

J & K Partnership LLP

Meadow House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 15 April 2015 and was unannounced.

Meadow House is a care home providing personal care and accommodation for a maximum of eight people. It supports the care and welfare of younger and older adults with a mental health diagnosis and provides mental health rehabilitation services. The home is located in Coventry. Eight people were living at the home when we visited.

The home has 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.

People who lived at Meadow House felt safe, and were supported by a staff group who had been trained to work effectively with people who had mental health conditions.

Staff understood safeguarding policies and procedures, and followed people's individual risk assessments to

Summary of findings

ensure they minimised any identified risks to people's health and social care. Checks were carried out prior to staff starting work at Meadow House to ensure their suitability to work with people in the home.

The manager understood the requirements of the Mental Capacity Act and Deprivation of Liberty safeguards and the home complied with these requirements. Medicines were administered safely to people, who had good access to health care professionals when required.

There were sufficient staff to meet people's needs both in the home, and to support people with their hobbies and

interests outside of the home. People received care and support which was tailored to their individual needs. People enjoyed the food provided at the home and were involved in menu planning and cooking.

Staff were motivated to work with people who lived at Meadow House, and were caring and understanding. They treated people who lived in the home with dignity and respect.

The management team were open and accessible to both people and staff. Management were trusted, and staff felt they could talk to them if they had any concerns.

Summary of findings

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 safe.

People felt safe living at Meadow House. Staff knew how to protect and safeguard people from abuse and other risks relating to their care and support needs. There were sufficient staff on duty to support people. Medicines were administered safely.

Good



Is the service effective?

The service was effective.

Staff had received training and support to provide effective care to people with mental health conditions. Staff understood people's rights under the Mental Capacity Act. People received food and drink according to their needs, and had access to health and social care professionals when required.

Good



Is the service caring?

The service was caring.

People were treated with kindness and their privacy and dignity was respected. They were involved in decisions about their daily lives and visitors were made welcome in the home.

Good



Is the service responsive?

The service was responsive.

People were supported to take part in their individual interests and hobbies, and staff were responsive to their needs. People felt able to share concerns with staff and make complaints. Complaints were investigated thoroughly.

Good



Is the service well-led?

The service was well-led.

The home had an open and approachable management team. People were supported to have a good quality of life, and staff were supported to work in a transparent and supportive culture.

Good



Meadow 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 15 April 2015 and was unannounced. One inspector conducted this inspection.

We looked at the information received from our 'Share Your Experience' web forms, and notifications received from the provider. These are notifications the provider must send to

us which inform of deaths in the home, and incidents that affect people's health, safety and welfare. We also contacted the local authority commissioner to find out their views of the service provided. The commissioner was satisfied with the care provided by the home.

We spoke with four people who lived at Meadow House. We also spoke with all the staff on duty (three) and the registered manager. We spoke with two mental health professionals who visited the home on a regular basis. We observed the care provided to people and reviewed two care records. We also reviewed records to demonstrate the provider monitored the quality of service (quality assurance audits), medicine management, complaints, and incident and accident records.

Is the service safe?

Our findings

People who lived at Meadow House told us they felt safe. One person said, “I feel safe with the staff.” People were protected from avoidable harm because staff had a good understanding of their mental health needs and people’s individual behaviour patterns. Records provided staff with detailed information about people’s needs and what might trigger behaviour which challenged others. Through talking with staff, we found they knew the people who lived at the home well, and could inform us of how to deal with difficult situations.

As well as having a good understanding of people’s behaviour, staff had also identified other risks relating to people’s care needs. One person had lost weight, and their weight was now being monitored. Another had consented to staff keeping their cigarettes, and giving them one an hour because of the risks of smoking them all in one go. This reduced their health risks, but also reduced the risks of the person spending all their money on cigarettes and having no money for anything else.

The registered manager had trained their staff to understand their safeguarding policy and procedure. We gave both the support workers on duty a safeguarding scenario. They both understood their responsibilities to report the concerns to the manager. They also understood who to contact if they needed to take their concerns to a higher authority than the manager. The manager was aware of her responsibilities to notify us of any safeguarding concerns however, there had not been a safeguarding incident at the home since 2013.

We saw evacuation ‘grab sheets’ for each person who lived at Meadow House. These gave a summary of the needs and risks identified for the person, and provided sufficient information for other health care professionals should they need to support people who were being evacuated. We also saw there were contingency plans if people could not go back into the home once evacuated.

We looked at the premises to ensure it was a safe environment for people who lived at Meadow House. We looked at all of the communal areas of the home and one person’s bedroom. We found they were well maintained and offered a pleasant environment for people to spend their time in. At our last visit one person had fallen on the decking in the back garden. Action had been taken to minimise the risk of this happening again.

