

Mr Frederick John Eaton

Meadow Court

Inspection report

Minehead Road
Taunton
Somerset
TA2 6NS

Tel: 01823270845

Date of inspection visit:
04 January 2023
05 January 2023

Date of publication:
02 February 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Meadow Court is a domiciliary care agency. It provides care and support to people living in their own flats in a supported living complex on the outskirts of Taunton.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service specialises in supporting people who have mental health and/or learning disabilities. At the time of the inspection the service was supporting 13 people with personal care. Care provided ranged from a few hours a day to 24-hour care and support.

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

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.

Right Support:

People lived in individual flats which had been adapted to meet their specific needs. The supported living complex was situated on the outskirts of Taunton, within walking distance of a bus route.

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 policies and systems in the service supported this practice.

Staff enabled people to access specialist health and social care support in the community.

People were able to follow their own routines and were helped to make decisions about their day to day lives.

People were supported by staff to pursue their interests and take on new challenges to enhance their quality of life.

Right Care:

People were supported by staff who knew them well and understood their needs. However, care plans and risk assessments were not always comprehensive and up to date.

People received their medicines safely from trained staff. However, there were no individual protocols in place for medicines which were prescribed to be given 'as required.' This could place people at risk of receiving these medicines inconsistently which may not always promote their comfort and well-being.

People were kept safe from avoidable harm because staff knew how to recognise and report any indicators of abuse. Staff spoken with said they would be confident to report any concerns about possible abuse or poor practice

People felt safe with the staff who supported them. We observed good interactions between people using the service and staff.

People's needs were assessed, and they received person-centred care to meet their needs. Staff worked with other professionals to make sure people received the care and support to meet their individual needs and wishes.

People's legal rights were protected and, where needed, appropriate legal authorisations were in place.

Right Culture:

Improvements were needed to make sure there were effective systems to monitor the quality of the service and plan improvements. The lack of effective quality monitoring systems is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The ethos of the service was to provide person-centred care and promote people's independence and well-being. People were encouraged to try new activities to enhance their enjoyment and quality of life.

Some people using the service did not use verbal communication. Staff used their knowledge of people and skills to support people to make choices. Staff told us about how different people expressed themselves and their wishes. This all helped to make sure care and support was tailored to each person's needs and preferences.

People and those important to them, including advocates, were involved in planning their care.

There was an open and inclusive ethos within the service. People and staff told us they would be comfortable to discuss any worries or concerns with the provider and the management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 20 March 2018.)

Why we inspected

This inspection was prompted in part due to concerns raised with us about how people were supported to manage their personal finance and how people were offered choices about their meals. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Meadow Court on our website at www.cqc.org.uk.

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

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. We have identified a breach of regulation in relation to quality monitoring and planning improvements.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Meadow Court

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

The inspection was carried out by 2 inspectors.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 4 January 2023 and ended on 5 January 2023. We visited the service location on both days.

What we did before the inspection

We reviewed the information we had received from and about the service.

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 (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 met with 8 people who used the service. Some people were unable to verbally express their views to us, but we were able to observe their interactions with staff. We spoke with the management team and 5 members of staff. We received written feedback from two visiting professionals.

We looked at a variety of records relating to people's personal care and support and the running of the service. These included, 5 care and support plans, 2 staff recruitment files, a sample of medication administration records and a sample of personal financial records.

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 Good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Risks to people were reduced because staff knew them well and how to support people to manage risk. However, risk assessments and care plans did not always give clear information about how to manage individual risks. For example, one risk assessment stated that staff should be aware of triggers, but these were not identified.
- Discussions with staff showed that various risks had been identified but control measures were not always recorded. This included risks relating to people who smoked in their flats.
- All incidents and accidents were recorded and analysed on a monthly basis. Staff were able to tell us the action which had been taken to minimise further risks, but these actions were not formally recorded. The staff gave assurances that action taken would be added to the monthly analysis so that the effectiveness could be monitored.
- People were able to tell us about how their support staff helped them to manage risks. This included the assistance staff provided to minimise the effects of health conditions.
- Staff worked in a person-centred way which enabled people who had capacity to take risks in accordance with their wishes.

