to the Commission. We also contacted the local authority and asked them for their views and experiences of the service.

During our inspection the majority of people using the service were unable to share their experiences with us due to their complex needs and ability to communicate verbally. So, in order to understand their experiences of using the service, we spent some time observing how they received care and support from staff in the home. To do this we used the Short Observational Framework for Inspection (SOFI). We spoke with the manager and two support workers. We looked at records which included three people's care records, three staff files and other records relating to the management of the service.

After the visit we spoke with three relatives of people using service and asked them for their views and experiences of the service. We also spoke with a healthcare professional from the local authority's community team for people with a learning disability.

Is the service safe?

Our findings

We observed through signs and behaviours that people were happy. Relatives told us people were safe in the home. One relative said, “I feel [my relative] is safe. They are particularly good at getting [my relative] to understand their own behaviours so that it is easier for them to know how to keep safe.” Another told us, “[my relative] would tell me if they are unhappy. [My relative] tells me they like all the staff and they told me the staff are good to them.”

The provider had appropriate arrangements in place to ensure people were protected from abuse, neglect or harm. Staff had received training in safeguarding adults at risk. Staff told us about the signs they would look for to indicate someone may be at risk of abuse or harm and the actions they would take if they had a concern about a person to protect them. The actions described by staff followed the provider’s procedure for prompt reporting of any concerns about a person to the registered manager. Staff had also received training in equalities and diversity to ensure people were protected from discrimination. A member of staff told us this training helped them to ensure people had access to opportunities to choose activities they wished to undertake

Records showed safeguarding concerns were dealt with appropriately by the registered manager. Where there had been concerns resulting from incidents, these had been recorded and reported to staff at the local authority and other relevant healthcare professionals involved in people’s care. The manager had worked proactively with others to ensure that where required appropriate plans were put in place to protect people from the risk of harm and abuse.

Risks to people in the home and community were appropriately managed and minimised. As part of the assessment of people’s care and support, staff routinely assessed how people’s circumstances and needs put them at risk of injury and harm in the home and community. Following these assessments plans were put in place with guidance for staff on how they were to ensure identified risks were minimised when providing people with care and support. Staff demonstrated a good understanding and awareness of how they should do this. A support worker said, “I make sure that I know the risks that people face when they go out and about and how they should be protected.” Identified risks were reviewed annually or

sooner if needed. Where new risks had been identified people’s records were updated so that staff had access to up to date information about how to ensure people were appropriately protected.

Records showed there was guidance for staff on how to protect and keep people safe in the event of an emergency. For example, in the event of a fire, staff had carried out a fire safety risk assessment which included a personal emergency evacuation plan (PEEP) for each person using the service.

There were enough suitable staff to care for and support people. The staffing rota for the service had been planned in advance and took account of the level of care and support each person required in the home and community, each day. When people took part in activities or attended appointments outside of the home there were enough staff on duty to ensure people were supported to undertake these safely. The registered manager told us staffing levels were planned in such a way as to ensure there was always enough appropriately skilled staff on duty, to meet people’s current care and support needs in the home and community. We observed staff were present in the home throughout the day, and they responded promptly to requests from people for help or assistance.

Staff records showed the provider had robust recruitment procedures in place and had carried out appropriate employment checks on staff regarding their suitability and fitness to work in the home. These included evidence of relevant training, references from former employers, health questionnaires and criminal records checks.

People were supported by staff to take their prescribed medicines when they needed them. Each person had their own medicines administration record (MAR sheet) and staff signed this record each time medicines had been given. We found no recording errors on any of the MAR sheets we looked at. Checks of stocks and balances of people’s medicines confirmed these had been given as indicated on people’s individual MAR sheets. Medicines were kept secure and safe in lockable cupboards and safes. Staff understood about the safe storage, administration and management of medicines. Training records showed staff had received training in safe handling and administration of medicines.

