

Meadow Lodge Home Care Services LLP

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## Inspection report

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12 December 2017

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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

The inspection site visit took place on 14 November 2017 and was announced. We telephoned people who used the service on 7 and 12 December 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and people living with dementia or mental health problems. Not everyone using the service receives a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service is provided mainly to people living in the Selby area, as well as some parts of Wakefield and the periphery of York. When we inspected the service had approximately 200 people who used the service.

At the last inspection in November 2016 we found there were breaches of Regulation 12: Safe care and treatment and Regulation 17: Good Governance in relation to risk assessments and risk management, medicine management, mental capacity and consent to care, auditing and care planning. We asked the provider to complete an improvement plan to show what they would do and by when to improve the key questions Is the service safe? Is the service effective? and Is the service well-led? During this inspection we found sufficient improvements had been made within the service to enable the provider to meet the legal requirements of both regulations.

The provider is required to have 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. There was a manager in post who registered with CQC in March 2017.

Improvements had been made to medicine management practices. Documentation had been reviewed and updated, staff received training and support around medicine administration and people said they had no concerns about how they received their medicines.

Risk management and the assessment of risk had improved. The assessment and documentation of risk was clear and detailed to aid support workers to deliver safe care, and the management team audited and reviewed risk on a regular basis. People were involved in their care planning and were able to discuss risk taking as part of this process.

Care records had been reviewed, updated and rewritten as needed. Improvements had been made to ensure these were person centred and reflected people's wishes, choices and decisions about their care and support.

The people using the service told us that they felt confident about their safety. We found that their support workers had a good knowledge of how to keep people safe from harm and the support workers had been employed following robust recruitment and selection processes.

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

There were sufficient support workers employed to meet people's individual needs. The support workers received induction, training and supervision from the management team and we saw they had the necessary skills and knowledge to meet people's needs.

There was a complaints procedure in place and people told us that they would not hesitate to contact the agency office if they had a concern.

Where support workers prepared and cooked meals for people, people told us they enjoyed good food.

People were treated with respect and dignity by the support workers. People who spoke with us were positive about the service they received.

People and the support workers told us that the service was well managed. The registered manager monitored the quality of the service, supported the support workers and ensured that people who used the service were able to make suggestions and have input into the development of the service.

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 has improved to Good.

Medicine management and record keeping had improved. People received their medicines in a safe way and support workers received training and support from the provider.

Risk assessment and the management of risk had improved. Assessments were detailed and gave support workers clear advice on how to keep people safe. Records and support worker practice were monitored by the management team to ensure any identified risk was minimised.

People were protected from the risk of abuse and support workers were aware of safeguarding vulnerable adults' procedures. Support workers were recruited appropriately and there were enough to meet people's needs.

### Is the service effective?

Good ●

The service has improved to Good.

Improvements had been made to the recording of consent to care, mental capacity assessments and best interest meetings.

Staff received relevant training and supervision to enable them to feel confident in providing effective care for people. They were aware of the requirements of the Mental Capacity Act 2005.

People were provided with appropriate assistance and support and staff understood people's nutritional and hydration needs.

### 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 has improved to Good.

The provider's quality assurance system had been followed appropriately showing that it had been embedded within practice. The management team carried out regular audits of the service and acted on any issues found.

Improvements had been made to the record keeping in the service. Medicine records, risk assessments and care plans had all been reviewed, updated and rewritten as needed. Care plans were person centred and reflected the care being given.

The service had a registered manager who supported the staff team. There was open communication within the staff team and they felt comfortable discussing any concerns with the registered manager.

# Meadow Lodge Home Care Services LLP

## **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.

The inspection site visit activity started on 14 November 2017 and ended on 12 December 2017. It included a visit to the office location on 14 November 2017 to see the registered manager and speak with support workers and other staff; and to review care records and policies and procedures. On 7 December 2017 and 12 December 2017 we made telephone calls to people who used the service. We gave the service 48 hours' notice of the inspection visit because we wanted to arrange to speak with support workers and ensure the registered manager was available.

The inspection team consisted of one inspector for the site visit and two inspectors made telephone calls to 11 people who used the service.

