

London Borough of Merton

Meadowsweet

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

Meadowsweet is a small care home which provides care and accommodation for up to six adults. The service specialises in supporting people with learning disabilities. At the time of our inspection there were five people living in the home.

At the last Care Quality Commission (CQC) inspection in May 2015, the service was rated Good overall but we rated the service requires improvement for the key question, 'is the service well led?' We did not find the service in breach of regulations but the registered manager's understanding of their legal obligation to submit notifications of events or incidents at the service to CQC needed to improve.

At this inspection we found the service remained Good. Improvement had been made to the well led question. The registered manager submitted notifications about events and incidents at the service without delay. We have revised the rating for the well led question to Good. The service demonstrated they met the regulations and fundamental standards.

People continued to be safe at Meadowsweet. Since our last inspection improvements had been made to fire safety arrangements in the home. The provider had also introduced new systems to check water hygiene in the home to reduce the risks to people from water borne infections. The environment was clean and staff demonstrated good awareness of the importance of infection control and hygiene in the home. The premises and equipment were regularly maintained and serviced to ensure these were safe. Medicines were managed safely and people received them as prescribed.

Staff knew how to protect people from the risk of abuse or harm. They followed appropriate guidance to minimise identified risks to people's health, safety and welfare. There were enough staff to keep people safe. The provider had appropriate arrangements in place to check the suitability and fitness of new staff.

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly. Staff received regular training and supervision to help them to meet people's needs effectively. They communicated with people using their preferred methods of communication. This helped them to develop good awareness and understanding of people's needs, preferences and wishes.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services. Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

Staff were caring and treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The registered manager provided good leadership. They checked staff were focussed on people experiencing good quality care and support. People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted. The provider ensured the complaints procedure was made available in an accessible format if people wished to make a complaint. Regular checks and reviews of the service continued to be made to ensure people experienced good quality safe care and support.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

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 is now Good. The registered manager had made and maintained improvements to the way they notified CQC about events and incidents at the service.

People and staff were encouraged to provide feedback. This was used to make changes and improvements that people wanted.

The registered manager provided good leadership and support. Checks and reviews of the service continued to be made to ensure people experienced good quality safe care and support.

Meadowsweet

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 checked 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.

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. The inspection took place on 6 January 2017 and was unannounced. It was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

During the inspection we met and spoke with all of the people who used the service. However people were unable to share their experiences with us due to their complex communication needs. In order to understand their experiences of using the service we observed staff carrying out care and support and the way they interacted with people. We spoke with two members of staff and the registered manager. We also spoke to two relatives and asked them for their feedback about the service. We looked at three people's care plans, three staff files and other records relevant to the management of the service.

Is the service safe?

Our findings

Relatives told us people were safe at Meadowsweet. One told us, "I have no worries or issues and I feel confident [family member] is safe there." Another said, "[Family member] would tell me if something was wrong, but they're quite happy and content."

People continued to be protected from abuse or harm. Since our last inspection all staff had received refresher training in safeguarding adults at risk and in equality and diversity. This helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people.

Measures were in place to reduce identified risks to people's health, safety and welfare. Senior staff assessed and reviewed risks to people due to their specific health care needs. They had put in place plans for staff to follow to reduce these risks and keep people safe whilst allowing them as much freedom as possible. For example people that could were encouraged to make hot drinks such as tea or coffee, when they wanted these. Staff told us how they reduced the risk to people from burns and scalds from these hot liquids which reflected the guidance set out in people's individual records.

There were enough staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the home and community, to plan the numbers of staff needed to support them safely. We observed when people were at home, staff were visibly present and providing appropriate support and assistance when this was needed.

Since our last inspection, no new staff had been recruited to work at the home. However, the provider maintained recruitment procedures that enabled them to check the suitability and fitness of staff to support people. Records showed the provider carried out criminal records checks at three yearly intervals on all existing staff, to assess their on-going suitability.

The registered manager ensured the home continued to be safe and hygienically clean for people. Regular maintenance and servicing of the premises and equipment was undertaken. Since our last inspection, fire safety arrangements had been strengthened based on a recommendation made by the London Fire Brigade. The provider had also introduced new systems to check and review water hygiene in the home to reduce the risks to people from water borne infections such as Legionella. We observed the home was clean and staff demonstrated good awareness of their role and responsibilities in relation to infection control and hygiene.

Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. These were stored safely. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets.

Is the service effective?

Our findings

Relatives told us staff knew their family members well and were able to meet their needs. They also said when people's needs changed or they became unwell, staff got the appropriate support they needed from healthcare professionals to continue to care for people appropriately, and kept relatives informed of any changes. One said, "If they were worried about anything they [staff] would let me know."

Since our last inspection, records showed staff had undertaken mandatory training in topics and subjects relevant to their roles. This helped staff keep their knowledge and skills up to date. All staff had been set objectives which were focussed on people experiencing good quality care and support which met their needs. The registered manager checked how these were being met through an established programme of regular supervision (one to one meeting) and an annual appraisal of staff's work performance. Staff told us they felt well supported by the registered manager.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the authorisation.

