

Meadowview Care Limited

# Priory House

## Inspection report

2 Kestrel Rise  
Halstead  
Essex  
CO9 2TU

Tel: 01787479172

Date of inspection visit:  
12 December 2016

Date of publication:  
28 March 2017

### 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

Priory House provides accommodation and support for up to three people who have a learning disability. The service is located in a residential area and within walking distance to a small town which staff supported people to access. At the time of the inspection there were three people living at the service.

The inspection took place on 12 December 2016 and was unannounced. Prior to this the service was last inspected on 9 January 2014 and was found to be compliant in all areas.

The service had a registered manager in post. However, they were also the service manager for the organisation; therefore the deputy manager took responsibility for the day to day management of the service. 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.

People were supported by staff who knew how to recognise the signs of abuse and who were confident about how and whom to report any concerns to.

Potential risks to people's daily lives had been assessed and staff had taken action to manage and minimise these risks. The service had a process in place for recording, monitoring and analysing accidents and incidents and action had been taken to mitigate the risk of reoccurrence. In addition to this the environment was regularly monitored to ensure that people were kept safe from harm.

Staff supported people to take their medicines safely and staff competencies relating to the administration of medicines were regularly checked.

There were sufficient staff available to effectively care for people and keep them safe from harm. Staff supported people to access the wider community and pursue areas of personal interest outside of the home.

The service had a robust recruitment process in place to ensure that staff had the necessary skills and attributes to support people using the service. New members of staff were introduced to the service through a thorough induction programme and were required to complete a probation period to ensure that they had acquired the necessary skills to care for people.

Staff demonstrated that they had the skills and knowledge to meet the needs of people living in the service. The provider supported staff to continue to develop their knowledge through regular training sessions and as the needs of people living in the service changed staff were supported to access training which was appropriate to meet their new needs.

People were supported in line with the legislation of the Mental Capacity Act and no unnecessarily restrictive practices were in place. There were effective systems in place to ensure that people's medication, money and personal information were kept safe.

Staff supported people to maintain a healthy diet and to access drinks throughout the day. Mealtimes were sociable occasions and were flexible in order to accommodate people's routines, preferences and commitments. People were encouraged to be as independent as possible and were supported to make choices about what they ate and to prepare and cook their meals.

Staff worked alongside health and social care professionals to meet people's needs and sought specialist advice and support when the need arose.

Staff were kind and respectful when providing care. People sat and chatted and joked with staff members and clearly felt relaxed and comfortable in their presence. Staff demonstrated that they knew people well and delivered care in accordance with their preferences and wishes. Staff were skilled at caring for people who had complex behavioural needs and were consistent in their approach.

People were empowered to express their views and opinions through daily planning meetings, weekly meetings with their support worker and formal resident meetings. Staff used a variety of means to facilitate discussion at these meetings and people were supported to access easy read material on numerous subjects including medication and consent.

Staff went above and beyond to support people to maintain meaningful relationships and to regularly communicate with their extended family.

People received person centred care and support from staff who knew them well. Both inside and outside the service people were supported to participate in activities that they chose and which were fulfilling and meaningful to them. People and their relatives knew how to raise concerns or make a complaint and were confident that prompt and appropriate action would be taken if the need arose.

The deputy manager was visible and supportive and staff had confidence in their ability to effectively and promptly deal with issues raised. The management team were aware of their responsibility to send notifications as required, so that we could be made aware of how any incidents had been responded to. There were systems in place to monitor the quality of service delivered and drive improvement.

## 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.

People were supported by staff who knew how to recognise the signs of abuse and who were confident about how and whom to report any concerns to.

Risk assessments were in place based upon individual's needs which managed and minimised the potential for harm in people's everyday lives.

The service had a robust recruitment process in place to ensure that staff had the necessary skills and attributes to support people using the service.

Staff supported people to take their medicines safely.

### Is the service effective?

Good ●

The service was effective.

There were sufficient staff available to effectively care for people and keep them safe from harm.

The provider supported staff to continue to develop their knowledge through regular training and supervision sessions.

People were supported in line with the legislation of the Mental Capacity Act and no unnecessarily restrictive practices were in place.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and respectful when providing care.

Staff empowered people to express their views and opinions.

Staff went above and beyond to support people to maintain meaningful relationships and to regularly communicate with their extended family.

### Is the service responsive?

Good ●

The service was responsive.

People received person centred care and support from staff who knew them well.