Before our inspection we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 reviewed the information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We asked commissioners from the local authority for their feedback about the service. We used this information to plan the inspection.

At this inspection we spoke with the provider, the registered manager and five support workers. We telephoned and spoke with 11 people who used the service and two relatives. We did not visit anyone who used the service.

We looked at three people's care records, including their initial assessments, care plans and risk assessments. We looked at medication administration records (MARs) where support workers were responsible for administering medicines. We also looked at a selection of documentation pertaining to the management and running of the agency. This included quality assurance information, audits, recruitment information for three support workers, staff training records, policies and procedures, complaints and work rotas.

# Is the service safe?

## Our findings

At the last inspection we found there was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in regard to medicine management, risk assessments and risk management. At this inspection we found that sufficient improvement had taken place to evidence the breach had been met.

The registered manager had reviewed and updated the care plans for people who used the service. They had addressed the risk assessments and, for medicines, moving and handling and specialist equipment, these has been incorporated into the care plans. Other risk assessments were in place for identifying areas of risk such as the environment and slip/trip hazards. Records showed that support workers completed a daily visual check of equipment used in people's homes to see that it was working and fit for purpose. The risk assessments had been updated on a regular basis to ensure that the information available to support workers was correct.

The PIR documentation stated that the risk assessments were written by the care co-ordinators and the quality officer, employed by the provider, in agreement with people who used the service to ensure their rights and choices were met wherever possible. People told us they felt safe with the support workers and the care provided. They said, "Yes the girls are brilliant. They make me feel safe", "Yes. They help me with showering. I wouldn't feel safe doing it on my own" and "They make me feel safe because they (support workers) know what they are doing. They always check my doors are locked when they are leaving, especially now with the dark nights."

The arrangements for managing people's medicines were safe. Support workers received training to handle medicines, and medicine administration records (MARs) we reviewed were correctly completed. The provider had improved the medicine management practices within the service. They had introduced new MARs, which were monitored by specific support workers called 'Field supervisors'. Their role was to check the MARs and stock levels in people's homes during their routine visits and collect the paperwork at the end of each month and take it back to the office for auditing. One field supervisor said, "Where requested by a person we can order their medicines, collect the prescription and take this to the pharmacy. Most people usually have their tablets delivered."

People told us they were happy with the support they received with their medicines and said, "I manage these myself but the girls do ask me to check I have taken them. They are good like that", "They give me one on a morning and I manage the rest. I get them more or less the same time very day" and "They put my tablets out for me. I don't miss any of them anymore."

We saw sufficient support workers were deployed to meet people's needs. People who used the service provided consistently positive feedback about support worker's reliability and punctuality. People told us that they received support from different support workers, but were happy with the service. Comments received included, "They are usually on time but can get held up. They ring me and let me know so I am not worrying. I usually see the same faces morning, lunch and tea but it can change at night but it is never a



stranger" and "I would say they have enough. I am never missed but they can be later than planned but I know this is normally due to travelling or being held up. They always stay the full time and we always have a bit of banter. I like that." The registered manager told us that occasionally delays did happen due to the rural areas that the service covered and the distance that support workers had to travel.

The normal operating hours for the office was from 07:00 to 21:00, although support workers started work at 06:30 until 22:30. Outside of the office hours people and support workers had an 'out of office hours' emergency contact. Discussion with the registered manager indicated that the service had a monitoring system for home visits. Support workers had to log in and out when they entered a person's home using a 'tag' system that worked with their mobile phones. An alert was sent to the office if a worker was more than 30 minutes late and the care co-ordinators would follow up with a phone call to the support worker to check they were okay and if there was a problem. The records of missed calls showed the service had a 98% 'attendance on time' average and these documents were sent, where requested, to the funding authorities each month.

Safeguarding policies and procedures were in place and records showed support workers had received safeguarding training in line with the organisation's policies and procedures. These measures helped to raise their awareness about safeguarding and protecting people. The registered manager had received additional training to enhance their understanding of local safeguarding protocols and their responsibilities within the safeguarding framework.

Robust recruitment practices were followed to make sure new support workers were suitable to work in the service. These included application forms, interviews, references and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups.