The registered manager ensured the home’s environment and the equipment within it was regularly checked to

Is the service safe?

ensure these did not pose unnecessary risks to people. Regular service and maintenance checks of the home and equipment had been undertaken. Records showed recent checks had been made of fire equipment and systems,

alarms, emergency lighting, water hygiene, portable appliances, the lift and gas and heating systems. We observed the home was clean, tidy and kept free of clutter. This enabled people to move safely around the home.

Is the service effective?

Our findings

Staff received regular training and support to meet the needs of people using the service. Records showed the registered manager met regularly with staff to discuss and appraise their work performance, their learning and development needs and any issues or concerns they had about their role. Staff confirmed they attended regular one to one meetings with the registered manager. One support worker said, “I find the one to one meetings helpful as it’s a good chance to air any concerns.” Each member of staff had a current personal training plan on which the registered manager recorded their attendance and completion of training and also noted when training was due to be refreshed. This enabled the manager to monitor when staff were due to update their skills and knowledge particularly in areas that the provider considered mandatory to their roles. Staff confirmed they had access to regular training. A support worker told us they were supported by the registered manager to develop their skills further if they wished to by, for example, undertaking more specialised training.

Although people using the service had complex needs and some people were unable to communicate verbally, staff were able to meet their needs effectively. Staff had received training and support to develop skills to enable them to communicate with people using the service. For example we observed in conversations with people, staff used a variety of methods to communicate with people such as Makaton, which is a language programme that uses signs and symbols to help people with learning disabilities to communicate.

People’s capacity to consent and make decisions about their care and support was assessed and regularly reviewed. Records showed through these assessments staff gained information about people’s level of understanding and ability to give consent to care. This information was recorded in people’s individual support plans and there was guidance for staff so that they were aware when people were able to make decisions and give their consent to care. Where people needed help to make more complex decisions, their care records showed who should be involved in helping them make these, for example, family members. Where people were not able to make decisions

about specific aspects of their care and support we noted in these instances, best interests meetings had been held with relatives and other healthcare professionals involved in people’s lives.

The registered manager had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a care home only deprives someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them. The registered manager had a good understanding and awareness of their role and responsibilities in relation to the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body.

People were supported to eat and drink sufficient amounts to meet their needs. There were no restrictions about when, what and how people could eat. We observed throughout the day people could help themselves to drinks and snacks when they wanted these. At lunchtime people communicated what they wished to eat and staff supported them to prepare their meal. As it was a warm day, people sat together in the garden and ate their lunch. People appeared relaxed and were unhurried by staff so that they were able to take their time to eat. Staff ensured there were cold drinks readily available so that people could stay hydrated. After lunch people showed us through signs and gestures they had enjoyed their meal. Although the evening meal was planned in advance, the choices available had been determined by people’s personal preferences. Staff were aware of people’s particular likes or dislikes for what they ate and drank and told us how they ensured people’s choices were accommodated.

People were supported by staff to maintain their physical and mental health. A relative said, “[my relative’s] health is looked after and the staff make sure they attend all their appointments.” The care and support people needed from staff was documented in their records. This included information about the support people needed to access healthcare services such as the GP, dentist or chiropodist. People’s healthcare and medical appointments were noted in their records and the outcomes from these were documented.

People’s individual records contained guidance for staff on how to recognise signs to indicate that they may need extra

Is the service effective?

help and support when they may be unwell or in pain such as loss of appetite, reduced mobility or refusal to take part in activities. Records showed staff recorded and monitored daily, information about people's general health and wellbeing. Where there was a concern about an individual we noted prompt action was taken by staff to ensure these

were discussed with the registered manager and the appropriate support from healthcare professionals, such as the GP, was obtained. A healthcare professional from the local authority told us staff responded quickly to people's changing needs and they sought support if this was needed.

Is the service caring?

Our findings

Relatives told us the service was caring. One relative said, “They look after [my relative] and treat them well.” Another told us, “I think the staff are very caring. I think [my relative] is happy here.”

