

J & K Partnership LLP

Meadow House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service: Meadow House is a residential care home providing personal care to seven people with mental health needs at the time of the inspection.

People's experience of using this service:

- The service checks and maintenance had failed to ensure the service and equipment was safe for people living at Meadow House.
- People's safety had not been promoted and risks in relation to fire safety had not been sufficiently mitigated.
- Systems of governance and oversight were not sufficiently robust to have identified the issues we found.
- Staff were safely recruited and received the training and support they needed to undertake their role.
- People, relatives and staff spoke positively about the registered manager and felt able to raise concerns and were confident that these would be addressed.
- There was a wide range of opportunities for people to engage in activities and follow hobbies and interests.
- People were very positive about the staff and told us that their privacy and dignity was promoted.
- The service had good community links such as local churches and schools.
- Preferences and choices were considered and reflected within records and work was ongoing to improve the new electronic system.

We identified three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment, good governance and failure to display rating. Details of action we have asked the provider to take can be found at the end of this report.

We found the service met the characteristics of a "Requires Improvement" overall rating

More information is available in the full report.

Rating at last inspection:
Good (Published June 2017)

Why we inspected:

We received information from the fire service regarding an escalation of concerns about the service. We completed this inspection based on these concerns.

Enforcement:

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up: We will continue to monitor the service closely and discuss ongoing concerns with other agencies.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive 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 House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by concerns raised by the local fire service following a series of monitoring visits to the service.

Inspection team:

The inspection was completed by one inspector.

Service and service type:

Meadow House is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and serious injuries. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection, we spoke with three people to ask about their experience of the care provided.

We spoke with two members of care staff, the registered manager and one of the Partners. We reviewed a range of records. This included two people's care records and multiple medication records. Various records were reviewed, in relation to training and supervision of staff, the management of the home and a variety of policies and procedures developed and implemented by the provider.

Following our inspection we asked the provider to forward documentary evidence to reassure us the risks have been removed or were being immediately addressed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: 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. Regulations have not have been met.

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

- This inspection was undertaken in response to concerns raised by the Fire service. On 8 January 2019 West Midlands Fire Service (WMFS) inspected Meadow House and raised concerns about fire safety at the home. WMFS set an eight-week timescale for the provider to complete remedial work to ensure the premises was safe.
- To support people with the risk of fire the provider immediately put in place additional safety measure, such as ensuring two staff were in the home 24 hours per day and testing fire equipment. People and staff had also been involved in fire evacuation practices at the home and staff had received fire safety training.
- When the Fire Service returned on 13 March 2019 they found not all remedial work had been undertaken. Namely the work required to ensure the fire doors were compliant with fire regulations had not been undertaken.
- At the time of our inspection we found significant issues in relation to fire safety remained. Since the visit, the provider has evidenced the required work is being done and an estimated four-week completion date.
- The registered manager agreed to review people's needs in relation to requiring a personal emergency evacuation plan (PEEP).
- Assessments of risks to people in the use of equipment, were not always undertaken to ensure suitable actions were taken to safeguard people from potential hazards. For example, one person who on occasions used a wheelchair had no risk assessment for using it safely, care plans or schedule of maintenance in place.
- People were not protected from potential Legionnaires Disease. Legionella is a type of bacteria found in water systems and can put people at risk of seriously ill health. The care home had a site risk assessment for Legionella Disease which had not been followed, such as water temperature checks had not been completed. The registered manager told us they used their hand to check the water temperatures and had not known the actual temperature of the water.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Areas of the home required renovation to ensure future cleaning would be effective. For example, bathroom tiles and flooring in some communal areas. These could increase the risk of infection within the home.
- People's laundry was collected and washed within a separate laundry area.
- Staff who prepared food were seen to observe good food hygiene were seen to use personal protective items such as gloves and aprons.

Systems and processes to safeguard people from the risk of abuse

- People told us they were confident staff supported them to remain safe. One person told us, "If I am worried then I just speak to them."
- Staff protected people from any potential abuse and told us any concerns would be recorded and reported to the registered manager for action, if needed.
- The registered manager demonstrated they had acted upon concerns raised by notifying the local authority.

Staffing and recruitment

- There was a low staff turnover and people were supported by enough staff who knew people well to meet their mental health needs.
- The staff recruitment records included relevant checks to ensure staff were suitable to work with vulnerable adults. The registered manager noted the improvements needed to ensure there was a written explanation of any gaps in employment history.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. One person told us, "I always get my medicines."
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The training for staff had not always effectively equipped the staff group to identify and act on areas in the home, such as risk with fire safety and safely monitoring the environment .
- People's assessments supported was based on their preferences.
- Staff told us they were supported in their role with structured, routine staff meetings and individual discussions. The registered manager gave staff opportunities to talk about their responsibilities and the care of people living in the home.
- People shared their needs and choices with the management team before moving to the service. The management team checked people's preferences and the care they required, to assure themselves they could provide the care needed.
- People were supported by staff who understood their mental health needs and how they liked their care to be provided.

