

# Meadowview Care Limited

# Bethany House

## Inspection report

Bethany House  
32 Brewery Drive  
Halstead  
Essex  
CO9 1EF

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01 August 2017

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Bethany House provides accommodation and personal care support for up to two people with learning disabilities. At the time of our inspection there was one person living at the service.

At our last inspection in June 2015 this service was rated Good. At this unannounced inspection we found the overall rating for this service remained Good.

The service had a registered manager. 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. The manager registered for this service is also registered for two other services local, nearby care services.

People remained safe at the service. There were sufficient staff available to meet people's needs and support them with activities both in and outside of the service. Risk assessments had been completed to enable people to retain their independence and receive care with minimum risk to themselves or others. Guidance had been provided for staff in steps they should take to mitigate these risks.

People's medicines continued to be managed safely and people received their medicines as prescribed

There were enough suitably qualified, knowledgeable staff to provide people with support and guidance when they needed it. Staff had received appropriate training, support and development to carry out their role effectively.

Care plans were well organised, reviewed regularly and up to date. The plans contained information about what was important to people as well as information regarding their health care needs.

The staff were very caring and people had built strong relationships with staff. We observed staff being patient, kind and enabling people to maintain their independence. People's privacy was respected. People where possible, or their representatives, were involved in decisions about the care and support people received.

Staff understood and promoted people's rights in line with the requirements of the Mental Capacity Act 2005 (MCA). Staff had received training in MCA and had good knowledge of the principles and how to support people to make decisions about their day to day living.

There were systems in place to ensure that staff were trained, regularly competency assessed to ensure that people received their medicines as prescribed. Medicines were stored safely and appropriate records of administration maintained.

Staff were provided with training in Safeguarding Adults from abuse. Staff were provided with training in understanding their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People's capacity to make decisions about their everyday lives had been assessed and their consent was considered in the planning and provision of their care and support

People were supported to maintain good health and had access to external health care professionals when required. This included health screening and access to learning disability nurses, GPs, psychiatrists, chiropodists and dentists.

People were provided with the opportunity to participate in personalised, meaningful activities according to their assessed needs, wishes and preferences. People were encouraged to develop as much independence as possible and learn new life skills. People had access to and supported to be integrated into the local community.

The provider had a system in place to respond to suggestions, concerns and complaints. The service had a number of ways of gathering people's views including; regular reviews, meetings and satisfaction surveys. The registered manager carried out a number of quality and safety monitoring audits to ensure the service was running effectively and to plan for improvement of the service.

For a more comprehensive report regarding this service you can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well led.

# Bethany 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 comprehensive inspection took place on the 1 August 2017 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also consulted the local authority for their views and feedback.

We spoke with the one person living at the service at the time of our inspection. We also spoke with one member of care staff and the registered manager.

We reviewed the one person's care file, staff training records, staff recruitment and systems for monitoring the quality and safety of the service.

# Is the service safe?

## Our findings

At this inspection we found the same level of protection for people from abuse and the risk of harm as at the previous inspection.

The one person living at the service told us, "I feel safe here. The staff understand me. They know my anxieties and know what I need to help calm me."

Staff protected people from the risk of abuse. Staff told us, and records showed that they had received training in safeguarding adults and understood their roles and responsibilities to report any abuse. They were able to explain the process for reporting any abuse and who their concerns could be raised with, including the local authority. Staff told us that if they were concerned that people were at risk of abuse, they would speak to their manager. We noted that staff were aware of the provider's whistleblowing policy. This is a policy which guides staff in how to report concerns about poor practice within their organisation and to local safeguarding authorities.

Risks of harm to people had been assessed, managed and reduced through the effective use of risk assessments to guide staff in the steps they should take to keep people safe. Risks to people and staff were assessed and action taken to minimise these risks. We saw that there were strategies in place to protect people at risk of harm from other's in the community. People were encouraged to remain as independent as possible and, any risks related to this were assessed and guidance provided for staff to support this person appropriately to mitigate the risks of harm to their welfare and safety.

Emergency planning procedures were in place to guide staff. There was a duty manager rota which meant staff had access to support and guidance during out of office hours should this be required.

The number of staff required to meet people's needs was kept under review. Staff and people who used the service told us there were enough staff to meet people's needs. Staff described how they worked flexibly across the provider's three local services to meet the needs of people and agency staff only used as a last resort. Where people required one to one support this was provided as required and by staff who knew them well.

