

Meadowview Care Limited

The Tidings

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Tidings provides accommodation and personal care support for up to two people with learning disabilities. At the time of our inspection there were two people 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Risks to people's health, welfare and safety had been assessed and guidance provided for staff with recorded action they should take to mitigate these risks.

People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff.

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. The registered manager had been proactive in reporting safeguarding concerns to the local safeguarding authority. 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.

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.

The staff team were very caring and had built strong relationships with people who used the service. Staff were able to demonstrate that they knew people well and people told us they were treated with dignity and respect. 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 had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met.

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, chiropodists and dentists.

People were provided with the opportunity to participate in personalised, meaningful activities which interested them, according to their assessed needs, wishes and preferences. People were encouraged to develop and maintain as much independence as possible. People had access to annual holidays and opportunities 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 meetings and satisfaction surveys.

Staff understood their roles and responsibilities and were well supported by the management of the service. There was an open culture where people felt comfortable to air their views and, provide honest feedback.

The registered manager was a visible presence in the service and carried out a number of quality and safety monitoring audits to help 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

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.

The Tidings

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.

One person using the service had limited verbal communication skills which meant that they could not readily tell us about their experiences of using the service. However, we spoke to one person and observed care. We also spoke with two care staff and the registered manager.

We reviewed the two people's care files, staff recruitment and training records, menus, records relating to the management of medicines 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 we were able to speak to told us they felt safe using the service and with all of the staff who supported them. They told us, "I feel safe with all the staff. I like them all." We also saw that where another person did not have verbal communication skills their interactions with staff using nonverbal communication was relaxed and positive.

Staff understood what steps they should take to identify and protect 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. The registered manager had been proactive in reporting safeguarding concerns to the local safeguarding authority. Staff were able to explain the process for reporting any abuse and who their concerns could be raised with, including the local safeguarding authority. Staff told us that if they were concerned that people were at risk of abuse, they would speak in the first instance to their manager or senior management. 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. For example, in relation to the environment in which people lived, people having access to the community, the use of public transport, medicines management and activities such as swimming. There were safeguards in place around people's finances. There were regular checks to ensure that, where staff were supporting people to manage their money, the correct procedures had been followed to safeguard people's funds.

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.

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 that had been trained, competency assessed with systems in place to ensure they received their medicines as prescribed. Medicines were safely stored in individual cabinets for each person. We carried out an audit of stock and found that the amount of stock tallied with the medicines

administration records. 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 staff, the registered manager and also the pharmacy provider completed regular audits to check that people's medicines were managed safely. Following a recent audit carried out by the pharmacy provider, action had been taken in response to recommendations made.

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.

One person told us, "The staff are very good and they help me. I like living here it is a good place."

Staff 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 epilepsy, consent, dementia awareness, infection control, conflict resolution and equality and diversity. The registered manager also checked staff competencies with regards to management of people's medicines and information handling.

Staff were supported through regular 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 carried out 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, a DoLS application had been processed and was in place for others to make a decision in the person's best interests.

People were encouraged to make their own choices about what food they ate and told us they were happy with the food provided. They said they were supported to be involved in planning weekly menus and maintain a balanced diet. One person told us, "Each week we sit down and choose what we want to eat for the week and then we go shopping. We also have Chinese take away. I like that. I also help with preparing

food." We saw a selection of weekly menus which had been produced in pictorial format to enable people to read them more easily. Staff were knowledgeable about people's likes and dislikes and these were recorded in their care plans.

People were supported to maintain good health and had access to external health care professionals when required. Care records showed us people had access to regular health screening, learning disability nurses, GPs, opticians, chiropodists and dentists. People with a diagnosis of epilepsy were regularly monitored. Staff supported people to access hospital appointments.

Is the service caring?

Our findings

People's respect, dignity and independence were promoted by staff. Staff supported people to maintain their independence and develop life skills. Whilst mindful of risks people were encouraged to have informed choice and maintain as much control over their daily lives as possible.

Throughout the inspection we observed staff interacting with people with care and kindness. Staff had developed positive relationships with people and we observed people to be relaxed and at ease in the company of staff. Where people had difficulties verbally communicating with staff, we saw that staff picked up on body language and non-verbal cues and clearly understood the person's needs well.