Prior to staff working at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This was to minimise the risks of recruiting staff who were not suitable to support people who lived in the home. Staff confirmed they were not able to start working at Meadow House until the checks had been received by the provider.

We saw sufficient staff on duty to meet people’s needs. The registered manager, staff and people who lived at the home, told us there were enough staff to support people throughout the day and night.

We checked the management and administration of medicines. We saw medicines were stored safely and securely. There were systems to ensure people received their medicines at the right time when people were in the home, and when undertaking activities outside of the home. People told us they received their medication as prescribed. We looked at a sample of medicine administration records (MARs). These had been completed accurately. We saw detailed information for medicines given to people on an ‘as required’ basis. For example, one person had been prescribed an ‘as required’ medicine for when they became agitated. The record informed staff of the type of things the person would say, and the behaviours they would exhibit which meant they might benefit from the medicine being administered. This ensured staff were consistent in their approach to giving this medicine. All staff who administered medicines had received training to do this safely.

Is the service effective?

Our findings

Staff told us they had received training to understand the mental health of people who lived at Meadow House, and to manage behaviours which challenged others. One person confirmed to us that staff had a good knowledge of their mental health condition. The registered manager is a qualified mental health nurse and demonstrated a good knowledge of the mental health of people who lived at Meadow House. A mental health professional told us they believed the staff had the skills and knowledge to work with people with mental health issues. They said, “I wouldn’t hesitate to place anyone there.”

People we spoke with confirmed staff consulted them about their support needs. One person said, “There’s nothing (I do) I haven’t agreed to...they [staff] talk to me about my support.” Care records also demonstrated people had consented to the support planned for them. Staff had received training in relation to the Mental Capacity Act 2005 (MCA) and in the Deprivation of Liberty Safeguards (DoLS). A DoLS ensures a person is only deprived of their liberty in a safe and correct way, and is only done when it is in the best interests of the person and there is no other way to look after them. One member of staff told us this training had helped them to understand, “It’s their life, their choice, their home and I am here to support them in this.” There was no one who lived at Meadow House who required a DoLS.

One person had undergone a mental capacity assessment which confirmed they did not have capacity to understand and retain certain information about money. This person had an Independent Mental Capacity Advocate to ensure their best interests were being represented.

Staff had also received training considered essential to meet the health and safety needs of people who lived at the home. This included training in infection control and food hygiene. Both support staff we spoke with told us they

found the training useful, and they felt they had received good support from the manager and deputy manager. On the day of our visit one of the staff had a supervision meeting booked with the deputy manager. We were told these formal meetings with staff took place once every three months, but staff could speak with management at any time if they had any concerns or required support.

People were supported to have enough to eat and drink. During our visit we saw people had sandwiches at lunchtime and drinks throughout the day. Where possible, people were encouraged to make their own meals or support staff in making meals, and to tidy the kitchen afterwards. Meals were planned on a weekly basis via a ‘residents meeting’. We saw from the minutes of a recent meeting, people had expressed a wish to have a barbecue. People told us they had a barbecue the day before our visit. This demonstrated staff listened to, and acted on people’s expressed wishes.

People’s cultural and religious dietary needs were catered for. For example, one person’s faith required specific foods. The person’s mental health condition meant they would only eat the food if they could be certain it met their religious requirements. To support this, the manager gave the person money to buy the food themselves so they would be absolutely sure the food met their needs.

Staff worked well with the mental health professionals who supported people who lived at Meadow House. They also supported people to make sure their other physical health needs were met. People told us they could see a GP when they wanted. Some people phoned their GP themselves and others required the support of staff to do this. We saw when people’s needs changed the staff acted quickly in response. For example, one person when visiting their relation was bitten by an animal. Staff took precautionary action by arranging for the person to have a tetanus injection.

Is the service caring?

Our findings

We saw staff and people who lived at Meadow House had positive relationships with each other. One person told us, “I can talk to the staff here.” Another person told us if they were worried they would talk to the staff. A third agreed with this and also said, “Staff listen.” As well as staff having positive relationships with people, we saw good relationships had been fostered between people who lived at the home. People who lived at Meadow House were of differing age groups, ethnicities, gender and had different life experiences; however there appeared to be a mutual respect for each other which was fostered by the staff.

People’s individual needs and preferences were respected and supported by staff. Care records provided a lot of detail about people’s views, preferences and history. One person told us they liked going out in cars, and where possible staff took them if they made a car journey. The provider also supported this person in their love of cars as they undertook some of the food shopping, and when they did this, the person would go out in the car with them.