Recruitment procedures were designed to ensure that 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. We saw systems were in place to ensure staff were recruited safely. We saw from a review of staff records that pre-employment checks such as references and Disclosure and Barring Service (DBS) checks had been completed to determine that the proposed new staff member was deemed to be of a good character. DBS checks enable a potential staff member's criminal history to be reviewed to ensure they are suitable for employment.

People received medicines from staff who had been trained, competency assessed with systems in place to ensure they received their medicines as prescribed. Medicines were safely stored. Each person had a

medicines protocol which described medicines prescribed, any allergies and how people liked to take their medicines.

We saw from a review of records that the manager and pharmacy provider completed regular audits to check that people's medicines were managed safely and people received their medicines as prescribed.

# Is the service effective?

## Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have, freedom of choice and were supported with their dietary and health care needs as required.

The one person living at this service told us, "The staff are good. There are some I relate to more than others but that's ok. I feel safe with all the staff and confident that they know me and understand me."

People were supported by staff who had received training which enabled them to understand the specific needs of the people they were supporting. Staff received an induction and were required to complete mandatory training which included safeguarding and first aid. We saw that these had been completed.

Staff across all three of the provider's local services told us the majority of training was e-learning with some face to face training. Whilst they preferred face to face training they said they had all the training they needed to fulfil the roles for which they were employed.

A review of staff records and discussions with staff showed us that staff were suitably qualified and experienced to fulfil the requirements of their posts. Training included; management of epilepsy, obtaining consent, dementia awareness, infection control, conflict resolution and equality and diversity. The registered manager also checked staff competencies in relation to the management of people's medicines and information handling including care planning.

Staff told us they were supported through regular opportunities to receive one to one supervision meetings. This meant they had been provided with opportunities to discuss their performance and development. For newly employed staff their induction training included opportunities to shadow other more experienced staff and competency assessment to monitor work performance.

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 Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. We checked if the service was working within the principles of the MCA.

The registered manager understood their responsibilities and processes required if any authorisation to deprive a person of their liberty was required. There were systems in place to make decisions on people's behalf by those qualified to do so when people did not have the capacity to consent to their care and treatment. The manager completed assessments as appropriate to check people's understanding and capacity to make decisions. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best



interests.

People were supported to maintain good health and had access to external health care professionals when required. This included access to health screening as well as access to specialists such as psychiatrists, GPs, chiropodists and dentists and behavioural specialists for advice and support in implementing strategies to manage distressed behaviours,

We observed during our inspection, in the late afternoon that there was very little food in the fridge but some food in the freezer. When asked, staff did not know what the plan was for providing an evening meal for that day. The person living at the service was also unaware as to what the plan was. We discussed this with the registered manager and the member of staff. They reassured us that there had been some confusion and mixed messages communicated within the staff team due to a lack of handover for good reasons but that there was a plan to go shopping with the person living at the service that day to enable them to stock up their fridge and freezer. This was communicated to the person in our presence and they were reassured by this. The registered manager told us that as this person had only recently moved into the service there was ongoing assessment planning as to how much support was required and ongoing work in supporting them to develop some independent living skills.

People were supported to maintain good health and had access to external health care professionals when required. Care records showed us clinical specialists had been consultant where required. There was good access to health screening, GPs and psychiatrists

## Is the service caring?

### Our findings

At this inspection people remained happy living at the service and satisfied with the conduct, and support they received from staff.

People continued to be supported by staff who were kind to them, treated them with respect and promoted their dignity and independence. Staff supported people to maintain their independence and develop life skills. Whilst mindful of risks people were encouraged to make informed choices and maintain as much control over their daily lives as possible. The one person living at the service told us, "The staff let me go out when I wish. They respect my choice. I have contact with my friends on the phone. I have lived here before and moved out but now living back here again. I am settling in well and like the staff. The staff respect my privacy when I am in my room. They know to leave me alone when I want to be. They respect my space."

We saw the person living in the service appeared relaxed in the company of staff and their freedom of movement around the service respected. The member of staff supporting the person clearly knew the person well, respected their privacy and consulted them as to their choices and preferences.

