

# Meadowview Care Limited

# Brewery House

## Inspection report

28 Brewery Drive  
Halstead  
Essex  
CO9 1EF

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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

Brewery House provides accommodation and personal care support for up to two people with learning disabilities. At the time of our inspection there were two people living at the service.

At our last inspection in June 2015 this service was rated Good. At this unannounced inspection we found the overall rating for this service remained Good.

The service had 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. The manager registered for this service is also registered for two other services local, nearby care services.

People remained safe at the service. There were sufficient staff available to meet people's needs and support them with activities both in and outside of the service. Risk assessments had been completed to enable people to retain their independence and receive care with minimum risk to themselves or others.

People's medicines were managed safely and people received their medicines as prescribed

There were enough suitably knowledgeable staff to provide people with support and guidance when they needed it. Staff had received appropriate training, support and development to carry out their role effectively.

Care plans were well organised, reviewed regularly and up to date. The plans contained information about what was important to people as well as information regarding their health needs.

The staff were very caring and people had built strong relationships with staff. We observed staff being patient and kind. People's privacy was respected. People where possible, or their representatives, were involved in decisions about the care and support people received.

Staff understood and promoted people's rights in line with the requirements of the Mental Capacity Act 2005 (MCA). Staff had received training in MCA and had good knowledge of the principles and how to support people to make decisions about their day to day living.

There were systems in place to ensure that staff were trained, regularly competency assessed to ensure that people received their medicines as prescribed. Medicines were stored safely and appropriate records of administration maintained.

Staff were provided with training in Safeguarding Adults from abuse. Staff were provided with training in understanding their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005 and

Deprivation of Liberty Safeguards (DoLS). People's capacity to make decisions about their everyday lives had been assessed and their consent was considered in the planning and provision of their care and support

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. People were supported to maintain good health and had access to external health care professionals when required. This included health screening and access to learning disability nurses, GPs, chiropodists and dentists.

People were provided with the opportunity to participate in personalised, meaningful activities according to their assessed needs, wishes and preferences. People were encouraged to develop as much independence as possible and learn new life skills. People had access to annual holidays and opportunities to be integrated into the local community.

The provider had a system in place to respond to suggestions, concerns and complaints. The service had a number of ways of gathering people's views including; regular reviews, meetings and satisfaction surveys. The registered manager carried out a number of quality and safety monitoring audits to ensure the service was running effectively and to plan for improvement of the service.

For a more comprehensive report regarding this service you can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well led.

# Brewery House

## **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 comprehensive inspection took place on the 1 August 2017 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also consulted the local authority for their views and feedback.

We spoke with both people who used the service. We also spoke with one member of care staff and the registered manager.

We reviewed two people's care files, staff training records, menus, records relating to the management of medicines, staff recruitment and systems in place including records for monitoring the quality and safety of the service.

# Is the service safe?

## Our findings

At this inspection we found the same level of protection for people from abuse and the risk of harm as at the previous inspection.

Both people we spoke with told us they felt safe living at the service and with all the staff that supported them.

Staff had received safeguarding training and had a strong understanding of their responsibilities and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. One staff member told us, "I would report any concerns immediately to the manager. There was a whistle blowing policy in place and this was covered on my induction training." The registered manager understood their roles and responsibilities and were proactive in following local safeguarding protocols.

Risks were identified and systems were in place to minimise them. Risks of harm to people had been assessed, managed and reduced through the effective use of risk assessments to guide staff in the steps they should take to keep people safe.

Risk assessments were comprehensive, personalised and included clear information for the staff about how to respond to different situations and how to keep people safe. For example, where people using the service exhibited behaviours which could cause harm to themselves or others, care plans showed that this was well understood.

The number of staff required to meet people's needs was kept under review. Staff and people who used the service told us there were enough staff to meet people's needs. Staff described how they worked flexibly across the provider's three local services to meet the needs of people and agency staff only used as a last resort. Where people required one to one support this was provided as required and by staff who knew them well.

We saw systems in place to ensure staff were recruited safely. We saw from a review of staff records that pre-employment checks such as references and Disclosure and Barring Service (DBS) checks had been completed to determine that the proposed new staff member was deemed to be of a good character. DBS checks enable a potential staff member's criminal history to be reviewed to ensure they are suitable for employment.

