

# Richmond Fellowship (The) Meridan House

## Inspection report

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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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Meridan House is a purpose built care home in a complex of supported housing services for people with mental health needs. Meridan House is registered to accommodate a maximum of 12 people. On the day of this inspection there were six people using the service.

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

At this inspection we found that the service was outstanding in empowering people to have as much control over their lives as possible and to achieve their maximum potential.

People's care was highly personalised, and staff had excellent understanding of people's needs and interests to deliver an excellent level of care. We found multiple examples to demonstrate the staff and management team went above and beyond and were passionate about providing an innovative, responsive and excellent service to people.

People told us they felt safe using the service. Medicines were managed safely. Appropriate numbers of suitably skilled staff were deployed to meet people's needs in a timely manner. Staff followed appropriate infection control practices. Accident and incidents were recorded and acted upon. Any lessons learnt were used as opportunities to improve the quality of service.

Assessments were carried out prior to people joining the service to ensure their needs could be met. Where risks were identified, management plans were in place to manage these safely. Staff had the training, knowledge and experience to support people's needs. People were supported to maintain good health and had access to a range of healthcare services when needed. People were encouraged to eat a healthy well balanced diet for their wellbeing.

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's privacy, dignity and independence was promoted. People told us staff were kind and caring.

There were procedures in place to respond to complaints. The provider had investigated and responded promptly to any concerns received.

There were effective systems in place to assess and monitor the quality of the service provided.

The provider worked in partnership with healthcare services and professionals to plan and deliver an effective service.

Rating at the last inspection:

The last rating for this service was requires improvement (published 13 September 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC 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 was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Meridan 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 Care Act 2014.

#### Inspection Team

This inspection was completed by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Meridan House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

The 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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service to gain their views about the service. We spoke with two members of staff, a team leader, a senior practitioner and the registered manager.

We reviewed a range of records. This included five people's care plans, risk assessments and medicine

records. We looked at four staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service such as audits and a variety of policies and procedures developed and implemented by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection on 27 September 2018, we found the provider failed to do all that was reasonably possible to mitigate risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were identified and managed so that people were safe, and their freedom supported and protected. During the inspection, we found people's bedrooms were clean and tidy. Monthly room audits were in place to ensure people's bedrooms were clean at all times. The registered manager told us they also tried to support and encourage people to be involved with cleaning their rooms as part of their development with their daily skills.
- The London Fire Brigade had visited the service and provided fire safety training for people who smoked in their rooms. One person enjoyed the fire safety training and is now the fire safety lead for the service. With this role, the registered manager told us the person ensured they maintained the safety of their room. Risk assessments were also in place which provided guidance to minimise the risks to people smoking in their rooms.
- Comprehensive risk assessments were carried out and safety management plans were in place. These identified the risk and detailed measures for staff to manage the risks safely in various areas such as behaviours that might challenge the service, financial abuse, self neglect, medicines and social isolation. Risk management plans were individualised to people's needs and requirements.
- When people behaved in a way that challenged the service, there were behaviour guidelines in place for staff. These showed the triggers and signs which would cause people discomfort and the support that was required by staff to help them feel at ease.
- Records showed staff used proactive strategies to deal with behaviours that challenged such as giving people space, reassurance or diverting their attention to something they liked and enjoyed.
- Staff understood where people required support to reduce the risk of avoidable harm. Staff also wore personal safety alarms which they could activate to enable them to respond to any type of emergency or incident promptly to keep people safe. People's care plans highlighted the level of support people required to evacuate the building safely in the event of an emergency.
- Health and safety checks including fire, water temperature, gas and electrical checks were carried out to ensure the environment and equipment was safe for use.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe using the service. A person told us, "It's a safe atmosphere here. It's part of their work. Very professional. Good attitude." Another person told us, "I feel safe with all of the staff."
- There were safeguarding and whistleblowing policies in place and staff received training on how to safeguard adults. When speaking to staff, they were able to explain the different types of abuse and the steps they would take if they suspected any potential abuse which included reporting to the local authority safeguarding team and CQC.
- Where there were concerns, the registered manager had notified and worked with relevant social and healthcare professionals, including the local authority safeguarding team and CQC to ensure any concerns were acted upon.

#### Staffing and recruitment

- There were adequate numbers of staff on the day of the inspection. The atmosphere was calm in the home and staff were observed not to be rushed or under any pressure. A rota was in place and staffing levels were determined and accommodated based on people's needs, healthcare support and community activities. The registered manager told us they always ensured there was flexibility with staffing levels to accommodate people's needs. A person told us, "I've never had any problems in accessing staff."
- The provider followed safe recruitment practices and had ensured all staff pre-employment checks were satisfactorily completed before they could work at the service.