People were supported to have enough to eat and drink and given choice. Staff were aware of people's individual dietary needs and their likes and dislikes. Staff had planned menus with people so that these reflected people's preferences for the meals they ate. We saw during mealtimes staff asked people what they wanted to eat and respected their choices about this. Staff recorded what people ate and drank to help them monitor people were eating and drinking enough.

People were supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. People's individual health action plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively.

Is the service caring?

Our findings

Relatives spoke positively about staff and said they were kind and caring. One said about a staff member, "[Staff member] is always making sure that [family member] can live a good life, as well as she can."

People had complex communication needs. Since our last inspection in May 2015, the registered manager continued to ensure people's individual records provided up to date information for staff on how people wished to communicate and express themselves through speech, signs, gestures and behaviours. This helped staff understand what people wanted or needed in terms of their care and support.

We observed positive interactions between people and staff. People looked at ease and comfortable in staff's presence, responding positively to their questions and readily asking for help and assistance. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way using people's preferred method of communication wherever possible, such as using pictures. They gave people the time they needed to communicate their needs and wishes and then acted on this.

People's right to privacy and to be treated with dignity was respected. Records were kept securely so that personal information about people was protected. We saw staff did not enter people's rooms without first knocking to seek permission to enter. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care to maintain their privacy and dignity. When talking about their roles and duties, staff spoke about people respectfully.

People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. For example, we saw staff encouraging people to clean and tidy their rooms and help with washing dishes after a meal. People were also supported to participate in the preparation of meals and drinks. Staff only stepped in when people could not manage tasks safely and without their support. People had time built into their weekly activities for laundry, cleaning, personal shopping tasks and travel in the community, aimed at promoting their independence.

Is the service responsive?

Our findings

Relatives were satisfied with the care and support received by their family members. They told us they knew how to make a complaint if they had any issues or concerns about this. One said, "I have no issues or worries, but I would know who to speak to if I did."

Since our last inspection in May 2015, people continued to receive personalised support which met their specific needs. Each person had an up to date support plan which set out for staff how their needs should be met. Support plans were personalised and contained information about people's likes, dislikes and their preferences for how care and support was provided. For example people's morning routine set out for staff when people liked to wake up, how they wished to be supported with getting washed and dressed and when and what they would like to eat for their breakfast. Support plans were reviewed annually with people, or sooner if there had been changes to people's needs. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff. Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes.

People remained active and participated in a variety of activities and events that met their social and physical needs. People were supported to go on group holidays, day trips and outings to the seaside. People were also supported to pursue personal interests such as attending art and drama classes, weekly dance club or to go swimming. Staff helped people to stay in touch with their family and friends. They maintained an open and welcoming environment and family and friends were encouraged to visit the home. Staff also supported people to meet with family and friends in the community. For example one person was supported by staff to meet up with a close friend for a meal, once a month.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available in the home and used pictures and simple language to help people state who and/or what had made them unhappy and why. The registered manager confirmed there had been no formal complaints received by the service since our last inspection.

Is the service well-led?

Our findings

Relatives spoke positively about the registered manager and found them supportive and approachable. One told us, "If I had any issues I could speak to [the registered manager] and I get on very well with her."

At our last inspection in May 2015 we found improvement was needed in the way the registered manager fulfilled their legal obligation to notify the Commission of the outcomes of applications which had been made to deprive people using the service of their liberty. At this inspection we found improvement had been made and maintained. Checks of our records found these notifications had been submitted to us without delay. We found the registered manager had a good understanding and awareness of their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of events or incidents at the service. This was important as we need to check that the provider had taken appropriate action to ensure people's safety and welfare in these instances.

The registered manager had worked at the service for several years and knew the people who lived there well. 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.

Since our last inspection the registered manager had taken on management responsibility for another of the provider's services. As a result their time was split each week across the two services. Staff told us when the registered manager was not at the home, they were easily contactable and accessible if they were needed. One said, "[They're] always where they say they will be." Staff also said this change had had a positive impact on team working and had improved the way staff communicated with each other.

Staff spoke positively about the registered manager and their leadership of the service. They told us there were regular team meetings where they were encouraged to contribute their ideas for changes and improvements that could be made to improve people's experience of the service. Records of these meetings confirmed this and also showed that information about people's care and support needs and any important changes within the service were shared and discussed by the whole staff team.

People's views about the service and how this could be improved were continuously sought through regular residents meetings and monthly one to one's with their designated key worker. A keyworker is a member of staff responsible for ensuring a person's care and support needs are being met. We saw people's feedback had been used to make changes or provide support that people wanted. For example activities, outings and holidays had been arranged based on people's specific preferences for where they wanted to go.

Records showed staff continued to make regular checks and reviews of the service to ensure people experienced good quality safe care and support. Staff had designated lead roles to help review the home's quality and safety. When areas requiring improvement were highlighted, records showed the registered manager took appropriate action to address shortfalls or gaps in the service.