People received medicines from staff who had been trained, competency assessed with systems in place to ensure they received their medicines as prescribed. Medicines were safely stored in individual cabinets for each person. We carried out an audit of stock and found that the amount of stock tallied with the medicines administration records. Each person had a medicines protocol which described medicines prescribed, any allergies and how people liked to take their medicines.

Staff had been trained and competency assessed. We carried out an audit of stock and found that the amount of stock tallied with the medicines administration records.

We saw from a review of records that the manager and pharmacy provider completed regular audits to check that people's medicines were managed safely and people received their medicines as prescribed.

## Is the service effective?

### Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have, freedom of choice and were supported with their dietary and health care needs as required.

Comments from both people who used the service included, "Staff are very good, they know what we need and what needs doing", "I have no complaints, they are all very good" and "Yes, I am confident in the staff, I don't have any concerns about them."

People were supported by staff who had received training which enabled them to understand the specific needs of the people they were supporting. Staff received an induction and were required to complete mandatory training which included safeguarding and first aid. We saw that these had been completed.

Staff across all three of the provider's local services told us the majority of training was e-learning with some face to face training. Whilst they preferred face to face training they said they had all the training they needed to fulfil the roles for which they were employed.

A review of staff records and discussions with staff showed us that staff were suitably qualified and experienced to fulfil the requirements of their posts. Training included epilepsy, consent, dementia awareness, infection control, conflict resolution and equality and diversity. The registered manager also checked staff competencies with regards to management of people's medicines and information handling.

Staff were supported through regular opportunities to receive one to one supervision meetings. This meant they had been provided with opportunities to discuss their performance and development. For newly employed staff their induction training included opportunities to shadow other more experienced staff and competency assessment to monitor work performance. competency

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 Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. We checked if the service was working within the principles of the MCA.

The registered manager understood their responsibilities and processes required if any authorisation to deprive a person of their liberty was required. There were systems in place to make decisions on people's behalf by those qualified to do so when people did not have the capacity to consent to their care and treatment. The manager completed assessments as appropriate to check people's understanding and

capacity to make decisions. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests.

People were encouraged to make their own choices about what food they ate and told us they were happy with the food provided. They said they were supported to be involved in planning weekly menus and maintain a balanced diet. Both people who used the service told us they were provided with choice in the planning of weekly menus. People told us, "We choose what we want, we go shopping and help sometimes with cooking. If you change your mind one day and decide you want something different that's ok too", "I would like steak and chips but never get it. Mind you I haven't asked for it" and "Each week we sit down and plan what we are going to have to eat each day." One person described the support they had received in planning their meals to enable them to lose some weight and maintain a healthier lifestyle. Staff were knowledgeable about people's likes and dislikes and these were recorded in their care plans.

People were supported to maintain good health and had access to external health care professionals when required. Health action plans were in place which described the clinical and psychiatric support people required to maintain their health and welfare. Care records showed us people had access to regular health screening, learning disability nurses, GPs, opticians, psychiatrists, chiropodists and dentists. Where people had shown anxiety about some aspects of health screening, we saw from a review of records and discussions with staff they had worked patiently with the person to overcome their fears. Staff supported people to access GP and hospital appointments.

## Is the service caring?

### Our findings

At this inspection people remained happy living at the service and satisfied with the conduct, and support they received from staff.

People continued to be supported by staff who were kind to them, treated them with respect and promoted their dignity and independence. Staff supported people to maintain their independence and develop life skills. Whilst mindful of risks people were encouraged to have informed choice and maintain as much control over their daily lives as possible. People told us, "This is my home and it feels comfortable. The staff respect my privacy and understand what I like and when I like to do things." Another told us, "They respect my private life. They respect the privacy I have in my room. They know not to touch my things unless I say so."

People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed that staff knew people well and understood the best way to communicate with those who may present with behaviours that could cause themselves or others anxiety. Staff could identify potential triggers that could cause people to become anxious and their care plans provided comprehensive guidance in actions they should take to provide reassurance and treat people respectfully.

People's choices in relation to their daily routines and activities were listened to and respected by staff. The service continued to involve people in making decisions about their care and support through regular reviews. Health professionals and relatives, where appropriate were involved in reviewing and planning appropriate support to keep people safe and enhance their quality of life. Records showed people contributed to planning their care as much as possible and that their decisions were respected.