#### Using medicines safely

- Medicines were managed safely. Medicines administration records (MARs) showed people received their medicines as prescribed. Medicines policies and protocols were in place for the administration of medicines that were prescribed to be given 'as required' (PRN).
- Weekly and bi-weekly medicines audits were carried out to ensure any discrepancies and/or gaps in recording on MARs were identified and followed up.
- There were appropriate systems to ensure that people's medicines were stored and kept safely. The home had a separate medicines storage facility which was kept locked and secure at all times.
- Records showed staff had completed medicines training and their competency was checked to ensure they administered medicines safely.
- People spoke positively about the support they received with their medicines. A person told us, "I get my medication each day."

#### Preventing and controlling infection

- The service was clean, and people were protected from the spread of infection. An infection control policy and measures were in place for infection prevention and control. Cleaning products and other substances that could be potentially hazardous to people's health were safely locked away.
- We observed staff maintaining the cleanliness of the home. Staff completed infection control training and wore personal protective equipment when needed.

#### Learning lessons when things go wrong

- The provider had a system in place to record and respond to accidents and incidents. Records showed actions were taken in a timely manner including notifying relevant healthcare professionals and CQC.
- Accidents and incidents were analysed for specific trends. Any lessons learnt were used to improve the quality of service which were relayed to staff through staff meetings and to embed good practice.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were carried out before people started using the service to ensure their needs could be met appropriately.
- During the assessments, expected outcomes for people's care were identified and were used to develop their care plans and ensure care was delivered in line with current standards. .

Staff support: induction, training, skills and experience

- People told us staff had the skills to carry out their roles effectively. A person told us, "Staff have the skills and tools to help me," Another person told us "They know their jobs. They all have a mental health background."
- Staff spoke positively about working for the service and told us they felt supported by their colleagues and management. A staff member told us "There is a really nice team here and are supportive to each other. Everyone is good with people which is nice. There is enough staff, and everyone helps out including the team manager and senior practitioner."
- Staff had completed an induction programme based on the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for people working in care. Staff had completed training the provider considered mandatory in areas such as fire, safeguarding, mental health, food safety, MCA/DoLS and accident and incident reporting. Staff spoke positively about the training they received, a staff member told us, "Training was good and helped me do my job. I do like the face to face form of training. We are encouraged to apply for available training."
- Staff were also supported through regular supervision and appraisal which enabled staff to discuss their personal development objectives and goals.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support they needed to eat and drink and maintain a balanced diet. Care plans contained information on people's dietary needs and individual preferences which ensured people received appropriate support with their nutritional and hydration needs.
- People were supported to get involved in decisions about their food and drink. A person told us "We make our meal choices in the resident's meeting. The food can be pretty healthy." We observed people had access to the kitchen as they pleased, and staff adhered to people's choices and wishes.
- Staff educated and promoted healthy eating where possible and people were able to cook fresh meals for themselves with support where appropriate.

Adapting service, design, decoration to meet people's needs

- We found the premises were clean and tidy. People's bedrooms had been personalised with their own belongings, to assist people to feel at home.
- People were not restricted from accessing other parts of the premises and had easy access to the garden. During the inspection, we observed people together in communal areas, which they enjoyed as they were able to socially interact with each other. A person told us "I enjoy it and it's homely. It's a decent place to live and you can always speak to someone."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services when required. Care plans contained information about people's health and medical needs and the support they required with this.
- The service worked in partnership with other services and health and social care professionals such as social workers, specialist nurse, neuro psychologist, psychiatrist, dentist, occupational therapists and GP, to ensure people's health were maintained. A person told us "I see the psychiatrist every six months or so. I see the GP more often."

Ensuring consent to care and treatment in line with law and guidance

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.

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 MCA.

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

We checked whether the service was working within the principles of the MCA

- The service did not support anyone currently who was subject to a DoLS authorisation. However, the registered manager and staff demonstrated a good level of understanding in relation to the MCA, its principles and how this may affect a person that they supported.
- Care plans contained records confirming that people had consented to their care and support. People were supported to make decisions about their care. A person told us, "I make my own decisions."
- Observations made during the inspection and records showed people went out and enjoyed various activities and community outings themselves without restriction. The registered manager told us people were able to go out independently and have mobile phones if they needed to call the service at any time.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the care they received and indicated positive caring relationships had developed between people and staff. A person told us "Staff are very good. They're very approachable and will go out of their way to help you." Another person told us, "They try and give me my space, which is what I appreciate."
- People approached staff with ease and were able to express how they were feeling and what they wanted to do. We observed staff were patient with people, listened and supported people when requested. A person told us, "The staff are excellent." Another person told us staff were "Respectful and polite."
- People's equality and diversity needs were detailed in their care plans and accommodated for. A person told us, "I have family and friends from church." An equality, diversity and inclusion policy was in place. Information on any religious and cultural events for each month was also available. The service had also conducted a Lesbian, gay, bisexual and transgender (LGBT) audit tool and fact sheet to ensure the service is LGBT inclusive.
- Staff had a good understanding of equality and diversity. A staff member told us, "We acknowledge people's differences and values. Appreciate the differences but also learn about those differences. We treat them the way they would like to be treated."

