

Meadowview Care Limited

Priory 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 ●

Summary of findings

Overall summary

About the service

Priory House is a care home providing personal care for 3 people. The service can support up to 3 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Staff had received training including the safeguarding of people, administration of medicines, infection control and epilepsy. Staff also informed us they had regular supervision and a yearly appraisal.

Care plans and risk assessments had been written from an assessment of the people's needs and was updated as necessary. The staff were aware of the contents of the care plan so that they understood the individuals needs and how to support them to meet their desired goals.

The service had sufficient members of staff to cover the rota and the systems to recruit staff safely were robust.

People had access to health professionals when needed. People were supported to maintain a healthy diet and support was planned to meet the assessed nutritional and health needs.

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

People using the service shared positive relationships with the staff. Their privacy, independence and dignity was respected. We observed staff listen to and support the person to make choices. People were listened to in relation to their choices about how they wanted to be cared for. Relatives were involved in their care planning and the review of the care provided.

People received a responsive service which was adaptable to support their needs depending upon how they felt during the day. There were systems in place to assess, plan and meet their individual needs and preferences. There was a complaints procedure in place.

The registered manager told us the aim of the service was to deliver person-centred quality care. The service provided was assessed and monitored by the registered manager and members of the trust to support the

person using the service to meet their needs.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was Good (published 3 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Priory 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. 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Priory House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we received from the service by way of notifications. Notifications are required by law and identify incidents that had happened in the service and the actions taken in response, including safeguarding and serious injury.

We also used the information sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with the area manager, registered manager and one member of staff.

We reviewed a range of records. This included three people's care records and medicine 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, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence we found. We looked at quality assurance records and spoke with two relatives of people living at the service.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy and procedure in place. People continued to be supported by staff who understood safeguarding, what to look for and how to report concerns. One member of staff told us, "I received safeguarding training as part of my induction when joining the service and I do know how to report a safeguarding matter."
- People we spoke with told us they felt safe. One person told us, "I know all of the staff and they look after me." A relative told us, "The staff keep in touch with me about anything and everything, I have no concerns."
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- The service had a system to record and analyse any accidents or incidents. This helped to identify any trends or themes.
- The staff assessed risks to the person's safety and well-being. Plans were put in place to mitigate these risks and staff were familiar with them. This included risks associated with health conditions, travelling and personal finances.
- The fire alarm was tested weekly and a fire risk assessment had been written with reference to individuals personal emergency evacuation plans (PEEP).

Staffing and recruitment

- The service had robust recruitment practices in place. New staff were appointed only after checks were completed which ensured they were of good character to work with people who had care and support needs.
- The registered manager organised a staffing rota to ensure there were always enough staff on duty to provide the support required.

Using medicines safely

- Peoples medication administration records (MAR) showed people received their medicines as prescribed.
- The registered manager ordered the prescribed medicines and carried out a regular audit check of medicines in stock.
- Medicines were reviewed as necessary with the GP and also specialist nurses.

Preventing and controlling infection

- Staff confirmed with us they had received training on how to prevent the spread of infection and food

hygiene training. A member of staff informed us they had sufficient supplies of the correct personal protective equipment to help keep people safe.

- The service had a policy and procedure regarding the control of infection.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The registered manager held regular meetings and implemented actions as necessary to improve the service and to keep people safe.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service supported people flexibly to meet their individual hobbies and interests. One person told us, "I have been into town today shopping." A relative told us, "My relative is never bored they are always doing something in the house or pursuing an interest outside."
- The registered manager and staff recorded in people's care plans the assessed needs and how these were to be achieved.
- A member of staff told us, "I can understand non-verbal communication such as rubbing the stomach when hungry or thirsty."

Staff support: induction, training, skills and experience

- People were supported by staff who had received training for their roles. A member of staff informed us about the informative induction training program they had completed.
- The registered manager informed us about the on-going training the organisation provided for them and the staff to develop their skills to support the people using the service.
- Staff told us they received regular supervision and an annual appraisal. One member of staff told us, "Supervision is planned, and you can always approach any of the managers for help."

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

- The registered manager told us how choices such as drinks and foods were offered and favourites were well known to the staff and recorded in people's care plans.
- People using the service supported staff with shopping for food and drinks and frequently watched and spoke with staff as they were preparing meals to ensure the meals were being cooked as they wished.
- Staff told us about how they supported people to learn about various foods and to make healthy options.

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

- We were informed by the staff how they accessed specialist advice and guidance as necessary to aid them to provide the necessary support to people with reference to their assessed needs.
- Relatives told us that healthcare appointments were arranged as necessary and the information on the outcomes of visits shared with them.

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

- Priory House is based over two floors and the registered manager had sought advice from other professionals regarding adaptations to the house to meet the needs of the people using the service.

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

- Staff informed us that appointments were made as necessary with the GP and also on an agreed timeframe with other services such as dentists.

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.

- Staff had received training regarding obtaining peoples consent and the principles of the MCA. Staff informed us how they worked with people to obtain their consent before providing any care.
- One person told us, "The staff are very kind and always ask for my opinion about everything."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 staff treated them with kindness and respect. One person said, "The staff are nice and they help me with anything I need them to do."
- Relatives felt the staff had time to support their relatives and they were not rushed. One relative told us, "The staff take time to help [my relative] it is important for their health they are not rushed and given time to think and understand."
- The registered manager informed us that when employing staff, they were looking for people with empathy and understanding. These characteristics of the staff were confirmed to us by our observations of staff providing support. We saw positive exchanges of non-verbal communication, such as smiles and sharing jokes.

