

Meadoway Homes CIC

Meadoway Homes Limited - 613 Barking Road

Inspection report

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21 April 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

This inspection took place on the 13 and 21 April 2017 and was unannounced. At the previous inspection of this service in January 2015 we found one breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because the provider had failed to notify the care Quality Commission of significant events. We found this issue had been addressed.

The service is registered to provide accommodation and support with personal care to up to five adults with mental health needs. Four people were using the service at the time of inspection. The service had a registered manager in place. 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 were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place. Risk assessments provided information about how to support people in a safe manner. Medicines were managed safely.

Staff received on-going training to support them in their role. People were able to make choices for themselves and the service operated within the principles of Mental Capacity Act 2005. People told us they enjoyed the food. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. People were supported to engage in various activities. The service had a complaints procedure in place and people knew how to make complaints.

Staff and people spoke positively about the registered manager. Systems were in place to seek the views of people on the running of the service.

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. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Medicines were managed in a safe way.

Is the service effective?

Good 

The service was effective. Staff undertook regular training to support them in their role. Staff had regular one to one supervision meetings.

People were able to make choices about their care and were free to come and go from the service as they wished.

People chose what they ate and drank.

People were supported to access relevant health care professionals if required.

Is the service caring?

Good 

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

Is the service responsive?

Good 

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner. Care plans were subject to regular review.

People were supported to engage in various activities in the

home.

The service had a complaints procedure in place and people knew how to make complaints.

Is the service well-led?

Good ●

The service was well-led. The service had a manager in place. People and staff told us they found them to be supportive and helpful.

Systems were in place for monitoring the quality of care and support at the service. This included seeking the views of people using the service.

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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 team consisted of one inspector. Before the inspection we reviewed the information we already held about the service. This included details of its registration, previous inspection reports and any notifications the provider had sent us. Before the inspection, the provider completed a Provider Information Return (PIR). This 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 contacted the local authority with responsibility for commissioning the service to seek their views.

During the inspection we spoke with three people who used the service. We spoke with three staff, this included the nominated individual, deputy manager and a support worker. We observed how staff interacted with people. We reviewed two sets of records relating to people including care plans and risk assessments. We looked at four sets of staff recruitment, training and supervision records. We examined medicine records at the service and minutes of various meetings. We looked at the quality assurance systems in place.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "Yeah, I do feel safe here."

The service had a safeguarding adults procedure in place. This made clear their responsibility to report any allegations of abuse to the local authority and the Care Quality Commission. Staff had undertaken training about safeguarding adults and had a good understanding of their responsibility to report it. One staff member said, "If someone is being abused I have to tell the local authority safeguarding team about it." Another member of staff said, "In the office we have information about reporting safeguarding. I would report it to [the local authority] Safeguarding Team. I would also document it." The nominated individual told us there had not been any safeguarding allegations since our previous inspection.

The service did not have access to bank accounts of any people. However, they did hold money on behalf of two people with their consent to help support them with budgeting. This was stored securely. Records were kept of the amounts of money held, and each time a person took some of their money both they and a staff member signed for this. We checked the two lots of money during our inspection and found the amounts held tallied with the records. This meant systems were in place to protect people from the risk of financial abuse.

Risk assessments were in place which included information about the individual risks people faced and about the action required to mitigate those risks. For example, one person had risks associated with diabetes and the risk assessment included information about how to manage this risk, such as eating healthy food options, going to a gym and joining a walking group, which the person had done. Other risks covered by risk assessments included violence, suicide and self-neglect. This meant the service had taken steps to promote people's safety.

Where people exhibited behaviours that challenged the service there were risk assessments in place for providing support with this. Staff we spoke with had a good understanding of how to support people exhibiting behaviours that challenged the service and how to reduce the risk of this occurring. For example, one member of staff told us how a person responded positively to praise when they attended to their personal care and the risk assessment included information about this, stating, "Staff will encourage positive behaviour at all times and give praise when appropriate behaviour is displayed." The deputy manager told us the service did not use any form of physical restraint when working with people. They described how they supported a person who at times exhibited behaviours that challenged the service, telling us, "I try to know the cause of their anxiety, don't raise my voice and talk in a calm manner. It can help [person] if you make a cup of tea and give them space."