During the inspection we spent time observing conversations and interactions between people and staff. We saw these were warm and friendly yet respectful. Staff knew people well and used this knowledge to engage in conversations about topics and subjects that people were particularly interested in, such as holidays they had been on or wanted to take. We observed staff were alert and responded quickly when people needed help. Some people were not able to verbalise what they wanted or needed and staff used different methods of communication to check how they could help them. In our conversations with staff we noted they talked about people in a caring and respectful way.

People were supported to express their views and be involved in making decisions about their care and support. Each person had a personalised ‘communication profile’. Through these profiles staff had access to detailed information about how people expressed themselves through speech, signs, gestures and behaviours which helped them understand what people wanted or needed or how they were feeling. People’s records showed the service had ensured people, and where appropriate their family members and other healthcare professionals, had been involved in the planning of their care and support needs. As part of this process people’s views and preferences had been sought and discussed which meant the care and support they received was reflective of their personal preferences.

People’s right to privacy and dignity was respected. People’s individualised support plans set out how these rights should be supported by staff such as maintaining

people’s privacy and dignity when they received personal care. During the inspection we observed staff knocked on people’s doors and waited for permission before entering. We also observed instances where staff positively encouraged people to respect the personal space and boundaries of other people in the home. Staff told us about the various ways they supported people to maintain their privacy and dignity. This included encouraging people to close doors when dressing or using communal bathrooms by themselves. A support worker said, “When I’m giving medication and people are in the lounge I will always ask them if they want to take this in their own room.” People’s records were kept securely within the home so that their confidential personal information was protected.

People were supported to be independent in the home and community. Records showed each person had time built into their weekly activities timetable for laundry, cleaning and personal shopping tasks aimed at promoting their independence. We saw people being encouraged and supported by staff to undertake these activities and tasks. Records also showed people had individual goals and aspirations, which had been agreed with them, aimed at increasing their independence at home and in the community. Staff encouraged people to achieve these by supporting people to attend activities, courses and classes, community discos and meals out. They also supported people to work in the community by seeking out volunteering opportunities.

Staff encouraged people to build and maintain friendships with others by promoting their participation in social activities, outings and holidays. Relatives said there were no restrictions on them visiting their family members at the home. One relative said, “I’m always welcomed and I can pop in whenever I like.” The service held regular events at the home such as summer barbeques and other celebratory events and friends and family were invited to attend and participate.

Is the service responsive?

Our findings

Relatives told us people were supported by staff to actively contribute to the planning of their care. Records showed people had attended meetings with their family members and/or with other healthcare professionals to discuss and plan how care and support should be provided to them. Information obtained from these discussions was used to develop an individualised support plan for each person which set out how their needs would be met by staff. As part of the planning of care, staff discussed how people's specific lifestyle choices and beliefs could be met and supported by staff. For example, people were asked whether they had any specific cultural or spiritual needs they wished to be met and how staff could support them to achieve these.

Relatives said the care and support people received was tailored to their individual needs. A healthcare professional from the local authority said staff were focused on people's specific needs and felt the care and support provided by staff was personalised to meet these. People's support plans contained detailed information for staff on how to provide care and support that people wanted and which enabled them to retain as much control as possible. For example, people's preferences for how and when they received personal care were noted such as when they needed help or prompting when washing.

Relatives said people were offered choice. A relative said, "[The registered manager] has placed a lot of emphasis on supporting people to make choices." People's support plans instructed staff on how and when to prompt and encourage people to make choices. For example, when people received help with getting dressed staff were instructed to give people a choice about what they wore. We observed during the day instances where people were offered and supported by staff to make choices such as the activities they wanted to do and what they wanted to eat for lunch.

People's care goals were discussed and future aspirations were agreed at these meetings. A relative said, "They are really good at setting goals that are balanced and achievable." They told us how their family member, since moving into the home, had improved significantly in terms

of their engagement and involvement in activities. They said, "Prior to moving in [my relative] wouldn't go out, and now goes out all the time. I feel [my relative's] life has a pretty good quality to it now."

