

# Mr Frederick John Eaton

# Meadow Court

## 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

This inspection took place on 8 March and was unannounced..

This service provides care and support to people living in a 'supported living' setting so that they can live in their own home 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.

Meadow Court is made up of 18 self-contained flats within one building and one shared house at another location. Each person has an individual tenancy agreement and receives personal care and support according to their individual needs. Packages of support ranged from a few hours a day to 24 hour a day support. People required minimal physical support with personal care but most required prompting and supervision with personal care tasks such as washing and showering. The majority of people were receiving emotional and practical support to maintain and develop daily living skills and to access the community.

The service specialises in supporting people who have mental health and/or learning difficulties. At the time of the inspection the service was supporting 20 people.

The provider works in accordance with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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At this inspection we found the service remained Good.

### Why the service is rated Good

The provider had systems and practices to minimise risks and people told us they felt safe with staff who supported them. There were adequate numbers of staff employed to make sure people could receive their support at times of their choosing.

People were supported by kind and caring staff who had undertaken training to make sure they could effectively support people. Staff monitored people's health and helped people to access appropriate healthcare services.

People were fully involved in planning their care and were able to make choices about who supported them.

The service was flexible to meet people's changing needs and preferences. People had individual flats and their privacy was respected.

Care provided to people was very personalised and took account of people's wishes, culture and beliefs. People were supported to follow their interests and to learn new skills. People told us they would be comfortable to make a complaint if they were not happy with the service provided to them.

The service was well led by a management team who were committed to providing care to people in a way that valued their individuality and respected their choices. The provider monitored standards and supported staff to ensure the standard of the service was maintained. They worked in partnership with other professionals to make sure people's needs were met.

Further information is in the detailed findings below

## 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 Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Meadow Court

## **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 comprehensive inspection took place on 8 March 2018 and was unannounced. It was carried out by one adult social care inspector.

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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with seven people who used the service and two relatives. We also spoke with three members of staff. The provider was available throughout the day.

We looked at records relating to people's individual care and the running of the service. These included three care and support plans, three staff personal files, minutes of staff meetings and records relating to the quality monitoring of the service.

# Is the service safe?

## Our findings

People continued to receive safe care.

People told us they felt safe with the staff who supported them. One person said, "I feel safe with staff." A relative told us, "I've seen a massive improvement in them. They definitely feel safe now."

There were staff available 24 hours a day to provide general support to people. Each person was allocated support hours according to their specific needs. People had contracts which set out their weekly hours and staff were aware of people's assessed needs and provided individual support accordingly. People told us there were always staff available to them when they needed it. One person told us, "If you are worried or upset you can talk to someone. You just go to the office."

Risks of abuse to people were minimised because the provider had systems, processes and practices in place which helped to minimise these risks. There was a robust recruitment process which ensured all staff were thoroughly checked before they began work to make sure they were suitable to work with vulnerable people. One member of staff told us, "They did all the checks and references before I started."

Risk assessments were completed with people to help keep them and others safe. The provider was aware of some people's vulnerability when accessing the community and online. For example, one person had been identified as being vulnerable and at risk when using social media and other internet sites. The provider worked with the person and other professionals to raise awareness and support them to stay safe.

Staff received training in how to recognise and report abuse when they commenced work at the service. Staff had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where concerns had been raised the provider had notified appropriate agencies and taken action to minimise risks to people.

People and their lifestyle choices and beliefs were respected and staff did not discriminate against anyone for their choices. One person told us, "No matter what you think or do they [staff] support you. They don't judge."

Staff received training on how to prevent the spread of infection to minimise risks to people. Staff had access to personal protective equipment such as disposable gloves. People told us staff supported them to keep their flats clean to reduce the risk of the spread of infection.

The majority of people were able to manage their own medicines. One person said, "I do my own medication. I can ask if I need help but I don't, I know what to do." Where people needed support with medicines they were supported by staff who had received training and kept a record of medicines they administered. One person said, "Staff do my tablets then they sign the book." Medication administration records showed when staff had administered medicines to people and when they had been refused. This

enabled staff to monitor the effectiveness of any prescribed medicines and alert other professionals if people consistently refused medicines.

# Is the service effective?

## Our findings

People continued to receive effective care.

People were supported by staff who had received induction training which gave them the basic skills and knowledge to effectively and safely support people. Once staff had completed their induction programme they were supported to undertake nationally recognised training in care practices. Where people had specific needs the provider ensured staff had the training needed to meet those needs. One member of staff said, "Training has been good and they are good at embedding training into practice."

People only received care and support with their consent. Everyone we asked said they could refuse support at any time. The provider said they aimed to provide flexible care which enabled people to make choices about when they received their support. One professional had written to the service saying, "[Person's name] support has been excellent. ....flexible and willing to go the extra mile to support."

Staff knew what action to take if someone lacked the capacity to make choices for themselves which helped to ensure their legal rights were protected. 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. The provider worked in partnership with other professionals and family members when they felt a person lacked the capacity to make a decision. However staff acknowledged that some people may make, what appeared to be, unwise choices and staff supported them without prejudice.

People's care and support was discussed with them and people were fully involved in planning support which suited them. One person said, "I have a care plan but they talk about what you want all the time." Another person said, "They help me with a shower at about 9.30. That suits me." Care plans we read were up to date and set out personal details about the help people required and information about their likes and dislikes."

Staff adapted their approach to make sure people were able to make their wishes known. For example one person used a traffic light system to let staff know when they did, or did not want, to be supported. If they felt happy and wanted support they placed a green traffic light outside their flat to let staff know they were happy for them to visit.