The person living at the service told us, "I can become very anxious and some staff understand this and know how best to approach me. I can become withdrawn and not want to get out of bed. They respect my choice but some also know how to encourage me so that I don't get isolated and down. Some staff have really encouraged me and helped my confidence."

Care plans clearly identified the importance of respecting people's choice in their daily lives whilst also mindful of risks to people. Where it had been identified that people may present with distressed reactions and present a risk to themselves and others, staff had been provided with guidance as to potential triggers and strategies to deescalate behaviours safely and appropriately.

People had access to independent advocacy support. We saw that where appropriate people had access to this support in relation to support with managing their finances when required.

## Is the service responsive?

### Our findings

The service continued to be responsive to people's needs. People were involved in assessing and planning their care. Support continued to be provided in a way which catered for people's individual needs and choices.

The service continued to ensure that people's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. This information enabled staff to support people to engage in meaningful activity, promoted their independence and provided them with a sense of fulfilment and wellbeing.

People's needs were assessed prior to their admission to the service, and these assessments were used to develop their care plans. Care plans were well organised. Care plans contained information about what was important to people as well as information regarding their health care needs. They were personalised and covered different aspects of people's health, welfare and safety needs and provided staff with guidance as to how people preferred to have those needs met. As the person living at the service had only recently moved in we saw that their care plan was a work in progress.

The registered manager told us of their plans to access extra funding to enable the person using the service to access more opportunities for meaningful occupation. We saw that there was a plan of activities to enable the person to access the local community. For example, the person had shown an interest in accessing a drama club and this was being pursued to enable the person to start in September. We saw trips had been planned to the seaside, a disco and swimming. Access to voluntary work was being investigated. Across the three local homes there were regular social gatherings organised and we saw that there were friendship groups developing which the person living at the service told us they enjoyed.

Daily logs were completed throughout the day for each individual. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being. The logs had been completed appropriately and were detailed and informative. Handover meetings took place with records maintained. These were comprehensive and updated staff at each shift as to people's changing needs.

People had access to regular opportunities to air their views. For example, we saw from a review of meeting minutes that people got together from across three of the provider's local services to discuss and air their views about the quality of the care they received, share ideas and communicate their wishes. There were also individual keyworker meetings and house meetings held which took place on a regular basis.

There was a complaints process in place which gave details of relevant contacts and outlined the time scales for response to complaints. The registered manager told us there had been no complaints at this service since the last inspection.

## Is the service well-led?

### Our findings

At this inspection we found that the service was well led as at the previous inspection. The rating remains good.

The manager registered for this service is also registered for two other local services nearby. The registered manager was a visible presence in the service and staff told us they were hands on in supporting staff on the rota and regularly visiting people who used the service.

We saw that people who used the service knew the registered manager well and they had a positive relationship with them. The person using the service said they were happy with the staff and how they supported them. They also said the registered manager was accessible to them and gave examples of how they had been supported with concerns in relation to their financial benefits. They told us, "I feel safe and comfortable here. The manager is very supportive and I know I can go to her if I am worried about anything."

We observed the person using the service discuss with the registered some worries they had and were reassured appropriately. Other observations and feedback from staff showed us that the registered manager and provider had an open leadership style and that the home had a positive, person centred, enabling culture.

Staff were confident and understood their roles and responsibilities in supporting people to live an independent life as possible. Staff spoke positively and passionately about their work and about the culture and management of the service. They said they enjoyed their jobs and described the registered manager as supportive.

Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one supervision and staff meetings and these were taken seriously and discussed. One staff member said, We are a close knit and support across the three homes. The support I have from the management team here, in this job is like nothing where I have worked before. It is fantastic."

The registered manager consistently carried out regular audits on medicines management, care planning, risk assessments and the safety of the premises to drive improvement. An action plan was put into place when needed to resolve any shortfalls identified. However, we noted that some rooms were in need of redecoration, flooring needing replacement and the gardens in need of attention.

The provider had systems in place to make sure equipment was maintained to a safe standard. These included regular testing of the fire detecting equipment and gas and electrical testing as required. Health and safety audits were carried out to ensure people lived in a safe environment. However, during our inspection we discussed with the registered manager areas of the service we noted required attention such as decoration of the premises, the garden in need of weeding and grass cutting and replacement flooring. The registered provider in response to our request provided us with a programme of planned works, with timescales to evidence planning in progress to improve the environment in which people lived.

