

# Community Homes of Intensive Care and Education Limited

## Meylan House

### Inspection report

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Date of inspection visit:  
18 May 2023

Date of publication:  
19 June 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Meylan House is a residential care home registered to provide personal care and accommodation to up to 7 people. At the time of inspection 5 people were living at Meylan House.

The site comprises of a 6-bedded building and a 1-bedroomed independent annex in the property's garden equipped with a living/kitchen area and bathroom.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### People's experience of using this service and what we found

#### Right Support:

Risks to people were assessed and mitigating strategies implemented. People had detailed care plans to ensure staff had the information required to support them safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the service had policies and systems to support this.

The provider made reasonable adjustments for people so they could be fully involved in discussions about how they received support, including support to travel wherever they needed to go.

Staff were recruited safely and were supported within their roles. People were protected against abuse.

#### Right Care:

People were supported by staff who knew them well and who had the relevant training and skills to meet their individual needs.

Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

People were supported to maintain relationships. Staff supported people to stay in contact with friends and family and involved any significant people in the care planning process as appropriate.

### Right Culture:

Some improvements were required to ensure the registered manager and provider had good oversight of the service. Some systems and processes were ineffective in identifying missing or conflicting information. The registered manager immediately implemented changes and new systems.

Staff felt valued and empowered to suggest improvements and question poor practice. Staff told us they were confident to raise concerns and complaints.

Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 11 June 2021).

At our last inspection we recommended the provider referred to best practice guidance on infection control and supporting people who may display behaviour that may challenge. At this inspection we found the provider had made improvements.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe, caring and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meylan House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Meylan House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

Meylan House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Meylan House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 2 people who used the service and contacted 4 relatives about their experience of the care provided. We spoke with 9 members of staff including the registered manager, assistant regional director, positive behaviour practitioner and care staff. We observed the interaction between people and staff.

We reviewed a range of records. This included 2 people's care records and 4 people's medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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

- At the previous inspection we recommended the provider referred to national guidance to adopt best practice in relation to supporting people who may display anxiety or distress. At this inspection we found improvements had been made.
- People were kept safe by staff who had the information required to understand their risks and what strategies were implemented to mitigate those risks. However, 1 person had conflicting information recorded regarding their choking risk and 1 person's records were not fully completed for safety checks. The registered manager updated all documents immediately after the inspection.
- Risk assessments were completed for all known risks to people including their physical health, emotional health, and environmental risks.
- Staff considered least restrictive options before limiting people's freedom. People's freedom was restricted only where they were a risk to themselves or others. This was a last resort and for the shortest time possible.
- Staff made every attempt to avoid restraining people and did so only when de-escalation techniques had failed and when necessary to keep the person or others safe. All restrictions of people's freedom were documented, monitored, and triggered a review of the person's support plan to look for ways to reduce any restrictions.
- The registered manager learnt from previous incidences and ensured strategies were used to reduce future reoccurrence. Trends and patterns were reviewed as required and shared with staff.

Staffing and recruitment

- The service had sufficient staffing numbers on each shift to meet people's needs. One person told us, "There are enough staff to do things with me." A staff member said, "There are enough staff to meet everyone's needs."
- Staff were recruited safely. Safer recruitment checks had been completed before staff started working at the service. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected against potential abuse and harm. The provider had policies and procedures to ensure staff knew how to record and report any concerns.
- Staff received safeguarding training and understood the signs of abuse. Staff were confident in raising any

concerns either internally or externally to the service.

- Staff recorded any injuries a person may have to ensure any injury could be investigated if needed and to ensure injuries were healing as expected.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Using medicines safely

- Medicine administration records were kept up to date. Staff signed to evidence when medicines were administered and detailed the reasons when supporting people with 'as required' medicines.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism, or both) and ensured people's medicines were reviewed by prescribers in line with these principles.
- The registered manager ensured each person's medicines was reviewed regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- At the last inspection we recommended the provider considered best practice guidance in relation to fully promoting people's preferred communication style and update their practice accordingly. At this inspection we found improvements had been made. Staff supported people to express their views using their preferred method of communication. Care plans included how people communicated and how staff should interact with them.
- People were involved in all aspects of their care and support. Staff supported people to engage with the service. However, not all relatives felt involved in the care planning process.
- Staff supported people to maintain links with those that are important to them. Relatives were kept updated on what people were doing and any significant events.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- The service promoted a culture of inclusion, diversity and equality. Staff received training on equality and diversity that was embedded in supporting people's protected characteristics. Staff had an awareness and appreciation for diversity, and respected people's culture, religion and ethnicity.
- People were supported by staff who knew them well and treated them with dignity and respect. Staff were calm, focused, and attentive to people's emotional and support needs such as sensory sensitivities. A relative told us, "Staff seem to have a lot of patience with [person] and they work hard with [person]."
- Relatives and people told us staff were kind and respectful. One person said, "Staff are nice and lovely to me."
- Staff knew when people needed their space and privacy and respected this. Staff told us how they protected people's privacy when completing personal care and always ensured they knocked on doors and waited for confirmation before entering.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes to ensure oversight of the service required improvement.
- We found 1 person's care plan and risk assessments held conflicting information. This meant staff did not always have the correct information to provide safe care. The registered manager updated the care plan and risk assessment immediately after the inspection.
- Systems and processes had not always been effective in identifying when records were not completed. For example, safety checks had not been completed for 1 person with a health condition. Records showing how staff supported a person through distress had not been completed. The registered manager made the appropriate changes immediately after the inspection.
- Systems and processes had not identified the weekly medicine audits had not been completed for 1 month. The registered manager implemented new systems to ensure audits were completed as required.
- The registered manager was aware of their role and responsibilities to meet the Care Quality Commission (CQC) registration requirements. Records showed statutory notifications of notifiable events were submitted to CQC as required by law.

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

- Staff felt supported. Staff had supervisions and team meetings to share information and discuss any concerns. One staff member told us, "I feel very supported, we have regular supervisions and regular team meetings." Another staff member said, "I am supported by my colleagues and the manager."
- People had monthly 'keyworker meetings.' A keyworker meeting was held between a staff member and the person to discuss how the person felt about the support offered, any goals or targets and if they were happy living at Meylan house."
- People and the relatives were offered annual reviews of their care and support.

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

- Relatives were positive about the support offered by Meylan House and the outcomes reached for people.
- Management were visible in the service, approachable and took a genuine interest in what people, relatives, staff, and other professionals had to say. Staff told us they felt Meylan House was a good service and a good provider to work for.

- The service worked well in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to apologise to people, and those important to them, when things went wrong.
- Staff knew how raise concerns and how to escalate concerns to the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon by their managers.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a clear vision for the direction of the service and was open and transparent throughout the inspection and implemented changes based on the feedback given.
- People and relatives were kept up to date on the service and any changes to people's needs had been shared with the relevant people.
- The registered manager worked in partnership with health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.