People's mental and physical health was monitored by staff and where appropriate they were supported to attend appointments with professionals. One person told us they regularly attended a medical appointment. They said, "Staff give me a lift to make sure I get there." Staff encouraged people to keep fit and healthy. There was a gym at the location which some people said they used and another person and their support worker told us they had just joined a gym in the town.



People were able to choose to cook their own meals or have them provided by staff. One person told us, "The food they cook is really nice so I have meals from them."

## Is the service caring?

### Our findings

The service continued to be caring.

People using the service were treated with kindness and respect. People we spoke with told us staff working with them were always kind and caring towards them. One person told us, "Staff are kind and helpful." Another person said, "I'm well looked after because staff are really kind."

Staff were respectful of people's individual flats and we were told staff never went into flats without being invited. One person said, "No one comes in without my say so." Some people had formed friendships and relationships with other people who lived in the flats and staff were respectful of and supportive of people's private relationships. Some people had friendships and relationships in the local area and staff helped people to stay in touch.

The provider held social events throughout the year which people and their friends and family could attend. One person told us about a Christmas party that their friend had attended with them and another person said they had barbeques in the summer. This all helped people to maintain relationships with other people.

People were each supported by a very small number of staff and had been able to build trusting relationships with the staff who provided their care. This helped people to be able to express their needs and wishes with staff they felt comfortable with. One person said, "There's one member of staff I don't really like. I told them and they don't come to me anymore. The other staff are really nice." One person said about their regular member of staff, "They just always seem to know what to say. It makes me feel very settled."

Where people needed to receive information this was provided in a format which suited their needs. For example, all contracts were clearly written using pictures to make sure people understood them. Where people found it difficult to communicate people used symbols, such as traffic lights, to communicate their wishes with staff.

People told us staff were respectful and sensitive when they helped them with personal care. One person said, "I always have a lady to help me so I don't get embarrassed." Another person said, "They help me to shower. They are kind."

People were fully involved in planning their care and everyone we asked was aware of what was in their care plan. People said staff and other professionals always discussed risk assessments with them to make sure they were fully aware of any restrictions in place. Some care plans contained information written by people using the service such as 'Ten things people need to know about me.' This all helped to make care plans very personal. One person told us, "You've got to tell them what you want. That's how you get a care plan."

# Is the service responsive?

## Our findings

The service continued to be responsive to people's needs and wishes.

People's care was personalised to their individual needs and wishes and took account of their cultural and spiritual needs. All staff received training about equality and diversity and this was put into practice in the way staff respected people's individuality. Everyone we asked said they could talk openly to staff about any subject. One person said, "Some things can be very confusing. You can talk to them [staff] about anything. Even if you're just considering something they listen and don't make fun of you." One professional had written to the provider stating the care provided had been extremely person centred and staff had shown they cared about the person's well-being.

Staff knew people well and what was important to them. One person told us how important their religious beliefs were to them. When we discussed this person with a member of staff they told us, "Their church is important to them so they are involved in a lot of social things there." This demonstrated staff knew people well and supported them to follow their particular lifestyle choices. Staff were able to tell us about people's interests and their personal aspirations which again demonstrated staff knew people well.

Staff adapted the service to meet people's changing needs and liaised with other professionals to make sure people were treated fairly and received support hours which meet their up to date needs. One person told us their support hours had recently increased because staff had lots of talks with their social worker. Another person had moved out of their flat into a shared house because they wanted to be more independent and felt ready. They told us, "I wanted to be more independent but there's always support at the end of the phone."

Staff supported people to follow their interests, learn new skills and access community facilities. One person told us, "[Staff name] is helping me make a Mother's day cake." Another person said they were learning some cooking skills and someone else said, "I'm spoilt. The staff are taking me away for the weekend to celebrate my birthday." Some people who used the service had jobs and one person told us staff were helping them to look for a job. They said, "Staff help me with letters and phoning."

People said if they were not happy about their care they would talk to the provider or a member of staff. One person said, "I would complain to [provider's name.]" Another person said they could talk to any member of staff and would be listened to. Where complaints had been made the provider had investigated these and taken action to address any issues raised.

## Is the service well-led?

### Our findings

The service continued to be well led.

The service was managed by the registered provider who was a registered nurse and had many years of experience of managing social care services. They were supported by two deputy managers who were well qualified and experienced. The management team demonstrated an excellent knowledge of people who used the service. They worked in partnership with other professionals, such as GPs and community mental health nurses, to make sure people's needs were met.

The provider was committed to providing care which was tailored to each individual. They told us, "We have fixed and flexible care times so people get the service when they want it." There were systems to record when people had been provided with support, what they had chosen to use their support hours for and how long they had been supported for. This enabled the provider to evidence to people and commissioners that people received the correct amount of hours each week.

There was a clear staffing structure which meant people received their care from a consistent staff team and staff always had access to senior staff for advice and support. The mix of staff employed meant people were able to make choices about who they wished to support them. For example, one person told us they preferred to receive their support from female staff and their choice was always respected.

Staff told us it was a happy service to work for and there was excellent team work. Staff said they felt well supported and said they were always able to ask for advice. One member of staff said, "The provider is always available to us and to clients." The service was accredited to the Investors in People scheme, and attained a gold award, showing high performance in business and people management.

The provider monitored standards of care by on-going observations and monthly audits. The audits looked at the care provided to people, health and safety issues and accidents and incidents. Where concerns or shortfalls were identified these were addressed promptly. For example, where one member of staff had not signed for medicines administered this had been addressed with them in a supervision session with a member of the management team. The systems in place helped to identify changes in need and make sure people received effective and safe care.

People were able to share their views on the service offered to them by completing satisfaction surveys. An analysis of the most recent survey showed people were very positive about the support they received. People told us that because of the open nature of the provider and staff team they could make suggestions at any time.