People were supported to participate in activities that they chose and which were fulfilling and meaningful to them.

Staff supported people to access the wider community and pursue areas of personal interest outside of the home.

People and their relatives knew how to raise concerns or make a complaint.

### Is the service well-led?

Good ●

The service was well led.

The management team were well regarded by staff, accessible and supportive to staff.

There were systems in place to monitor the quality of service delivered and drive improvement.

# Priory 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 was planned to check 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 inspection took place on 12 December 2016 and was unannounced. There was one inspector on the inspection. The staff files were not held at the location therefore we also visited the organisations regional office on 23 February 2017 to review these.

Before the inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us and previous inspection reports. A notification is information about important events, which the service is required to send us by law.

To help us gain an understanding of people's experiences of using the service we observed the interactions between people and staff and saw care and support being provided. We looked at three care plans and associated care documentation and at how medicines were managed. We also looked at documentation relating to the management of the service including policies and procedures, staffing rotas covering the last six weeks, staff training records, a range of audits and the results of quality assurance surveys.

We spoke with two people using the service and two members of staff and we spent time with the deputy manager discussing the service. We also looked at five staff files to see whether staff had been recruited safely and looked at complaints and compliments received by the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

# Is the service safe?

## Our findings

People told us that they were well supported by staff and felt safe living in the service. One person told us, "I feel safe, everyone is nice and kind. They help me."

There were systems in place to minimise the risk of abuse. Staff were aware of how to recognise signs of abuse and of their responsibility to report any concerns to senior staff and, if necessary, to the relevant external agencies. One staff member told us that the training that they had received was detailed and contained information about the different types of abuse. Another staff member told us, "Safeguarding is about caring for people and keeping them safe because they are vulnerable." The contact telephone number for the local authority safeguarding team was on display in the staff office and staff had confidence in the management team's ability to respond promptly to any concerns raised.

The service had taken the necessary measures to manage and minimise the potential for harm in people's everyday lives. Individual risk assessments had been completed in areas including; managing anxiety; accessing the community and using public transport; cooking; eating and drinking and using the stairs. Each assessment provided staff with the necessary information to support people in accordance with their expressed preferences and to minimise the risk of harm to the person and the staff who supported them. A risk assessment was in place for a person who had a visual impairment. We saw that there were clear guidelines for staff detailing the support that they required in different environments as well as information outlining how they wished this support to be provided. Another person's care plan contained information for staff about how to support them in situations which may lead to an increase in their anxiety. This included indicators of potential trigger factors and information about behaviours that they may display as well as guidelines about how to manage these behaviours in order to minimise the risk to themselves and others. All the staff that we spoke with knew the details of people's care plans and told us that they were given time to read them to familiarise themselves with any changes that were made. Staff knew the procedure to report on risk and described the actions they would take if faced with an emergency situation. Each person's care plan also contained a missing person's form, which included an up to date photograph of the person as well as written information about them.

The environment was regularly audited and risks assessed to ensure that it was safe for people to use. Water taps were fitted with thermostatic mixing valves and the temperature of the hot water was regularly checked to ensure that it was within a safe range for people to use. Weekly fire safety checks were completed and personal electrical appliance (PAT) testing had been carried out to ensure that electronic equipment was in safe working order.

At the time of the inspection the service was fully staffed. This meant that people received support from regular, permanent members of staff who understood the needs of the people that they cared for and knew them well. During the inspection we saw that there were sufficient staff available to keep people safe from harm and meet their needs and that staff were able to support people to complete activities within the service and to attend activities outside the service when they chose.

The service had a system in place for recording and monitoring accidents and incidents. Records showed that appropriate action had been taken to address the issue and that lessons learned were shared with staff to mitigate the risk of reoccurrence. Plans were in place to advise staff about what action to take if an emergency situation arose and staff told us that they felt confident in the on-call system the manager had put in place to support them over night and at the weekends.

A robust recruitment policy was in place to ensure that staff were recruited safely. Each staff member had to attend a face to face interview and all the required employment background checks, security checks and references were reviewed before they began to work for the organisation. This process ensured that the provider made safe recruitment choices. We looked at the recruitment files of five staff members. Each file contained a copy of the member of staff's job descriptions and contract clearly stating the terms and conditions of employment, references and proof of identity. Where they had been unable to obtain references from former employers there was evidence that the provider had done everything in their power to obtain them and character references had been pursued. Prior to starting employment, new employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people.