Accidents and incidents were recorded and analysed by the registered manager. No one using the service had sustained a serious injury since our last inspection but measures were in place to ensure incidents were reviewed and action taken to reduce the risk of them reoccurring. Support workers were confident when telling us how they would manage an emergency situation in a person's home and one person told us, "I had a fall and the support worker was very helpful and understanding."

People told us that support workers left their homes clean and tidy. One person said, "I have no complaints. They wear gloves and have a lovely tunic that they always wear."

The provider had a documented business continuity plan available at the time of our inspection. A business continuity plan records the arrangements in place should an emergency situation such as flooding or fire at the location's offices, or the outbreak of an infectious disease or bad weather affect support workers ability to provide care and support. This was reviewed and kept up to date by the registered manager.

# Is the service effective?

## Our findings

People who used the agency and their relatives were positive about the support and care they received. They told us that support workers knew what they were doing when they attended people using the service and they were competent and knowledgeable about each person's needs, wishes and choices. Comments we received included, "I think so yes, they know what they are doing", "Certainly - they know what to do and how to do it" and "I know they do a lot of training and I have never had any problems. Some are better than others but that is just my preference I suppose."

There was a robust induction and training programme in place for all staff. Support workers who were new to the caring profession were also required to complete the Care Certificate; this ensured that new support workers received a standardised induction in line with national standards. One support worker told us, "We can shadow other support workers until we are comfortable working with the person using the agency."

Support workers had access to a range of training deemed by the provider as 'essential'. Support workers told us they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding adults and moving and handling. One new support worker told us, "The induction and training I received has given me confidence in my role. I was unsure about one situation and asked for help and this was provided straight away."

Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Support workers we spoke with were positive about their supervisions saying, "We have regular supervisions. These are a two-way process where we can discuss any problems or issues we might have and we get feedback on our performance." We saw records of supervisions in the support worker files.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

At the last inspection we had a minor concern about where people were unable to consent to care due to their mental health difficulties the service had not completed mental capacity assessments or recorded best interests decisions. Our checks at this inspection showed the registered manager had improved staff knowledge / practice of MCA and the documentation.

We checked whether the service was working within the principles of the MCA. We found that training was provided for support workers on the MCA. Support workers we spoke with showed they understood the importance of consent and we saw that capacity issues were explored when planning people's packages of care and support. At the time of our inspection no one who used the service was deprived of their liberty.

People who used the service were asked to sign their care records to document that they consented to the care and support provided. They confirmed with us that they were able to input to their care and make their own choices about their support. They told us, "They (management) know who I like and I have regular support workers. They generally come at the times I have asked for and we discussed this when I first started using the service. I tell the support workers how I like things if they are new." And, "I make all the decisions. I am able to so why should anybody else decide", "From the start I said what I wanted and what I needed help with and that is what I get."

Emergency contact details for people's GPs and other professionals involved in their care were recorded in their care records. The support workers who spoke with us were confident about how to manage emergencies in people's homes. People told us they felt safe whilst the support workers were in their home. Two people said, "If I am not well they get in touch with the doctor straight away. They know me well enough to know when I am not 100%" and "I certainly do feel looked after. One morning I was not well so they called for a doctor and waited with me until the doctor arrived."

Support workers said there was very good communication between themselves and the office. They told us, "The telephone information sent to us is very detailed and everyone gets important information and changes to work rotas" and "Our rotas are sent to us every Wednesday or Thursday for the following week. These are emailed to each support worker and the office contact us with any changes or will issue us with a new roster. We check our emails daily, but also get alerted through texts." One person who used the service told us, "The support workers are great. I can get hold of someone in the office if I need to change anything; they listen to me and sort it out."

Support workers provided effective support to ensure people ate and drank enough. People told us, "Support workers bring me whatever I want for breakfast. They do my shopping and they know what I like", "They make me breakfast and I always choose what I want. They always ask me first" and "I have usually already decided what I want before the girls get here and they get it all ready for me. I help when I can."

## Is the service caring?

### Our findings

People were very satisfied with the care and support they received from their support workers and made a number of very positive comments to us. People said, "I cannot fault the support workers at all", "There is nothing wrong with the support workers. They are all kind and considerate" and "Lovely, lovely people they are." One person said, "We have a good laugh and a bit of banter. Very caring ladies they are. Couldn't do any more for me."