Using medicines safely

- People received their medicines safely from staff who had undertaken specific training and had their competency assessed.
- Some people were prescribed medicines on an 'as required' basis. Although the administration of these needed to be authorised by a senior member of staff there were no protocols in place. For example, some people were prescribed pain relief when needed. There were no instructions for staff to identify pain in people who may not be able to express the need for these medicines verbally. This could lead to inconsistent administration and result in people's pain or discomfort not being addressed.
- At the time of the inspection most people's medicines were stored in the office not in their individual flats. The management team told us they were looking into people having secure storage within their flats to promote a more person-centred approach.
- Clear records were kept of when medicines had been administered or refused. This enabled the effectiveness of prescribed medicines to be monitored.
- People could be confident that medicine errors were taken seriously, and action was taken to minimise re-occurrence. For example, one medicine error had led to a change in practice for how medicines were administered to a particular person.

Systems and processes to safeguard people from the risk of abuse

- Before the inspection we received concerns about how personal finances were managed by the provider. The provider supported some people with finances and oversaw bank accounts. Improvements were needed to ensure clear records were available to identify the reasons for transactions. The provider told us they wished to relinquish this responsibility but had been unable to do so as there was no one available to take on the task.
- Risks of abuse to people were minimised because staff had received training in how to recognise and report abuse. All staff told us they would be confident to report any concerns. All felt the management would take action to protect people. One member of staff told us, "Things won't be ignored here."
- People said they felt safe with the staff who supported them. One person told us, "I feel safe and content." Another person commented, "The staff here are lovely." People who were unable to express their views verbally looked comfortable and relaxed with staff. We saw one person used physical touch and smiles to greet a member of staff.
- The provider worked with appropriate professionals to make sure all concerns were fully investigated.

Staffing and recruitment

- People were supported by adequate numbers of staff to keep them safe and meet their needs. A member of staff told us, "Staffing levels are good. We get agency if we need to."
- People received their packages of care from a consistent staff group who knew them well. This enabled people to build trusting relationships with staff who supported them. We saw people approached staff to discuss personal issues showing they felt comfortable. People who did not use verbal communication used physical touch and facial expressions to demonstrate they were comfortable with the staff supporting them.
- People were supported by staff who were safely recruited. The provider carried out checks including seeking references from previous employers and carrying out criminal records checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Risk assessments were carried out where checks were not available at the time staff began work.

Preventing and controlling infection

- We were assured that the provider was supporting people using the service to minimise the spread of infection.
- 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 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.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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

- People had their needs assessed by senior staff and outside professionals to make sure the service was able to meet their needs.
- Senior staff liaised with relevant professionals if they felt unable to meet a person's needs. This enabled packages of care to be provided by the most appropriate agency for the person.
- Each person had a care and support plan which gave details of how risks would be minimised and needs met. However, these were not always comprehensive. Staff had a good knowledge of the people they supported. They were able to tell us in detail how they supported people to achieve good outcomes.
- Although care plans were reviewed monthly by staff, they were not always updated to make sure the information was current. For example, one person's care plan said that the person liked to have a bath when they were upset. This person's flat had a shower and no bath which meant that the care plan was not relevant to their current situation.

Staff support: induction, training, skills and experience

- People received their care safely because all new staff completed the Care Certificate when they began work at the service. The Care Certificate is a nationally recognised induction training programme which makes sure staff have the basic skills and knowledge needed to provide safe care.
- New staff told us they were able to shadow more experienced staff. This enabled them to get to know people and how they liked to be supported. One person told us, "The new ones come in with the long-standing staff to begin with. Seems to work."
- People were supported by staff who had received appropriate training to support them. This included training specific to people with a learning disability and autistic people.
- Staff skills and patience enabled people to try new things and achieve small goals which enhanced their quality of life. Staff told us about one person who they had encouraged to go swimming. Staff told us that initially trips had involved the person just looking at the swimming pool. After some further visits the person had got into the pool and was now very much enjoying spending their whole session in the pool.

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

- Before the inspection we received concerns about food choices for people. We did not identify any concerns in this area during the inspection.
- People had their own accommodation and could choose to shop for, and prepare, their own meals or have meals provided by the service.
- People who had meals provided by the service were happy with the food. One person said, "They do my food. It's OK. There's always a choice."

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

- People were supported by staff who worked with other professionals to make sure their needs were met. Professionals asked, said the service worked well with them and kept them informed about any changes.
- Staff monitored people's physical and mental health and sought support for people when needed. Records showed people accessed professionals on an individual basis. This included seeing GP's, mental health professionals and specialist nurses.
- People were assisted by staff to attend appointments outside of their home if they needed support. On the first day of the inspection one person was taken to a medical appointment.
- Staff encouraged people to live a healthy lifestyle but told us that ultimately people made their own decisions. Staff said they encouraged people to be active where possible. We heard that one person had joined a gym and was being helped to attend and that staff accompanied people on walks.