The service had a policy in place for the management of medicines. This included the ordering, storing and return of any unwanted medicines to the pharmacy. The staff we spoke with were aware of each medicine prescribed for the person they supported and why it had been prescribed. We saw that the service supported people with their medicines and when medicines were administered a record was made in the person's medication administration record, (MAR). Staff told us that they had received medicine training and had their competency assessed to ensure they had the skills and knowledge to support people safely with their medicines. Records confirmed that staff competencies were regularly reviewed through observational supervision sessions completed by senior staff. At the time of the inspection no-one living in the service had been prescribed controlled drugs or was receiving covert medication. We checked the stock of medicines and saw that they matched people's records.

The service had a protocol in place to guide staff when people needed to take medicines as required (PRN) and, although rarely used, for the administration of homely remedies. Homely remedies is another name for a non-prescription medicine used in a care home for the short term management of minor, self-limiting conditions, such as toothache, cold symptoms and headaches.

Monthly medication audits were completed by the deputy manager and in addition an external company completed regular audits. Records showed that where issues had been identified appropriate action had been taken to resolve the problem. For example, an external medication audit completed on 5 December 2016 highlighted that the photographs on people MAR's had not been reviewed for 12 months; this practice is used to reduce the risk of medication administration errors particularly amongst new and agency staff who may be unfamiliar with people. We reviewed three MAR charts during the inspection and they all contained up to date photographs of the person. Therefore appropriate action had been taken in line with the recommendation made.



# Is the service effective?

## Our findings

The provider placed an emphasis on continual learning and staff were encouraged to develop their skills and knowledge in order to meet the needs of the people using the service

Staff were supported to access training which enabled them to effectively care for people living in the service. Records confirmed that staff were supported to access a variety of training sessions including, health and safety, fire, equality and diversity, first aid, medication and risk assessment, some of which were accessed on line and some provided in a class room setting. Some people had lived at the service for a number of years and we saw that as their needs had changed staff were supported to complete additional training in areas such as dementia care, epilepsy and men's health awareness.

A robust induction programme was in place to support new members of staff when they first joined the organisation. As part of the programme new starters worked alongside more experienced colleagues before they provided care for people. This ensured that new staff members became familiar with people's needs and how they wished their support to be delivered. We spoke with one member of staff who had recently been recruited to the service. They confirmed that as part of their induction they had been allocated time to read the care plans of the people living in the service and had spent time with other staff members whilst they provided care to people. They went on to tell us, "It's meant that I've got to know the staff really well and I've got to know the guys really well as well."

To ensure that new members of staff had the correct skills and abilities to fulfil their roles they were required to complete a three month probation period at the service, which included completion of the Care Certificate. The Care Certificate is an identified set of standards that social care and health workers adhere to in their daily working life. The probation period is a period of time during which the employer is able to assess a new staff member's ability to meet certain performance levels. Records showed that during this time staff completed monthly review meetings with their supervisors, this provided them with the opportunity to discuss their progress and to raise any issues of concern.

We saw evidence that annual appraisals of staff performance had been completed and that staff had access to regular formal supervision sessions. Upon completing their initial probation period staff signed a 'supervision contract' which stated that they would receive a supervision session every four to six weeks and we saw evidence that this was adhered to. All of the staff members that we spoke with told us that they felt well supported and confirmed that they had regular planned supervision sessions and an up to date annual appraisal. Senior staff also confirmed that they received regular supervision sessions; this took the form of both one to one sessions and group supervision with other managers in the organisation.

People living in the service were not consistently able to make important decisions about their care and how they lived their daily lives. Staff understood their responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights. The 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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

Records showed that staff had completed training in respect of the MCA and DoLS. All the staff we spoke with understood their responsibilities to ensure people were given choices about how they wished to live their lives. Where people did not have the capacity to consent themselves we saw that the service had operated in line with the requirements of the MCA. For example, one person who displayed obsessive behaviour had been requesting a large amount of caffeinated drinks during the day. Staff explained that they were concerned that the person was unable to fully understand the detrimental effects that this was having on their health and wellbeing. Therefore, an assessment had been completed and a programme was in place for staff to support the person to limit the number of caffeinated drinks consumed in a day.

Staff supported people to maintain a healthy diet and to access drinks throughout the day. Mealtimes were sociable occasions and were flexible in order to accommodate people's routines, preferences and commitments. People were encouraged to be as independent as possible and were supported to make choices about what they ate and to prepare and cook their meals. Where staff had identified concerns, strategies were put in place to support the person to maintain a healthy lifestyle choice. Records showed that staff discussed dietary plans with people and where specific strategies were in place the person involved and a staff member signed the plan to consent to its implementation. These plans were reviewed, and if necessary amended, on a regular basis.