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

- Records showed people including healthcare professionals where needed were involved in decisions about their care to ensure they had the support they needed to be able to make informed decisions about their care. A person told us, "I feel involved in the process."
- People were supported to make day to day decisions for themselves and were provided with choice. During the inspection, we observed staff respected people's choices. People could choose where to sit and how to spend their recreational time. A person told us "I like the concern and respect that the staff have for you."
- Resident meetings and keyworker sessions were held with people which provided them opportunities to speak about the service and express what they wanted. Personal goals were put in place which showed actions taken to accommodate people's wishes in relation to their care and daily lives. A person told us "They talk to us on our level."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People were able to spend time in private if they wished to. A person told us, "They will knock on your door before entering, they won't just barge in."
- Care plans set out how people should be supported to promote their independence. During the inspection,

we observed staff provided prompt assistance but also encouraged and prompted people to build and retain their independence where possible. A person told us, "They prompt us to do things from personal hygiene to daily living skills."

- Staff understood the importance of promoting people's independence. One staff member told us, "It is about encouraging and negotiating with them as to what they are happy to do."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service supported people to live life as full as possible and to enhance the quality of their lives. For example, a person had a history of self harm as they struggled to verbalise what they were feeling. The service adopted an innovative approach and devised specific training with staff and the person to help improve their confidence and communication skills. The training motivated the person to make changes to their life as they felt they had more control. For the first time, the person was in a relationship and had not self-harmed. The person also felt empowered to take up creative writing and wrote poetry about self-harming behaviour which they use to educate others. The person was also involved in public speaking to other young adults about mental health and self-harming behaviours.
- The service used creative ways to help people develop independent living skills to manage their finances. For example, historically one person was not able to budget and manage their finances as they were at risk of financial abuse. The service worked with the person and gradually developed their budgeting skills. This empowered the person to open their own bank account which they successfully managed and now managed their finances independently which had enhanced their daily life. The person commented, "As a result of this, I now get my own weekly shopping which I buy my preferred meals which I cook myself without staff support."
- People using the service had individualised and detailed care plans based on their needs and how they wanted their care delivered. Care plans included details of people's health conditions including oral health, preferences and the level of support they required. They were reviewed and updated when people's needs changed. A person told us "I have a care plan which I was involved in creating. We do the care plan on a one to one basis."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The service had gone the extra mile to find out what people had done in the past and supported them to continue with activities they had enjoyed. For example, one person had a particular interest in physics which included aeroplane modelling and aerodynamics. Staff worked with the person to enable them to keep their motivation and interest alive through finding similar activities that the person can be involved with. The person was involved with remodelling a 100-piece plane model, regularly visited the local RAF Museum and attended talks and seminars of interest. The person also visited different airports once every month to do plane spotting. Photographs showed the person thoroughly enjoying and involved with these activities.
- Another person had an interest in video games. Staff taught them how to play video games until they were able to play them independently. Staff noticed the interest the person had with computing and supported

the person to learn to use the computer, which enabled the person to complete and pass two internet plus courses. The person commented, "I am really happy to get my second certificate and staff helped me frame it. I now run the internet group every Friday teaching others how to use the internet and play games." Photographs showed the person proudly receiving their certificate when they had passed.