People told us there were enough staff to meet their needs. One person said, "There is always enough staff here, always someone to talk to." Another person said, "You have enough staff here actually." Staff also told us there were enough staff at the service. One member of staff said, "There is enough time for me to do what I need to do. There is time for everything." Another member of staff said, "Yes, [there are enough staff], we are just a small home."

The service had robust staff recruitment practices in place. The staff recruitment procedure stated that staff had to provide satisfactory references and undertake a criminal records check before they were able to work at the service. Staff told us that checks were carried out on them before they commenced working at the service. One staff member said, "They did the DBS [Disclosure and Baring Service] and they got references." Records confirmed that appropriate checks were carried out on prospective staff, including employment references, criminal records check, right to work in the UK checks and proof of identity. This meant the service had taken steps to help ensure suitable staff were employed at the service.

Most medicines were stored securely in locked and designated medicines cabinets. Records were maintained of the quantities of medicines held in stock and we found these records tallied with the actual amounts of medicines held. Medicine administration record (MAR) charts were maintained. These included the name, strength, dose and time of administration of each medicine. Staff signed these to evidence each time they administered a medicine to a person. We saw the MAR charts were completed accurately and were up to date.

We found that some medicines were stored in the fridge and were accessible to anyone in the home. This posed a risk of people taking medicines they had not been prescribed. We discussed this with the deputy manager who arranged for a lockable and secure container to store these medicines in during the course of our inspection.

We found that there were window panes missing from a downstairs bedroom. The deputy manager told us this happened shortly before our inspection. The service sent us evidence that this had been addressed on the same day as our inspection after we had left.

Is the service effective?

Our findings

People told us they were happy with the support they received from the service. One person said, "They are all right, good. Satisfactory service, everything is good." Another person said, "I think it's OK, all in all it's a good place." A third person said, "It's a good place, one of the best I've been in."

Staff told us and records confirmed that the service provided regular training. One staff member said, "I did safeguarding training, mental health, and other things." Another staff member said, "In the last 12 months I've done safeguarding, food hygiene, managing challenging behaviour and health and safety at the workplace."

The nominated individual told us that no new staff had been recruited since 2014, but confirmed if new staff were recruited they would be expected to complete the Care Certificate, which is a training programme designed for staff who are new to working in care.

Staff told us and records confirmed that staff had regular one to one supervision. The deputy manager said supervision was every three months but that staff were encouraged to raise issues at any time. They said, "Because we are such a small home we see each other all the time anyway." A member of staff said of their supervision, "We talk about any difficulties, areas for improvement. How I deal with the clients, how I deal with the staff. Training needs and personal development. Any concerns." Another member of staff said, "They ask me about the home and the residents, if I have anything I want to contribute." Records showed supervision covered personal development, people using the service, staffing issues and record keeping.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The deputy manager told us that no one was subject to a DoLS authorisation at the time of our inspection. They said, "They are allowed to go out even in the middle of the night if they want, but we might advise against it." People confirmed there were no restrictions on their liberty. One person said, "I am free to come and go as I want." Another person said, "It's up to you here [what time you get up and go to bed]." A third person told us, "They let you stay up at night and read books as long as you want. If I work on my writing until three in the morning they let you sleep in." We saw that people had signed consent forms to allow the service to share information about them with relevant persons.

People were provided with a contract which set out what they could expect from the service and what limitations were placed on people. For example, it made clear that people were free to come and go from

the service as they choose. However, it also made clear that that physical and verbal aggression were not tolerated and that drugs and alcohol were not permitted on the premises. This meant people were aware of the rules at the service when they moved in.

People told us they were able to make choices about what they ate and drank. One person said, "I can choose what I eat, I like takeaways." Another person said, "I cook my own food." A third person said, "I can buy my own food and cook my own meals." Care plans for some people included goals about supporting them to become more independent with cooking and set out what support they needed from staff. A staff member told us, "We help them to make food sometimes, but sometimes they want to make it on their own. We ask them what they want to eat."

The service supported people to be independent with booking medical appointments but provided support where needed. One person said, "We normally do that [book appointments] ourselves, but staff help us if we want them to." Another person said, "The staff sort it out normally."

Records showed people had access to health care professionals, including GP's, dentists, diabetic clinics and psychiatrists. One person attended a 'hearing voices group' which provided support with their mental health needs.

