

# National Schizophrenia Fellowship

# The Mead

## Inspection report

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Date of inspection visit:  
16 June 2021  
17 June 2021

Date of publication:  
20 July 2021

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Mead is a residential care home providing personal care to four people at the time of the inspection, with support needs relating to their mental health. The service can support up to six people in one adapted building.

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

People felt safe living at The Mead. The provider had taken action to keep people safe and manage the risks they faced.

Staff had a good understanding of the support people needed. Staff were supporting people to do as much for themselves as possible and work towards living independently.

People were supported to take any medicines safely and staff sought advice from health and social care services when necessary.

The provider had made changes in response to the COVID-19 pandemic and there were good infection prevention and control measures in place.

Staff received regular training and support, which gave them the skills and knowledge to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had been supported to develop detailed support plans, which were person-centred and gave staff clear information on how to meet their needs.

People were supported to maintain a good diet and access the health services they needed.

The provider had established good systems to monitor the quality of service provided and make improvements where needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 24 March 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of

regulations.

#### Why we inspected

We carried out a comprehensive inspection of this service on 24 January 2018. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Mead on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Mead

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

The Mead is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who live at The Mead, the registered manager and two support workers. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments were in place to support people to be as independent as possible. They balanced protecting people with supporting them to maintain their independence. Examples included support for people to manage the risks of self-neglect, self-harm and staying safe when socialising out of the service.
- Risk assessments and management plans had been reviewed and updated as people's needs changed. Plans had also been amended to reflect risks relating to COVID-19.
- Staff demonstrated a good understanding of these plans and the actions they needed to take to keep people safe.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure allegations of abuse were reported to the local authority safeguarding team. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us they felt safe living at The Mead. Comments included, "I'm happy here and feel safe. I have no concerns, but would talk to staff if there was any problem."
- The service had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm. Staff had received regular training in safeguarding issues.
- The registered manager had reported allegations and worked with the local authority safeguarding team when necessary.
- Staff were confident the registered manager would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with other agencies if they needed to.

### Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines that were prescribed to be taken 'as required'. The provider had made improvements.

- Where people were prescribed 'as required' medicines, there were clear protocols in place. These stated

the circumstances in which the person should be supported to take the medicine.

- People were supported to safely take the medicines they were prescribed. Some people were supported to manage their own medicines where it was safe to do so. Other people were supported by staff to take their medicines. The support people needed was regularly reviewed to ensure people were as independent as possible.
- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take and an accurate record of medicines held in the service.

#### Staffing and recruitment

- There were enough staff to meet people's needs. People told us staff were available to provide support when people needed it.
- Staff told us they were able to meet people's needs safely. The rotas were flexible to provide staff to support people at times that were suitable to them.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report such events. Action was taken to reduce the risk of similar incidents happening again.
- Accidents and incidents were reviewed by the management team to ensure appropriate actions had been taken.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received training relevant to their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff said they received good training, which gave them the skills they needed to do their job. The registered manager had a record of all training staff had completed and when refresher courses were due.
- New staff spent time shadowing experienced staff members and learning how the home's systems operated as part of their induction.
- Staff had regular meetings with their line manager to receive support and guidance. Staff said they felt well supported.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs were assessed before they moved into the home to ensure they could be met. Assessments were completed with input from relevant specialists, including the community mental health team.
- People were supported to set goals to help them develop their skills and become more independent.
- People told us staff understood their needs and provided the right support for them. Comments included, "The staff are very good. They are helping me to move on and find my own flat."
- People were involved in decisions about the premises and environment. People said they were able to decorate their rooms to their individual taste.

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

- People were supported to shop for food and prepare their own meals, to increase their independence. People received a food budget and were supported to plan meals that provided a balanced diet.
- The registered manager reported where people needed support with meal preparation, staff provided this. Examples included when people first moved into the service or if they became unwell.

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

- People told us they were able to see their doctor and other health professionals when needed.
- Staff supported people to access external health and social care services. Staff worked with local health services to ensure people received the support they needed.
- Staff had recorded the outcome of appointments in people's records, including any advice or guidance. These were discussed with people during regular keyworking sessions to ensure people understood the outcome of appointments.

#### 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 when this is in their best interests and legally authorised under the MCA.

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.

- At the time of the inspection everyone using the service had capacity to consent to living at The Mead and to their care and treatment.
- People told us staff respected their rights and gained consent before providing any support. We observed staff working in this way during the visit.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure support plans contained detailed information about people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People had been supported to develop clear support plans, which set out how their individual needs should be met. The plans were specific to people and contained detailed information for staff.
- Staff demonstrated a good understanding of people's needs and their individual preferences.
- People regularly met with their keyworker to review their plans. Plans included goals people were working to achieve and had been updated where needed.
- People were supported to have as much control and independence as possible. The service aimed to support people to move on to more independent settings.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had identified people's communication needs and included them in the support plans.
- The registered manager reported people would be supported to use specialist equipment and records provided in specific formats to aid communication where needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of activities they enjoyed and to maintain relationships with family and friends.
- Staff had supported people to change the way they socialised and took part in activities due to government COVID-19 restrictions. People told us they understood why some things had not happened and were happy with the opportunities available to them.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint and were confident any concerns would be dealt with.
- Records demonstrated complaints had been investigated by the registered manager. Complainants had been given a response, setting out the actions that had been taken to resolve their issue.

#### End of life care and support

- The service was not providing support to anyone at the end of their life. The needs assessment process when people moved into the service highlighted any specific needs or wishes they had.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure there were effective quality assurance systems in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was a registered manager in post, who had provided consistent leadership of the service. Staff said the registered manager was "very supportive" and "had a good handle on what was happening in the service."
- The provider had effective quality assurance systems in place. These included, reviews of support records and plans, medicine records, staff records and quality satisfaction surveys.
- The results of the various quality assurance checks were used to plan improvements to the service. Actions were regularly reviewed to ensure they had been completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had promoted a person-centred approach in the service. This was evidenced through the content of staff meetings, support sessions for staff and the training staff received.
- Staff reported the registered manager was focused on ensuring people received a good service. Comments included they were "very focused on supporting people to move towards independence."
- The registered manager had a good understanding of their responsibilities under the duty of candour.

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

- The service involved people, their families, friends and others effectively in a meaningful way. The registered manager responded to issues raised and let people know what action they had taken.
- People said they had regular contact with the registered manager and could discuss any issues about the service.
- People were supported to be active members of their community.

- The provider was a member of relevant industry associations. The registered manager had kept up to date in relation to changes in legislation and good practice guidance.