- Staff had an excellent understanding of people's needs and facilitated arrangements for social activities, education and work which were innovative and met people's individual needs. For example, one person enjoyed a particular type of art drawing. Having identified the person enjoyed expressing themselves through art, the service encouraged and supported the person to develop their skills in this area. They identified an art group the person could join. The person had commented, "They [staff] asked if they could take some pictures of what I have done which were displayed in the art room and they encouraged me to join the art group to show my skills." Since joining the art group, the person's art work had been at a number of local art exhibitions in the local area.
- The registered manager told us the person had made amazing progress, their confidence had greatly improved, and they were making giant steps towards meeting their personal goals. The person had also been using their lived experience to inspire others and to increase the community involvement in supporting the homeless.
- The provider and staff encouraged and valued people's involvement in the way the service was provided and took any suggestions and ideas seriously to help improve people's lives. For example, people had expressed a wish to make changes to the garden and grow their own vegetables. They also wished to be involved in the maintenance of the gardens.
- People were involved in the recruitment of the gardener and in creating landscaping plans to transform the garden. They participated in the planning of the layout, preparations, the buying of the gardening equipment, choosing the garden shed, including painting it as well as the tables and benches. People also bought the various plants and took turns in the watering and maintenance of the garden. People spoke very highly of the gardener and enjoyed working with them.
- Due to the success of this project, the service established a weekly gardening and baking group. People had a choice of what group they wished to attend, those with 'green fingers' participated in the gardening group, and those who enjoyed cooking and baking participated in the baking group making use of the crops grown from the garden which included tomatoes, strawberries, onions, corn, potatoes and pumpkins.
- Having perfected cake recipes, these were enjoyed during coffee mornings and birthday parties which involved people, family and friends. People were a key part of the local community and the groups regularly provided garden produce and cakes to local homeless shelters, local festivals and have baked cakes as gifts for vulnerable people in the community.
- The registered manager told us "These groups have been truly successful, as many people who don't usually participate in many group activities attend, increasing their confidence, as well as some who have become true regulars which has created strong social support. For example, one person has been working on the woodwork, others on the garden and some have purely been the bakers."
- Due to the exceptional way staff and the registered manager had been responsive to people's needs, the service received awards and recognition for their achievements. The service and staff were awarded by Barnet Care Awards, the Frontline Leader Award and Most Innovative Service 2019.
- People were able to visit family and friends, receive visitors and were supported and encouraged with maintaining relationships with people important to them. A person told us "I go out quite a lot. I'm usually back by 10pm. I see a friend and go by myself."

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information which showed how they communicated and how staff should communicate with them.
- The registered manager told us that no-one required information that needed to be tailored to their individual needs. However, if they did, this documentation would be provided in any format appropriate to the person's needs.

Improving care quality in response to complaints or concerns

- There were procedures for receiving, handling and responding to comments and complaints. Records showed complaints had been investigated and responded to promptly by the registered manager. People told us they had no hesitation with raising concerns with staff. A person told us "No issues in raising a complaint if I had to." Another person told us "I'm happy with the way things are. I wouldn't change anything!"

End of life care and support

- No one at the service currently received end of life care from the service. However, people's end of life wishes and how they wished to be supported were detailed in their care plans to ensure these could be met, should the need arise.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had an effective system in place to assess and monitor the quality of the service. The registered manager and management team completed various audits and spot checks covering areas such as health and safety, medicines and finances. Where issues were identified action was taken to improve on the quality of the service. Areas that needed improvement from the last inspection were addressed to minimise the risk for people smoking in their rooms.
- There was a registered manager in post who knew of their regulatory responsibilities and had notified the CQC of any significant events at the service. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the home.
- People spoke positively about the registered manager and staff. They told us "The management is accessible. I'm happy with them." Another person told us "I have lot of respect for the management."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service engaged and obtained feedback from people through keyworker meetings, residents meeting and surveys to improve the quality of care and support delivered. A person told us, "We get a questionnaire about the service every six months or so."
- The service promoted an inclusive and open culture, and management team recognised staff contributions in a positive way. One staff member told us, "The team manager is very good and very supportive. If you need anything he helps you."
- Team meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. A staff member told us, "We discuss any changes, training, things we need to improve. We are always encouraged to share ideas to improve the service." Another staff member told us, "We have meetings and share experiences which is really good."
- The service had a number of initiatives in place to value and recognise staff's achievements such as a 'Thankbox' which is a tool to celebrate staff and show appreciation for their great work. The service was dedicated to supporting the mental health and wellbeing of staff. An Employee Assistant Programme (EAP), Dignity Advisor Network (DAN) and the Big White Wall (online platform) were in place to help staff share what's troubling them in a safe and anonymous environment as well as receiving support with a wide range



of mental health and wellbeing issues. The service also used a guide from the charity MIND on how to support mental health at work. A staff member told us, "We talk about well being which helps. The team manager is very supportive."

#### Working in partnership with others

- The service worked in partnership with a number of organisations including local authorities that commissioned the service, other health and social care professionals and community based organisations such as Barnet carers centre, safeguarding service user forum and Westminster Drug Project to provide effective joined up care.
- The service also has a community links officer who is responsible for ensuring people had access to the community in areas they wished to pursue such as education, voluntary work and services to help ensure their well being.