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

- People told us they enjoyed their meals, made their own choices and were involved in buying and preparing the food.
- Staff understood the need for healthy choices of food and were able to tell us about people's nutritional needs.
- People who were at nutritional risk were monitored to ensure they maintained a healthy weight and referrals were made to external professionals for advice and support when needed.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager was open in their communication with other agencies such as the local authority.
- There was a consistent staff team and a regular handover meeting so relevant and important information could be shared amongst staff.

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

- There was a clear layout of the home, and people were seen to navigate the home and communal areas with ease.
- There were several communal areas to choose from including quiet areas and people chose how they spent their time at the home.

Supporting people to live healthier lives, access healthcare services and support

- People had seen opticians, dentists, chiropodists and other professionals had been involved to support people with their care needs.
- Care plans showed care followed advice given by community health professionals and GP's.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people were unable to make decisions for themselves, mental capacity assessments had been completed and where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us about living at the home and said the staff were kind, caring and attentive to them. People had made friends at the home and one person told us, "The staff are all great."
- People's needs were understood by staff and people knew they mattered as an individual.
- People were relaxed around staff who supported them and people happily asked for any assistance they wanted.
- Staff were passionate about the care they provided to people living in the home. Staff acted professionally, although we saw they were not afraid to show love and affection, for example, by hugging people, when people needed it.

Supporting people to express their views and be involved in making decisions about their care

- People made decisions about their daily lives and care and were listened to and supported.
- People lived their lives as they wanted. People had as much support as they individually desired. This ranged from full physical care, to support with mental health.
- Staff understood the importance of people's views, preferences, wishes and choices being respected.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were good at promoting their independence and helping with reminders and prompts.
- People gave us examples of where staff had worked sensitively to support them so they knew they were respected. People told us staff worked proactively to promote their privacy and dignity.
- People were free to express their views, with support when needed, in an inclusive and accepting home. We saw staff were polite and respectful and ensured people's human rights were upheld.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People benefited from receiving care which reflected their unique needs and preferences. Staff gave examples ways they worked to involve people to promote decisions with their care. People shared their experiences of how they had benefitted from the positive choices made to improve their wellbeing.
- Staff had taken time to make sure they understood people's past, and how this affected their current goals.
- People's goals were defined within their care and support plans. People and staff recognised through regular reviews when people needed additional goals.
- The management team were proactive in accommodating people's wishes, so they were able to have a good quality of life and remain at the home. One example was where staff identified a reoccurring infection impacted on a person and had worked with health professionals to reduce these.
- People enjoyed the range of activities were developed by them and they had many opportunities to continue with their personal interest, based on their wishes.

Improving care quality in response to complaints or concerns

- Where complaints had been received, they were followed up and where needed, information was used to make improvements if required.

End of life care and support

- People's wishes were considered and incorporated as part of the care plan reviews as people's needs changed, to make sure people received the support they required. People's advanced care wishes and decisions had been discussed and reviews were used to continually check and update any plans of care.

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

RI: Service management and leadership was inconsistent. Some regulations have not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Timely action had not been taken to address the concerns regarding the environment which placed people at risk.
- People had not been protected from the risk of fire for an extended period. The West Midlands fire service identified in January 2019 where improvements were needed and gave the provider eight weeks to complete the work. Not all work had been completed when we inspected and the registered manager told us they had not been able to contact the carpenter employed to complete the works.
- The provider's risk assessment for legionella disease had not been followed. In addition, the risk assessment had not been reviewed since 2013.
- Where valves were fitted to reduce the risk of scalding from the taps, these had not been checked to ensure they were operating as expected.
- Although we saw systems were in place for auditing the quality and safety of the service, these were not robust or effective as they had failed to identify if the home was operating safely, such as fire safety.
- Systems and processes for governance and quality assurance were ineffective and failed to assess, monitor and improve the quality of care being provided or mitigate the risk of harm to people living at the service.
- Following the inspection we wrote to the provider to request additional information and their reassurance of when all remedial action related to the inspection findings would be in place. We will continue to monitor the provider's action plans.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider is required to display the rating of the last inspection in the home and on their website. We saw the ratings were displayed in the home, however the provider had failed to display the rating on their website. The registered manager told us the website was no longer maintained and was out of date. We will consider our response to this breach of regulation and any action taken will be published separately.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us they found the registered manager was approachable and they felt they were listened to.

- Staff demonstrated a commitment to provide high quality care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular meetings were held with people who lived at the service, giving them the opportunity to be involved in some decisions about the running of the service. The type of activities people wanted to have was discussed regularly as well as the food and menu choices.
- Staff told us the registered manager and management team were supportive and approachable.
- The registered manager held regular staff meetings to keep staff up to date and share concerns and ideas. Staff were able to share ideas or raise concerns.

Working in partnership with others

- People received joined up care and staff followed guidance or recommendations from health care professionals.
- The provider and registered manager worked in partnership with other organisations for the benefit of people living at the home.