Records indicated each person had a designated keyworker responsible for ensuring that their individual care and support needs were being met. In our discussions with staff it was clear they had a good understanding of the specific needs of people and how these should be met. People's care and support needs were reviewed by staff. Records showed an annual review was carried out of each person's care and support needs. These had been attended by people, their family members, social workers, staff and other relevant healthcare professionals involved in people's care.

People were supported to pursue activities and interests that they were interested in. People attended local day centres in the community to undertake activities and classes that matched their interests such as dance, arts and crafts. Each person had a dedicated day built into their weekly plan of activities in which they received support from staff to undertake activities of their specific choosing such as day trips and outings.

People received support from staff to maintain relationships that were important to them. Relatives said they visited with family members at the home. Some people also made overnight visits to their relatives or went on social outings with them. People's records included information about friends and family that were important to them in the home and community. There was guidance for staff on how people should be encouraged and supported to maintain these relationships.

Relatives were confident that the registered manager and staff would respond appropriately to any issues or concerns they had. One relative said about staff, "I can be very open and honest with them and I feel I have a good relationship with them."

The service had arrangements in place to respond appropriately to people's concerns and complaints. The service had a complaints procedure which detailed how people's complaints would be dealt with. A pictorial and easy to read version of this was displayed in the home which told people what to do if they wish to make a complaint or were unhappy about the service. Minutes from a recent residents meeting showed staff had

Is the service responsive?

discussed the complaints procedure with people. People were told what help they could expect to get from staff or an independent advocate to assist them in making a complaint and how their complaint would be dealt with.

Is the service well-led?

Our findings

Relatives told us the service was managed well. One relative said, “I have the highest praise for the manager and they have a very good staff team there. I know them all really well.” Another relative told us, “The home is lovely and I feel [my relative] is in a good place with very nice people.”

Although people spoke positively about the management of the home, during the inspection we identified some inconsistency in the way the registered manager fulfilled their obligation to notify the Commission of events or incidents that occurred in the home. We found the registered manager had not notified the Commission of the outcomes of applications which had been made to deprive some of the people using the service of their liberty. The registered manager has a legal obligation to submit these types of notification in a prompt manner. Through discussions with the registered manager we were satisfied that they were aware of their responsibilities for submitting notifications particularly when incidents and events occurred at the home. Our own records showed when incidents had occurred we had been notified promptly. During the inspection the registered manager took immediate steps to rectify this.

People’s views about the service were used to make improvements that people wanted. Regular residents meetings were held with people using the service. Minutes from these meetings showed people were given an opportunity to give ideas and suggestions about improvements they would like to see made. Staff had taken appropriate action. For example, where people had expressed a wish to go on holidays or outings, staff supported people to make arrangements to do this. People’s annual reviews showed their views were taken into account when reviewing and planning their on-going and future care and support needs.

Staff told us they felt supported by the registered manager to express their views. Minutes from staff meetings showed their views about the care and support people experienced were sought. Suggestions and ideas for how this could be improved were discussed resulting in actions for staff to undertake to achieve this. For example following suggestions made by some of the people using the service, staff had been tasked with identifying new activities that people wished to undertake. A support worker said, “Our manager is good because when you come up with an idea, as long as it is in people's best interests, they will support this.” The registered manager also used staff meetings to discuss any issues or concerns about current working practices and any updates and changes within the home that staff needed to be aware of. A support worker told us, “The meetings are a good way of sharing information with everyone so you all know what is going on.”

The registered manager carried out regular checks to assess the quality of service people experienced. For example people's records and medicines records were looked at to ensure they were completed and maintained appropriately. The registered manager told us they checked the home environment and observed the care and support provided by staff on a daily basis. They used daily records maintained by staff to monitor that staff were undertaking their roles and duties as required.

The registered manager involved other healthcare professionals in the planning and delivery of people’s care and support. Staff worked closely with the local authority’s community team for people with a learning disability. Through this team, people and staff had access to nurses, psychologists and speech and language therapists which enabled staff to access best practice, guidance and research to improve the quality of care people experienced. A health care professional from this team told us staff had worked proactively with them to identify new ways to positively support people particularly in circumstances or situations where their behaviour may have been challenging to others.