We saw people speak with the management team throughout the day. The office is central and the door to the office was mainly kept open. People felt confident to approach the management team in the office about their feelings and tell them about their plans for the day. When people asked for items, that they had agreed to have on a timed basis, the staff were respectful in acknowledging the person’s wishes and then reminded them of why and how long they needed to wait.

Staff told us they thought people received good care. One support worker told us, “I think people have a good life here, When I walked in here (for the first time) it was like walking into your own home.” They felt the best thing about the home was it was like a “Big family unit.”

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. People had their own bedrooms where they could have privacy and each bedroom door had a lock and key which people used.

Is the service responsive?

Our findings

The home provided rehabilitation for people with mental health needs. Many of the people who lived at the home had enduring mental health conditions such as schizophrenia. The manager and staff strived to support people's independence when and wherever possible. They had recently introduced a 'recovery star' system which looked at ten areas of a person's life and asked the person to identify where they were, and where they would like to be in order to recover from their mental illness. Staff then provided support and guidance to the person to help them move forward in their recovery to the next step.

A mental health professional told us staff were very good at managing people's symptoms and this, they felt, had reduced the incidents of hospital admissions. Another mental health professional told us they felt the staff had worked well with their client. They said the person's behaviour could be challenging but staff had worked well with them and reduced these incidents.

We saw a range of ways people were supported to express their views and be involved in decisions about their care. Each person had a key worker they could speak with if they had concerns. There was also a fortnightly community meeting people attended where they could talk about any concerns or issues they had. We saw minutes of the meetings but they did not tell us the actions taken in response to people's ideas or concerns, so we could not see whether they had listened and acted on people's views. People also had regular planned meetings to review their care and support needs. One person told us, "Staff talk to you about how things are going and what you like and don't like."

People received personalised care and support which was responsive to their needs. When we arrived at the home at 10am, some people were having breakfast and in their nightwear where as others were up and dressed. One person told us about their day. They said each day they

normally, "Went to town to see their mates, then come home, watch TV, have lunch and go to sleep for a couple of hours." A support worker told us the best thing about the home was that, "It [Meadow House] gives people independence, lets them lead a normal life, they are looked after well, they get to do a lot of activities."

An activity worker planned the activities for people who lived at Meadow House. They looked at people's individual interests as well as activities a group of people at the home could enjoy. As part of their activity planning they researched what activities were available in Coventry that people could go to. We saw each person had their own weekly activity plan, as well as there being an activity plan for the home. For example, two people attended an Asian men's support group, some people attended MIND (a mental health support group), and some liked to go to an art group. Fishing trips had been arranged for people who enjoyed fishing, and people who liked swimming were supported to go to the local pool. Others liked going shopping and playing bingo.

We saw people left the home to go and visit their friends and people could invite their friends and relations back to the home. On the day of our visit, a person's partner came to visit them.

We asked people if they felt able to go to staff if they had any concerns or complaints. All the people we spoke with felt comfortable in talking to staff if they had concerns. One person said, "If I was worried I would talk to staff." They told us they had not made a complaint but if they were unhappy, they would be able to make a complaint. We looked at how the registered manager dealt with concerns or complaints. We saw where people had complaints they were logged as formal complaints to be investigated. Records showed that people had received letters detailing how staff had investigated the complaint and the outcome of the investigation. If there was any learning or actions to be considered as a result of the investigation, this was also detailed in the letter.

Is the service well-led?

Our findings

The registered manager had been registered with us since December 2013. The manager and deputy manager had a good working relationship and provided good support to staff and people who used the service. The previous manager was also one of the partners who owned the home and continued to provide support to the manager and staff at the home.

The management team encouraged a culture of openness and transparency. People were confident in approaching them with their issues and staff felt valued and trusted. Staff told us, "Management are very supportive". They also said if the management were not working on the premises "They're on the end of the phone." We observed good team work during our visit. Management and staff supported each other to make sure people's needs and interests were met.

One mental health professional told us they trusted the management of the home. They said management was informal, however if there was anything private or confidential, the door to the office was shut to ensure confidentiality, or if this was anything 'delicate' to discuss, people would be taken into a private room.

The registered manager held regular staff meetings and supervision meetings to engage with staff about the running of the home, and to ensure staff received support in their work. We observed staff were motivated in their work. One member of staff when asked about working at Meadow House, told us, "I love it."

There was a system of checks to assure management that good care was being delivered in a safe environment. This included regular checks on medicine records, and checks on the competency of staff to ensure medicines were administered safely. There were also checks to ensure the monies held for people in the home were accounted for properly, incidents and accidents were monitored, and checks made on safety of the premises and equipment.

As well as seeking the views of people through fortnightly meetings, quality assurance questionnaires had been given to people, their relatives and health care professionals to complete.

The completed questionnaires demonstrated that all people who used the service or worked with people who used the service were satisfied with the care and support provided.