People were encouraged to maintain their role in their family life and staff supported people to maintain relationships with family and friends. People often went home to family for weekends and family members were free to visit without restrictions.

People had access to independent advocacy support. We saw that where appropriate people had access to this support in relation to support with managing their finances.

## Is the service responsive?

### Our findings

The service continued to be responsive to people's needs. People were involved in assessing and planning their care. Support continued to be provided in a way which catered for people's individual needs and choices.

The service continued to ensure that people's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. This information enabled staff to support people to engage in meaningful activity which they enjoyed and provided them with fulfilment.

People's needs were assessed prior to their admission to the service, and these assessments were used to develop their care plans. Care plans were personalised and covered different aspects of people's health, welfare and safety needs and provided staff with guidance as to how people preferred to have those needs met. One person showed us their care plan which had been produced in a pictorial format. They told us they had been involved in implementing their care plan and had signed to say they agreed with its contents.

Staff described how they worked with people to encourage them to gain greater independence and to do more for themselves which gave them a sense of achievement. For example, in their personal care and involvement in preparing and cooking meals. One person who told us they experienced high levels of anxiety described to us how they had been supported to produce an 'Inner peace' booklet. This contained photos of the person practising stress relieving techniques which they said they practised and these helped them to calm down when feeling anxious and stressed. We saw from a review of meeting minutes that people had been encouraged and supported to vote in general and local elections.

Daily logs were completed throughout the day for each individual. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being. The logs had been completed appropriately and were detailed and informative. Handover records reviewed were comprehensive and updated staff at each shift as to people's changing needs.

The service continued to support people to engage in meaningful activity and maintain a healthy social life. People had access to annual holidays according to their choice and preferences as to whether to go within a group or individually with staff support. One person told us, "I did not go on holiday this year as I want to go to America next year and I am saving for this. Staff are helping me to make the plans for this."

People were supported to access the local community, attend social functions and enjoyed trips out shopping, local pubs, cafes and leisure centres. Staff were proactive in supporting people to access information in relation to community activities. People were encouraged to pursue their own interests and hobbies. One person described to us how they enjoyed attending a drama group and their involvement in productions gave them a great sense of achievement and enhanced their wellbeing.

People had access to regular opportunities to air their views. For example, we saw from a review of meeting minutes that people got together from across three of the provider's local services to discuss and air their

views about the quality of the care they received, share ideas and communicate their wishes. There were also individual keyworker meetings and house meetings held which took place on a regular basis. Annual review meetings also took place where relatives or people important to the individual were invited to attend. This meant that people and their relatives had the opportunity to air their views regarding the quality of the care provided.

There was a complaints process in place which gave details of relevant contacts and outlined the time scales for response to complaints. The registered manager told us there had been no complaints at this service since the last inspection.

## Is the service well-led?

### Our findings

The manager registered for this service is also registered for two other local, nearby care services.

The manager registered for this service is also registered for two other services local, nearby care services. We saw that people who used the service knew the registered manager well and there was a positive relationship with them. People told us they were happy with the service and had confidence to approach the staff and including the registered manager if they had any worries or concerns.

Observations and feedback from staff showed us that the registered manager had an open leadership style and that the home had a positive culture. Staff and people using the service told us they felt able to talk to the manager about anything they wished and they were easily accessible and often present in the service.

Staff were confident and understood their roles and responsibilities in supporting people to live an independent life as possible. Staff spoke positively and passionately about their work and about the culture and management of the service. They said they enjoyed their jobs and described the registered manager as supportive.

Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one supervision and staff meetings and these were taken seriously and discussed. One staff member said, "This is a great place to work. Everyone is so nice. The management is so approachable. I knew at interview they were going to be good. Nothing is too much trouble. My induction prepared me well to work with the people we support."

The provider had systems in place to make sure equipment was maintained to a safe standard. These included regular testing of the fire detecting equipment and gas and electrical testing as required. Health and safety audits were carried out to ensure people lived in a safe environment. However, during our inspection we discussed with the registered manager areas of the service we noted required attention such as decoration of the premises, the garden in need of weeding and grass cutting, replacement flooring and furniture. The registered provider in response to our request provided us with a programme of planned works, with timescales to evidence planning in progress to improve the environment in which people lived.