

J & K Partnership LLP

Meadow House

Inspection report

27-29 Links Road
Radford
Coventry
West Midlands
CV6 3DQ

Tel: 02476271655
Website: www.mhcov.co.uk

Date of inspection visit:
11 November 2021

Date of publication:
25 November 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Meadow House is a residential care home providing personal care for up to nine younger adults and older people whose primary needs relate to their mental ill health. At the time of our inspection seven people lived at the home.

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

People felt safe living at Meadow House and staff understood their responsibilities to keep people safe. Improvements had been made to the management of individual and environmental risk, including fire safety. However, further improvement was needed to ensure all care was provided safely in a safe environment. Staff had been recruited safely and people received their medicine as prescribed from trained staff. Staff had been trained in the prevention and control of infection and worked to current COVID-19 government guidance.

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. Records relating to the assessments of people's capacity and best interest decision making, required improvement. The manager and staff worked in partnership with other professionals to support people to maintain their physical and mental health and wellbeing. Staff had been recruited safely and received the training and support they needed to be effective in their roles. People had confidence in the skills and knowledge of the staff who provided their care and support.

People and staff spoke highly of the manager and management oversight of the service had improved. The manager had created an open culture based on trust, respect and teamwork. The open culture encouraged learning when things had gone wrong. People were encouraged to share their views of the service. Further work was needed to ensure feedback was understood and used to drive improvement. The manager had introduced a range of quality monitoring systems and processes. However, further time was needed for these to be fully effective and embedded. The manager and staff team demonstrated their commitment to ensuring people received a quality service that reflected and met each person's individual needs.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 07 January 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an unannounced focused inspection of this service on 24 November 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what

they would do and by when to improve safe care and treatment and governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meadow House on our website at www.cqc.org.uk.

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 not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Meadow 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors conducted by the inspection.

Service and service type

Meadow House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. A manager was in post and had submitted an application to register with CQC. A registered manager 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

The inspection visit was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people about their experiences of their care and support. We spoke with five members of staff including the nominated individual, the manager, a senior support worker, a support worker and the activities co-ordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and support and a range of records relating to the management of the service, including environmental and fire safety risk assessments, quality and safety audits and checks and the provider's policies and procedures.

After the inspection

We looked at training data and some of the provider's policies and procedures.



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 requires improvement. At this inspection this Key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last two inspections the provider had failed to ensure individual and environmental risks, including fire safety was well-managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12. However, further improvement was needed.

- Previously, risks associated with people's care had either not been assessed or risk assessments lacked the detail staff needed to provide safe care. At this inspection most risks had been assessed and risk assessments informed staff how to manage these to keep people safe. However, risk assessments had not been completed for one person who was diabetic and was known to be at risk of choking. Despite this shortfall staff demonstrated they knew how to support the person to keep them safe. When we alerted the manager to our findings they completed the risk assessments.
- At our last inspection environmental risk was not well-managed and the home was not clean. Action had been taken to address the concerns. However, we saw some areas in the kitchen were dirty, some equipment in use was damaged and the kitchen door, marked as a fire door, was difficult to close. When we shared our findings, the manager took immediate action to address the shortfalls. A staff member told us, "I just want you to know we [staff] feel we have let [Manager] down. We know the expected standards in the kitchen and we have let these slip."
- The management of fire safety had improved. Information displayed informed people what to do in the event of a fire. The provider had developed an emergency contingency plan and each person had an up to date emergency evacuation plan. However, the documents were kept in a locked box, secured to the wall which had to be opened with a key. This meant accessing the documents in an emergency may be difficult. The manager acknowledged this and told us they would move the documents to ensure they were easily accessible.
- Staff had completed fire safety training and knew what action to take in the event of a fire to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. When we asked one person if they felt safe, they gave us a thumbs up sign and smiled. Another person said, "I'm very safe here with the staff."

- Staff understood their responsibilities to keep people safe, including reporting any concerns to the manager. Whilst confident concerns shared would be addressed, staff understood how to escalate their concerns if they were not. One said, "I would go straight to social services or the provider or the police or you (CQC)."
- The manager understood their responsibilities to refer safeguarding concerns to the local authority and CQC as required. However, we identified a safeguarding referral had not been raised following an unsafe hospital discharge. The manager acknowledged our findings and made the safeguarding referral to the local authority.

Staffing and recruitment

- People told us staff were available to meet their needs in a timely way. One person said, "Day and night they (staff) are here with me." One staff member told us, "There is always enough staff. One of us will always cover if someone is off sick or on holiday."
- Previously, the provider was not able to demonstrate their staff had been recruited safely. Gaps in some staff's employment histories had not been explored to ensure any potential risks were identified, assessed and minimised. Records reviewed at this inspection evidenced staff had been recruited in line with the provider's procedure.

Using medicines safely

- Medicines were stored, administered and disposed of safely.
- People told us they received their medicines when they needed them.
- Staff had been trained in the safe administration of medicines and had their practice regularly checked to ensure they remained competent.
- Medication administration records showed people had received their medicines as prescribed, including those prescribed 'as required'.
- The provider's medicine procedure, available to staff on the day of our inspection, did not reflect all aspects of medicine management. For example, expiry dates for liquid medicines. Action was taken to rectify this.