Staff supported people to access healthcare professionals and attend medical appointments. Care records showed that people had regular reviews from opticians, chiropodist and the dentist. We saw that staff had responded promptly to people's changing health needs and visits from the GP and referrals to other specialist healthcare professionals for additional advice and support had been made in a timely manner.

The environment was very well maintained and staff told us that people had been involved in choosing the décor in their bedrooms and the communal areas.

# Is the service caring?

## Our findings

People told us that they enjoyed living at Priory House and that they were well looked after by staff. One person told us, "It's a nice place to live." Another person was heard saying to a member of staff, "I like you [staff members name] you're always nice to me." A new staff member told us, "I can truly say that the staff here are amazing! It does make you feel like you are walking into a family, they are really nice and supportive."

At the time of the inspection all of the people living at the service had lived there for a number of years. There was a calm and pleasant atmosphere throughout the home and from people's behaviour and conversation it was clear that they felt comfortable and relaxed in their surroundings and with staff. We observed people interacting with staff and it was evident that staff knew people well and had developed meaningful relationships with them.

Staff supported and empowered people to express their views and opinions. People had weekly meetings with their support worker to discuss what they wanted to do that week, how they had been feeling and staff asked if there were any questions they wanted to ask or concerns they wished to raise. Formal household resident meetings were also held on a monthly basis during which all the residents met to talk about matters that affected the house as a whole and to plan group activities. During the meetings staff used various tools, such as easy read news, to help facilitate discussion amongst people.

People living in the service were supported and encouraged to take an active role in the recruitment of new members of staff. This included showing new staff and visitors around the service, compiling questions that they felt were important to be asked during the interview and meeting and talking with potential new staff members, after which they were asked their opinion about whether they would like the person to support them.

We saw that the service provided people with information in an easy read format. This included information explaining; the medication that they were taking and the reasons why they were taking it; the purpose of a DoLS and the implications of having one in place on a person; consent and people's contract of residence and charter of rights. Easy read uses pictures and simple text to explain information, thereby enabling people with a learning disability to access information in a way which is easier to read and understand.

The service enabled people to have meaningful relationships with family members and people who were important to them and staff demonstrated that they had gone the extra mile to ensure that these relationships were maintained. Staff supported people to keep family members updated about what activities they had taken part in by regularly writing letters and sending photographs to them. One staff member told us, "One of the key things is keeping in contact with family and friends." They went on to explain how they had worked in conjunction with a person's social worker to enable a person to regain contact with family member who they had lost contact with when a close family member had become unwell. Staff also supported another person to regularly visit a close family member who was themselves in residential care.

Where appropriate the service had used independent mental capacity advocates (IMCA) to support people and act in their best interest when making important decisions. An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them. They do not make the decision for the person and are independent of the person making the decision.

Staff received training to ensure that they understood how to respect people's privacy, dignity and rights. All the staff that we spoke with demonstrated a respectful approach towards the people that they cared for and we observed staff consistently asking people for their consent before providing care. Staff told us that they were conscious of the fact that they were visitors in home of the people living in the service. One staff member told us, "It feels like a home. Over the years I've worked in many places; some good and some not. It's their home and people can do what they please and that's how it should be."

People's care plans contained clear comprehensive information about how and where they wished to be cared for at the end of their life. This included clear guidelines for staff to follow in relation to who people wanted to be contacted if they became unwell; details about whom they wished to give and leave specific personal possessions and information about their funeral plans.

## Is the service responsive?

### Our findings

People using the service received person centred care which maximised their independence and enhanced their lives. The deputy manager told us, "We are very able to offer individual person centred care because we are small, we have enough staff which means that we can do that."

Care plans were person centered and contained information and guidelines which enabled staff to provide care in accordance with people's expressed wishes and preferences. One staff member told us, "The care plans are easy to follow They are not repetitive and help you to look after people the way that they want to be." We looked at three care plans and saw that they were reviewed on a monthly basis. Staff explained to us that twice a year they were reviewed in greater detail and that family members were invited to attend these meetings. Records showed that, whenever possible, people were involved in planning what support they wanted and how they wished for this support to be provided. We saw that where people were able, they had signed their name to indicate that they agreed with the changes being made. Staff told us that they were kept updated and discussed any changes to people's care plans at staff meetings.