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

- Each person had their own accommodation within the supported living scheme. There were extensive grounds which people could access.

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 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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People being cared for on a one to one basis were cared for under the legal authorisation of the Court of Protection. All relevant paperwork was kept in care and support plans and was up to date.
- Staff spoken with were confident in their knowledge of the Mental Capacity Act. Assessments of capacity for aspects of care had been completed and best interests decisions had been made where needed. One member of staff said, "Sometimes we have to make decisions in people's best interests but we still try to involve them as much as possible."
- People's right to make decisions that other people may consider unwise were respected if they had the mental capacity to choose. One member of staff said, "We explain things to people but ultimately if they have capacity it's their decision. We can only continue to support."

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 good. At this inspection the rating has changed to 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; Continuous learning and improving care

- People could not always be confident that records relating to individual risks and their care were comprehensive and up to date. This could lead to people receiving inconsistent care and support.
- Quality assurance systems were not always effective in identifying shortfalls and planning improvements. Although care and support plans were being reviewed by staff there were no audits to make sure they continued to be up to date and relevant. We found information in care plans needed to be more comprehensive to make sure staff had all the information they needed to support people well.
- We highlighted to the provider, records relating to people's personal monies were not always clear. There was no evidence of audits carried out of personal finance which was being managed by the provider.
- People received support from a service where senior staff were aware of incidents and accidents. However, there was no written evidence to show how these were used to make changes or drive improvements.
- People felt comfortable to raise concerns and complaints. Complaints were recorded and there was evidence they had been discussed with the complainant. However, actions taken were not always recorded.

We found no evidence that people had been harmed however the provider had failed to have effective systems in place to monitor the quality of care and plan improvements. This potentially placed people at risk of harm. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were fully aware of shortfalls in the monitoring systems. They told us that during the pandemic, and staff shortages, they had concentrated on ensuring people received their physical support and remained safe. The management team appeared committed to making improvements.
- The registered provider managed the service. They were supported by a deputy manager and an operations manager. Staff told us in addition to the management team there was always a senior carer or shift leader on duty. This meant people and staff always had access to senior staff to offer advice and guidance.

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

- People were supported by a service which was person-centred and respected each person as an individual. People were comfortable to follow their own routines and felt able to talk with staff about

personal issues. One person told us, "All good. You can talk with them about anything. Anything that worries you or things that make you laugh."

- The ethos of the service was to provide person centred care and encourage people to have a fulfilled life. One member of staff told us, "Absolutely care is person centred. The management support and promote that." Another member of staff said, "Everything is centred around people. We go with what people want."
- There was an open and inclusive culture within the service. Throughout the inspection we saw people and staff had good and open relationships. We heard staff explaining things to people, witnessed people enjoying good humoured banter and saw people, who did not have verbal communication, using gentle physical touch with staff.
- People were encouraged to try new things to promote their wellbeing. One professional wrote, "Encouraged to have as much choice and control of their life as possible and this includes being encouraged to try new things which could enhance their life."
- A consistent staff team and approach supported people to be content and able to express themselves positively. One staff member said, "We understand that some people's behaviour is about what they want. When you know people, you understand what they are telling you. Responding to them in the right way reduces their anxiety." Another member of staff said about a person, "We go with what they want. They are much calmer and are doing more things. It's great to see."

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

- People described the provider and management team as open and approachable. Where concerns had been raised, they had worked with other professionals to promote people's wellbeing. An outside professional said they had no doubt that any issues raised would be acted upon.
- Staff felt the management team were very responsive and took all concerns seriously. One member of staff said, "The management team are great. They want you to go to them with any worries. They encourage it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People used a service where staff worked with other professionals to make sure their needs were met. This included reviewing people's care needs and keeping professionals up to date with changes and achievements.
- Staff supported people to take part in activities in the wider community to enhance their quality of life.
- People were supported to stay in touch with friends and family where this was appropriate. People told us they were able to have visitors and went out with family members and friends.
- Staff felt fully involved and able to make suggestions. One member of staff said, "We have handovers and team meetings. You can raise anything and get listened to."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to assess, monitor and improve the quality and safety of the service. Regulation 17(2) (a)