Preventing and controlling infection

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured measures were in place to ensure the provider was meeting COVID-19 vaccination requirements for staff and people visiting the service in line with legislative requirements.

Learning lessons when things go wrong

- Since our last inspection the manager had introduced an effective system to record and monitor accidents

and incidents. The manager completed monthly analysis to identify any patterns and trends to minimise the risks of a reoccurrence and learn lessons.

- Staff told any accidents and incidents were discussed at daily handovers and in team meetings. One staff member said, "We discuss everything so we can look at how we dealt with a situation and think if we could do things differently, better."
- Improvements evidenced during the inspection demonstrated lessons had been learnt.

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 now deteriorated to requires improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records to show people's capacity had been assessed and decisions had been made in their best interests required development to ensure they were detailed, clear and decision specific.
- Where needed applications had been made to restrict people's liberties to keep them safe. However, we received conflicting views about why one person's liberty was being restricted. The manager told us the restriction related to the person not having capacity to manage their finances and staff told us it was because the person was not safe to go out into the community alone. The manager assured us this would be addressed.
- Staff had received MCA training and throughout our inspection we observed staff sought people's consent before providing assistance.

Staff support: induction, training, skills and experience

- Staff completed an induction to prepare them for their role. One new staff member described their induction as 'amazing'. They said, "Shadowing other staff really gave me time to get to know the residents and for them to get to know me. I wasn't thrown in at the deep end."
- However, we found some important information to assist new staff to provide safe care had not always been shared during their induction. The manager said, "This is down to me. I see this now. I will be giving more thought to how I make sure everything is covered."
- Staff training was up to date and included some training specific to people's needs for example, misuse of

alcohol and positive behaviour support.

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

- Significant improvements had been made to the home's environment. People's bedrooms and shared areas had been redecorated and provided a pleasant homely environment for people to live. The manager said, "Residents have more pride and respect for their home because it looks nice and they are taking pride with staff in keeping it clean."
- Records showed people had been actively involved in making decisions about paint colours and soft furnishings. A staff member said, "[Person] has chosen a beautiful pink bed. We can't wait for it to be set up."
- The provider's improvement plan showed further environmental improvements were scheduled to take place, including replacing the kitchen.

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

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

- People's needs were assessed before they moved into the home to ensure these could be met.
- Discussion with staff and our observations demonstrated staff knew people well and provided care and support in line with their wishes and preferences.
- Most care records accurately documented people's dietary likes and dislikes including cultural requirements.
- People planned their weekly menu with support from staff. One person had recently taken part in a healthy eating initiative and another person told us they enjoyed going out for breakfast to a local café which happened during our inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to access a range of physical, mental health and social care professionals.
- Staff maintained links with health and social care professionals involved in people's care. One staff member told us 'the great thing' about good working relationships is, "If your concerned you can get clarification, sort out problems or get information and then follow it through. It removes the worry of things getting missed."
- The manager recognised the importance of partnership working to benefit people. They said, "It helps to empower residents by accessing and sharing knowledge and information."

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 inadequate. At this inspection this key question has improved to requires improvement. This meant that whilst improvements had been made, further time was needed to demonstrate these had been embedded and would be sustained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure there were effective systems and processes in place to monitor and improve the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Management oversight and monitoring of the service had improved. The manager had introduced a range of quality monitoring systems and processes including daily walk abouts, audits of medicines, care plans and health and safety checks. This demonstrated lesson had been learnt.
- However, some checks were not yet fully effective. For example, environmental audits and daily walk abouts had not highlighted the issues we found in the kitchen. The manager recognised this and said, "What I have introduced has made improvements. As I said we are getting there but we are not there yet. But I am so proud of the staff and what we have achieved by working together."
- In the short time the manager had been in post they had addressed the key concerns we found at the last inspection. They had plans to make further improvements and had gained the confidence, trust and respect of staff.
- Without exception staff spoke positively about the manager and their leadership style. One staff member described the manager as 'full of life', they added, "There have been massive changes since [Manager] started...the atmosphere and staff morale have really improved... the residents are much happier and calmer..."
- Staff felt valued and were supported through individual and team meetings. One staff member said, "Now we have a manager who works with us, who you can go to and who listens. Everything is really great." Another commented, "It's not like coming to work it like being part of a privileged group helping others."
- The provider understood their regulatory responsibilities. The latest CQC rating for the service was on display in the home and on their website. However, the provider had not provided CQC with an updated statement of purpose (SoP) as required by the regulations. A SOP is document that includes information about the service. This was addressed during our inspection.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others;

- People were very satisfied with the service provided and had developed positive relationships with the manager. One person told us they were happy living at Meadow House and another person said they regularly spent time with the manager which they enjoyed.
- Our discussions with the manager demonstrated their passion and commitment to continual improvement to ensure people received a personalised service of consistently good quality. They told us, "I have spent time getting to know the residents and staff. I needed to build trust and I believe that is now mutual. We need to continue to make positive changes together as a team."
- The provider understood their responsibility to be open and honest when things had gone wrong.
- People provided feedback about the service through meetings and questionnaires. However, an analysis of the latest survey did not clearly identify areas of satisfaction and those for improvement. The provider assured us this would be addressed.
- Throughout our inspection the manager was open, honest and receptive to our feedback. The manager said, "I will take it all on board. We will work together to make it [Meadow House] amazing, they [people] deserve it. It's their home."