Staff supported people to go on a holidays, to access the community and to participate in activities and pursue areas of personal interest to them. Staff told us how one person enjoyed cooking and listening to music and dancing. They went on to describe how they had helped them to organise an afternoon tea party, which they invited family and friends to. The person had baked scones and bread to eat at the party where they had played music and danced. Another person was a member of several fan clubs and staff supported them to write letters to people that they admired and had a particular interest in.

Staff met every morning to talk about what people had scheduled for that day and to organise what activities people required support with. These meetings were held in the communal area of the service and people living in the service were encouraged to participate and voice their opinions about what activities they wished to do on that day. Each person was given the opportunity to speak to the group and ask any questions that they had.

There was a notice board in the communal area which outlined the activities that people were involved in throughout the week. We saw that staff supported people to participate in a variety of activities both inside and outside the service, including cooking, bowling, going to the zoo and into the local town and attending the local Mencap support group. Staff also completed an activities folder for each person which contained information and photographs of activities that they had participated in. This acted as a prompt to enable people to talk to staff about the activities that they particularly enjoyed and enabled them to show family members and friends what they had been doing socially.

We reviewed the complaints process and saw that although there had been no formal complaints made over the last 12 months people and their relatives knew how to complain about the service if they were dissatisfied, and how to raise any concerns or make suggestions. We saw that the service had received several written compliments from people's relatives regarding the high standard of care that staff had provided to people.

## Is the service well-led?

### Our findings

Staff were consistently positive about the management team and how the service was run. One staff member described them as, "One of the best managers I've ever had." Another staff member told us, "I love it here. I'm well supported and we work well as a team."

The named registered manager for the service was also the service manager for the organisation; therefore the deputy manager was responsible for the day to day management of the service. Records showed that they had completed an NVQ level 5 in leadership and management and had appropriate qualifications and experience to fulfil this role. The NVQ is a work based qualification which recognises the skills and knowledge a person needs to do a job. Completion of the course demonstrates that the person has the competency in their chosen role.

All the staff that we spoke with were positive about the management team and described them as accessible, approachable and supportive. One staff member said, "They are all really nice and understanding." A management on call rota was in place, which ensured that staff were able to access senior staff for support outside of normal working hours and at the weekends.

The management team were observed to be accessible and supportive to both people living in the service and the staff. It was clear that people related to them and felt comfortable and relaxed in their presence. This had embedded a positive and open culture into the service, placing the needs of the people using the service at its core. The deputy manager told us, "I pride myself on the feel of the service. It is small and feels like a home and not a care home." Staff described the deputy manager as open, fair and supportive. One staff member told us, "The home is management led but led by example."

Staff told us that they felt they had a proactive voice within the service and that their input and opinions were valued by management team. Records showed that staff meetings were held on a monthly basis and that management meetings were held every 6 to 8 weeks. These meetings were used as a forum for the managers from other services within the organisation and the service manager here to share ideas and examples of good practice and to further develop the service. The deputy manager told us that the meetings were an effective means of providing peer support and facilitated a platform to discuss any issues including; the response to on-call situations; any action implemented as a result of incidents and accidents and to update staff on any new guidelines or recommendations that had implemented from the CQC or National Institute of Clinical Excellence guidelines (NICE). NICE provides national guidelines and advice to improve health and social care.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. We saw copies of the monthly audits and reviews that were completed by the deputy manager. These included medication audits, health and safety audits and weekly fire safety checks. Action plans were implemented to identify and address any issues found and records showed that concerns were resolved in a timely manner. When necessary the deputy manager assisted in providing care for people, this in conjunction with the small size of the service meant that they regularly completed

observations and reviewed care plans.

The service conducted resident and relative feedback surveys, the results of which reflected positively on the service. One relative had responded by saying, "In my opinion everything is perfect and I'm very pleased with the attention, help and care [person's name] receive." Another stated, "[They] get the best care and attention."

We spoke with the deputy manager about the support that they received from the provider. They told us that they were supportive and accessible and that the owner regularly visited the service, which meant that they knew the people living in the service well and were kept up to date with any changes in their needs.

The service had a statement of purpose in place which was seen to be adhered to. A statement of purpose is a document which describes what a service does, where the service is provided and who it is provided to. The service worked with statutory organisations to deliver support to people and consulted with other professionals, and actively used their advice for the best outcomes for the people using the service.