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

- We saw evidence of regular care reviews had been recorded in the individuals care plan to determine how to offer and support decision making and for views to be expressed.
- We observed members of staff explaining what they were doing and asking for confirmation this was correct or should they be doing something else.
- A relative informed us how the staff worked in a caring and respectful manner to ensure they engage with their relative so they could express their view and make meaningful decisions.

Respecting and promoting people's privacy, dignity and independence

- Privacy was respected because confidential information was held securely in the office location.
- The staff showed respect by addressing the person with the name they wished to be called.
- Staff knocked on bedroom doors before entering and we saw that staff spoke with people in a discreet way about if they needed assistance with their personal care needs.
- The staff promoted independence by discussing and offering options and supporting the choices made.

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 good. At this inspection this key question has now remained the same. 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

- How to provide the support required was detailed and clearly written in people's care plans which were divided into sections and included people's life histories.
- Personal preferences were clearly recorded. The registered manager knew the people living at the service well and had built up a knowledge of preferences and choices and these had been recorded.
- People told us they were happy at the service, and they received personalised care which met their needs. One person told us, "The staff come out with me and are there to help." A relative told us "When I visit I catch up with all that has been happening and I think [my relatives] needs are met and their views are acted upon with how they live their life."
- Regular reviews of care were arranged to reflect and record people's changing needs.
- Staff confirmed that the care plan in place reflected current needs and they recorded daily information in the plan each time they visited.
- We saw photographs which showed positive interactions of events people had participated in and enjoyed. A member of staff told us, "We have a plan agreed with the person for each day but this is subject to change on the day depending upon the persons feelings."

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.

- The service identified people's information and communication needs by accurately assessing their needs and collecting information from relatives and referring professionals. A member of staff explained how they supported their verbal communication with non-verbal communication so that the person understood them.
- We saw staff taking time to talk slowly to a person and checked they understood them with appropriate questions and offered choices from those discussion and questions.
- People's care plans were designed in line with the Accessible Information Standards (AIS). The standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, and with support, so they can communicate easily with health and social care services.
- Care plans we looked at included people's interests, hobbies and cultural wishes and ways in which the staff would support them.

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

- The people living at the service enjoyed each other's company and sometimes eat together and enjoyed various activities together which helped to avoid social isolation.
- Each person had their own room to which had been decorated to their taste and they could withdraw to pursue individual activities. One person told us, "I like some time on my own and I usually watch a video from my collection."
- We saw in the care plans and the people using the service and staff told us people frequently went out of the house together while sometimes individually with a member of staff to pursue a personal interest.
- People told us their relatives did visit them and a relative told us, "I am always made very welcome."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure which had been developed with the people in mind that were using the service to support them to make a complaint should the need arise.
- Information about how to raise a complaint was given to people upon joining the service.
- Staff informed us they knew how to raise a complaint and/or concern with the registered manager.
- No complaints had been raised this year and the registered manager considered this was because the staff knew people well and worked hard with them to resolve issues as they arose.

End of life care and support

- Nobody living at the service at the time of our inspection required support with end of life care.
- Care plans showed that consideration had been given and as much information as possible from times of review when this was discussed had been recorded.
- The registered manager informed us they would seek support from other professionals and were confident that the staff would continue to support under that guidance.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service systems were designed so that person-centred care was delivered.
- The registered manager with the area manager had developed service governance systems to monitor and identify issues and deliver person-centred care. Some audits were carried out daily to check that care had been delivered and medicines given as prescribed.
- The registered manager had spoken with staff and agreed how to devise a recording system for people to determine the support they needed at that time from agreed choices and how this was recorded.
- One person told us, "I like living here at Priory House as I never get bored and there are always staff here."

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

- Policies and procedures provided guidance around the duty of candour responsibility.
- Staff told us their views were sought around how the care was to be provided.
- The registered manager told us that they spoke regularly with people's relatives having gained their consent to do so and also involved other professionals in people's care for advice and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had an on-call system so that people using the service and staff could call upon the registered manager for support as needed.
- The service was well-organised and there was a clear staffing structure. The staffing rota was organised well in advance so that staff were clear about their shifts and could arrange leave and days off with the registered manager.
- Staff understood their roles and responsibilities and found the registered manager supportive. A member of staff told us, "The manager is approachable and very helpful and is a positive role model for us in the way they support people."

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

- We saw recorded in meetings minutes and care plans as well as listening to staff engaging with people during the inspection that people using the service were engaged and involved with the running of the service.

- Relatives told us they were encouraged to comment on the care delivered. A relative told us, "There are regular reviews of [my relatives] support and I feel I can talk with manager at anytime to clarify anything."
- Staff spoke positively about the support they received from the registered manager. One member of staff told us, "They want what is right and the very best [for their relative]."

Continuous learning and improving care

- The registered manager carried out spot checks and supervision sessions with staff to determine how the staff were working and could there be any improvements.
- Family members were involved in the oversight and planning of the care to be provided.
- The management team supported a culture of continuous learning and improvement. Staff informed us that the managers were supportive of training requests. The registered manager frequently reviewed the training programme and worked with the staff to arrange and provide training.

Working in partnership with others

- The service worked collaboratively with other agencies such as the local authority.
- The service sought the advice of various professionals as appropriate to plan and review the care provided.