People's health needs were discussed in the Care Programme Approach (CPA) meetings. The Care Programme Approach is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health needs or a range of related complex needs. These helped to ensure people had access to the health care professionals they required. For example, it was highlighted in the CPA meeting for one person that they needed to lose weight. The service subsequently referred them to the dietician to advise on healthy eating and the physiotherapy team to advise on exercise. This meant the service was supporting people to meet their health needs.

Is the service caring?

Our findings

People told us staff treated them in a respectful manner. One person said, "The staff are caring." Another person said, "It's a good house to live in. It's a really good unit and all the people get on, there is no bullying, no aggression. It's a homely atmosphere"

The service supported people to develop independent living skills. For example, the care plan for one person included information about supporting the person to learn to manage their own laundry, stating, "Staff will encourage [person] to do his laundry." During the course of the inspection we observed staff supporting the person with laundry, encouraging them to do things for themselves to develop their independence.

One person showed us their bedroom which was decorated to their personal taste and included personal possessions such as televisions and computers. The person said, "I am happy with my room, it's the way I like it."

Everyone using the service was able to manage their personal care independently. However, some people required encouragement with this in order to maintain personal care to a level that promoted their dignity. Care plans included information about this. The deputy manager told us about how they supported a person to attend to their personal care, saying, "[Person] likes to be praised, so whenever he changes his clothes staff praise him." This was in line with the guidance in the care plan. One member of staff said, "We just have to encourage them with their personal care."

Staff had a good understanding of how to support people in a way that promoted their dignity. We observed that staff and people interacted in a relaxed and friendly manner during our inspection and both staff and people told us they had built up good relationships with each other. The nominated individual told us, "It's not a hospital environment here, we seek to build positive relationships here. That goes for relationships between service users as well." A staff member described how they spoke with people, saying, "The way you talk to them is important. I don't just say, '[person] come and have your medicines now' I have to say it in a polite manner." Another member of staff told us, "We don't just go into the bedrooms without knocking the door so we respect their privacy." People confirmed this was the case. Another staff member told us how they treated people with respect, saying, "You treat others as you would want to be treated. With respect, in terms of your communication with each other and giving people privacy."

The service sought to meet people's needs with regard to equality and diversity issues. For example, people were supported to eat food that reflected their culture. The deputy manager said, "Some of them want Asian food, some want African food, they choose what they want." They also told us that people were encouraged to share their traditional foods with others in the home to widen people's cultural horizons and to help foster a homely and sharing atmosphere at the service. The nominated individual told us another person liked music from her culture and watching Bollywood films. They added that as a result of feedback from people satellite television had been made available in all bedrooms and not just the living room as had been the case. This enabled the person to watch Bollywood films in their room and another person to be able to watch the sports channels they enjoyed. Assessments covered relationships and the nominated

individual told us they were able to support people to develop relationships if they wished.

Is the service responsive?

Our findings

People told us the service supported them to meet their needs. One person said, "I can talk to them [staff] if I am anxious." People told us they had a care plan and they were involved in developing it. One person said, "I do have a care plan, it's about finding some structure in my life and attending activities." Another person said, "Yeah, I've got a care plan. I was involved with it, it's got in what I want."

After receiving an initial referral the deputy manager told us, "We will look at it and see if it is going to be suitable for our service. If it is we will arrange to visit them [to carry out an assessment]." They told us the assessment was always done by a combination of any two of the three senior staff at the service. They said, "We go there with our assessment form to speak to the client. Sometimes we find out the person who made the referral put old history so we need to check what was written was correct." The deputy manager told us they turned down referrals if they thought they were not suitable. For example, one person had a high degree of areas of need related to drug and alcohol misuse and the service was worried this person may have a negative impact on the other service users who had made good progress with similar issues. After an assessment people were able to visit the service and to meet the other people to help them to decide if they wanted to move in or not. There was a gradual build up of visits, first with a member of staff from where they were residing, then on their own and building up to overnight and weekend visits. Records confirmed this transition process was followed.

Care plans were in place which were drawn up with the involvement of people. The deputy manager told us, "We make the support plan around them, they have their own input, we don't just impose a care plan on them." We saw that the primary care team was also involved in developing care plans. This enabled people to have expert support of mental health professionals in drawing up their goals. These set out how to support people to meet their needs and agreed objectives. Care plans included information about meeting needs in relation to physical and mental health needs, medicines, relationships and activities. Care plans included information about what action was required to be taken by the person and the service to help people meet their goals.