People were supported by a team of support workers who covered each other for leave or sickness. This meant people could experience changes of workers, but over 50% of people who spoke with us said they received care from support workers they knew. People said, "I did have regulars but they have just changed it all so now I have different ones", "I have a team of about six different support workers that come. One comes more often than the others" and "Not as regular as I would like. I had the same carers for ages and then it all changed recently. I am getting to know the new ones now though. There isn't any that I have had to ring the office and say 'don't send her again.' They are all pleasant enough."

The provider told us they recognised that people wanted a regular team of workers, but it was not always possible when trying to cover leave and sickness. This was something they were trying to improve by recruiting more support workers where possible. People said they could request a change of support worker if they needed to. Two people told us, "I wasn't involved in the decision about changing the support workers but I think if I said I was not happy they would do something about it" and "I have complained in the past and told them not to send certain ones and it was sorted so I do get a say."

People and relatives had confidence in the support workers and one relative said, "They are absolutely marvellous. They deal with everything for [Name of person]. We need two support workers each time and there are always two who turn up. They are caring and I don't know what we would do without them." Two people told us, "The care is good, the girls are brilliant and I am happy with the service I get" and "The care - well there is nothing wrong with the care. They do a good job."

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with support workers indicated they had received training on this subject and understood how it related to their working role. People told us support workers treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in the care files.

Support workers had completed training on privacy and dignity. The provider carried out observations of support workers at work as part of their assessing and monitoring of good practice. People told us support workers treated them with respect and provided care and support which maintained their privacy and dignity. Feedback included, "They are good. They close doors and things and keep me covered over with a towel or dressing gown" and "Well, I am in my own home and there is only me. They close the curtains and doors and such. They leave me to wash in the shower."

Support workers told us they helped people to maintain their independence wherever possible and this was confirmed by people who spoke with us. They said, "The thing is with me I have good days and bad days. The support workers understand this so if I have a good day they support me to do things like dry and dress my top half and on bad days if I can't manage they do it for me. They don't take over", "Well, I do things I can manage and they help with the things I can't" and "I don't really need them to encourage me. I want to do as much as I can so that is what I do."

People said support workers understood them, knew about their life history and provided compassionate care. They told us, "Most of them do and we have good chats about my life" and "My regular carers do, they don't even have to ask half the time because they have been coming so long."

People were supported to be involved in planning their care and support and making decisions about how their needs were met. People who used the service explained that they were involved in setting up their package of care to ensure it met their requirements. Their wishes and views were listened to during this process. For one person who was partially sighted the registered manager had produced their care file in large clear print to make it easier for them to read and understand. This showed us that people who used the service were supported to be in control and make decisions about their care and support.

People told us, "My care file is in the room. The manager came out when I first started and went through the care plan and things. It's there for me to look at if I want to", "The support worker always checks the file and fills it in when they are ready to leave. I can look at it whenever I want" and "My family sometimes read it but I don't really bother. It's there if I want it."

The registered manager understood the role of advocacy and had contact details available if anyone who used the service required the support of an advocate. An advocate is someone who supports people, particularly those who are most vulnerable in society, to ensure that their voice is heard on issues that are important to them.

# Is the service responsive?

## Our findings

People and their relatives told us the service was responsive to their needs and went out of their way to assist them with any problems or changes to care and support that they might require. The registered manager told us that they constantly monitored the input from their support workers and used feedback from reviews to reassess the current care packages. People told us, "Someone from the office comes out to check on the support workers. If I was not happy with the care I would ring them" and "I would speak with the support workers if I had any problems. They are good like that, they listen."

The service received new referrals in different ways depending on which local authority was responsible for the funding. One local authority sent a daily list of people and their needs, which the registered manager looked at before putting in an offer of support for each person. Another authority would ring the service and ask about availability.

A 'needs assessment' had been carried out to identify each person's support needs, and support plans had been developed outlining how these needs were to be met. People who used the service told us there were few or no restrictions on their daily life, although risk assessments had been completed and support plans were in place to make sure people stayed safe and well. We saw that care plans and risk assessments had been reviewed to make sure they contained relevant information and were up-to-date.