We observed staff respecting people's privacy. Staff were observed knocking on people's bedroom doors before gaining permission to enter. One person said, "Staff always ask my permission to go into my room." Each person had their bedroom decorated the way they wanted. Bedrooms were used for single occupancy only and communal toilets and bathrooms were provided with lockable doors. However, we recommended that the provider provide blinds to the bathroom windows to protect people's privacy as these windows did not have any window covering and looked out onto residential properties.

The service continued to involve people in making decisions about their care and support. Health professionals and relatives, where appropriate were involved to help people to make specific decisions about their care. Records showed people contributed to the planning of their care as much as possible and that their decisions were respected.

People were encouraged to maintain their role in their family life and staff supported people to maintain relationships with family and friends. People often went home to family for weekends and family members were free to visit without restrictions.

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

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.

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 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.

People and their relatives where appropriate, were involved in the setting up and agreement in decisions about their family members care. One person told us, "I know what is in my care plan. Yes, staff involve me in asking me what I want. We talk about things important to me like my family and the things I like to do."

Staff understood what is meant and how to deliver person centred care. Person centred care is care that is centred on the person's own needs, preferences and wishes. Staff knew how to approach people, how to speak to people and when to leave people alone. Staff also knew people's routines and their preferences to how they lived their daily lives. Care plans recorded people's preferences as to their preferred gender of care staff when supporting them with personal care.

Care plans had been produced in a pictorial format which people told us they had been involved in planning and regular review. Care plans were subject to ongoing review and had been updated to reflect people's current health, welfare and safety needs.

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.

Staff continued to encourage people to maintain their interest and hobbies and involvement in the local community. The support people required to access activities both within the service and the community was assessed. This meant that there were always enough staff available to support people appropriately. Each person had a weekly activity planner, accessible to each person. People told us this was subject to change depending on how they were feeling and they were free to change their mind as to what they wanted to do.

People had access to annual holidays according to their choice and preferences as to whether to go within a group or individually with staff support. One person told us, "The staff support me to do things I like to do. I like to go out shopping, to the bank, helping with the cooking making cheese scones, my favourite. We are going to the seaside this week, going to Brightlingsea."

We observed staff taking people out into the community, shopping and out for lunch. People had access to meet up with others from within the provider's services on a regular basis known as, 'Social Sunday's. These events included enjoying a BBQ.

People had access to regular opportunities to air their views. For example, we saw from a review of meeting minutes, individual keyworker meetings and house meetings took place on a regular basis. Annual review meetings also took place where relatives or people important to the individual were invited to attend. This meant that people and their relatives had the opportunity to air their views regarding the quality of the care provided.

There was a satisfactory complaints procedure in place which gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. We noted that two complaints had been received within the last year. One complaint was ongoing with appropriate action taken by the manager along with support from the local authority to bring about a satisfactory resolution whilst considering the needs of people to have their human rights upheld.

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. We saw that people who used the service knew the registered manager well and they had a positive relationship with them. People told us they were happy with the service and had confidence to approach the staff and including the registered manager if they had any worries or concerns. One person told us, "If I was worried about anything I would go to the [manager]."

Our observations and feedback from staff showed us that the registered manager had an open leadership style and that the service had a positive, enabling culture. Staff told us they felt able to discuss with the registered manager anything they wished. Staff were confident and understood their roles and responsibilities in supporting people to live as independent a life as possible. One member of staff told us, "I have worked in a lot of care homes and this is the most accessible, supportive management I have ever worked for."

There was a clear management structure in place. The registered manager was easily accessible and knew the people who used the service well. The registered manager understood their responsibilities in reporting incidents to relevant authorities and stakeholders.

The registered manager and provider carried out a number of quality and safety monitoring audits to help ensure the service was running safely, effectively and to plan for improvement of the service. These included audits of medicines management, care plans and audits to ensure people's finances were handled appropriately. Incidents and accidents were recorded and analysed by the registered manager.

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, replacement flooring and furniture. 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.