People had regular one to one meetings with their key workers. These reviewed the care plans and went through each element of them to see what progress had been made. These meetings also enabled the keyworker and the person to agree on new strategies if progress was not been made with achieving the care plan goals. Daily records were maintained which reflected people's care plans and enabled the service to monitor progress on a daily basis. Care plans were reviewed every six months which meant they were able to reflect people's needs as they changed over time.

People were supported to engage in various activities. One person said, "I am in a walking group." The deputy manager told us, "[Person] goes to dominoes at an African-Caribbean group, he eats there too." Other activities included a lunch club where people developed cooking skills and one person attended an IT course run by the local authority. The service arranged activities including the cinema and restaurants. This meant the service supported people to access the community and engage in activities.

People we spoke with told us they knew how to make a complaint if required, but that they had not yet done so. The nominated individual told us people were encouraged to raise complaints both in their one to one meetings with keyworkers and in service user meetings. Records of these showed that the subject of complaints was routinely raised by staff. The deputy manager told us there had not been any complaints received since the previous inspection.

The service had a complaints procedure in place and a copy of this was on display in the communal areas of the home to make it accessible to people. The procedure included timescales for responding to complaints received. However, it included incorrect details of whom people could complain to if they were not satisfied with the response from the service. We discussed this with the nominated individual who sent us a revised version of the procedure after the inspection which included the correct contact details.

Is the service well-led?

Our findings

At the previous inspection of this service in January 2015 we found one breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because the provider had failed to notify the care Quality Commission of significant events. We found this issue had been addressed.

People told us they found the registered manager to be helpful. One person said, "He is all right, I think he is OK." Another person said, "[Registered manager] is a really nice man. He is very experienced and a cool man."

Staff spoke positively of the registered manager. One staff member said, "[Registered manager] is very good. He does the job very well. He has passion for what he is doing." Another staff member said of the registered manager, "He is a role model. He always encouraged me and he helped me with my confidence and personal development. He is very approachable, all these guys [people using the service] love him." The same staff member added, "He is a problem solver. He can look and see if you are not happy and he will talk to you about how you can address things. Since I've been working with him I've never had a problem with him. He gives praise which helps to boost staff morale."

The three senior staff working at the service, the nominated individual registered manager and deputy manager provided an out of hours on-call service. This meant senior staff were always available to provide advice and support even when not actually at the service. The deputy manager told us, "If staff have any issues at night we are always on-call."

People told us and records confirmed that the service held regular service user meetings. One person told us, "Sometimes we do [have meetings], we talk about things in the house." Another person said, "All of us who live here have meetings. Generally it's about hygiene and cleaning your room." Records showed service user meetings included discussions about the menu and the general running of the home. There was also a standing item on the agenda for people to raise any concerns or complaints they had. The nominated individual told us that suggestions made in service user meetings had led to improvements at the service. For example, people said they wanted the carpets in communal areas replaced by wood panelling floors and this was subsequently done.

Staff told us the service held regular staff meetings. A member of staff said, "The last one was in March, we talked about the clients, how we are supporting them." Another staff member said of team meetings, "We discuss the service users, if there are any concerns. Then we discuss issues between staff such as lateness, if things are not properly cleaned that will be sorted. We discuss improvements. For example, we said we should send out surveys to families and that's now done. We also discuss available training." Records of staff meetings evidenced discussions about preparations for a new person moving in to the service, record keeping and feedback from each key worker about the person they were the key worker for.

The nominated individual told us, "We do annual surveys. We want feedback from family members and individuals who are involved in the clients care." They told us the last survey of professionals was sent out in

December 2016 but they had not received any replies. They said they planned to change the way they gathered feedback from professionals by asking them to complete surveys each time they visited the service.

The last relative's survey was also issued in December 2016 and there had been four completed surveys returned. The surveys asked people to rate the service as either very good, good, satisfactory or poor in a variety of areas. These included the level of information provided, the staff, the food, the care given and the physical environment. We saw that each respondent had rated the service as either very good or good in each category.

The nominated individual (who is also the owner of the business) carried out a monthly visit to the service for quality assurance purposes. They said, "The purpose [of the visits] is to check X, Y and Z have been done. It gives me a format to work through to make sure I cover everything." They told us they had recently identified through these visits that the staff annual appraisal process was not user friendly and they had made changes accordingly. This meant the service had systems in place for monitoring the quality of support and service provided.