At our last inspection we had some concerns that care was task focused and not person centred. We found the provider had made improvements to the care records and these now reflected information about people's wishes and choices around their care and support. Each care file included a one page profile on the person titled 'All about me', which documented what was important to the person and how best to support them.

None of the people we spoke with required support around maintaining interests, hobbies or friendships. Their care focused on physical needs, which is what they had requested of the service. Most people commented that support workers would chat with them about their interests and hobbies and also showed an interest in their lives and what they had been up to. One person said, "The support workers listen and follow instructions. They are very patient" and another told us, "They are very friendly and never rush you. They ask me what I want to do."

The provider had a policy and procedure in place providing details about how they managed and responded to complaints about the service provided. We saw that details about the provider's complaints procedure were kept in people's care files in their own homes and a copy was available at the office site. We checked the office records and saw the registered manager had responded to the complaints received over the last year and all were resolved. They said all complaints were logged by the office staff onto the complainant's personal file.

The registered manager had developed a log to provide an overview at the front of their complaints file. The people and relatives we spoke with were confident of using the system to raise any concerns they may have.

Comments included, "I would contact the office, I never have complained as I have not had any reason to if I am honest" and "Not had a reason to complain really. There has been the odd niggle but nothing major. I just ring the office number and one of them usually helps."

## Is the service well-led?

### Our findings

At the last inspection carried out in November 2016 we found there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in regard to quality assurance and care records. The provider had introduced a new auditing process but it was not fully embedded. At this inspection on 14 November 2017 we found that sufficient improvement had taken place that the breach had been met.

We saw evidence that the registered manager and office staff were reviewing and monitoring records and support worker practice on a daily basis. The registered manager and care co-ordinators had completed audits on aspects of the service including compliments and complaints, commissioning, safety, personnel issues, sickness and operational issues. Information from the audits and other quality assurance checks were fed back to the provider at the management board meetings. We have reported on the improvements to medicines, risk assessments and care plans in this report.

The provider had improved their approach to learning from events. For example, medicine errors were recorded and analysed. Action was taken with the support workers to give them feedback on performance and support. One support worker told us, "I made a medicine error and when I realised I rang the GP for advice. I reported it to the office and I was asked to do refresher training in medicine management and then my practice was followed up by the management team."

The registered manager was supported by the provider and the care coordinators for each of the teams within the service. People who used the service and their relatives said the culture of the service was open, transparent and the registered manager sought ideas and suggestions on how care and practice could be improved. One person said, "They are all friendly enough in the office."

Reviews of people's care were carried out and any issues discussed were recorded in people's notes. One person told us, "The manager came a while ago and watched the staff supporting me. They said it was just to check I was happy and that they were doing things as they should."

Our discussions with the support workers indicated that they were all motivated to support people to the best of their abilities; they spoke in a caring, patient and kind way about people who used the service. They told us they felt proud to be a member of the team. Support workers told us they were happy with communication within the service and this enabled them to be effective in their jobs.

The registered manager told us that feedback from people who used the service, relatives and staff was obtained through care reviews, day-to-day business and staff meetings. People and relatives told us they received surveys from the agency and one person said, "I've had a survey but my family does all the paperwork." Another person told us, "They do visit to review my care and make sure I am well looked after." The survey analysis completed for 2017 showed that 93% of people were satisfied or very satisfied with the service. Where issues were raised by people they were around a lack of the same support workers or visit times. The provider had produced an action plan to address these concerns that had been implemented.



We asked people to name one good thing about the service and they told us, "The support workers. The care they provide is just excellent.", "Without a shadow of a doubt the support workers. They are brilliant" and "The support workers. I don't know what I would do without them. I see them as friends now."

We also asked people what they would like to see improve and they said, "Not so many changes. I don't like change" and "The organisation in the office. The support workers don't know whether they are coming or going most of the time." Discussion with the registered manager, office staff and support workers indicated that there had been a number of changes lately around job roles and recruitment, which was reflected in people's feedback. However, they told us things were moving forward and settling down.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.