

Community Homes of Intensive Care and Education Limited

Meylan House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Meylan House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It was registered for the support of up to seven people with learning disabilities and/or autism. Seven people were using the service at the time of the inspection.

Why we inspected: We undertook an unannounced focused inspection of Meylan House on 30 April 2019. We had received concerns from an anonymous whistle-blower about the practice of a member of staff. Alongside this we had received a high level of notifications of incidents between people who lived in the service. As a result, we undertook the focused inspection to investigate these concerns to ensure that risks were being managed safely. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity, so we did not inspect the Key Questions of Effective, Caring or Responsive. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

People's experience of using this service:

People were protected from abuse and avoidable harm. The provider had reported any concerns or allegations to safeguarding when it was identified. Where required, investigations were thorough.

The service shared information about risks consistently and reliably with staff and relevant others, including in handover meetings when staff changed over and other meetings.

Staff had received training and support was provided from a positive behaviour support team. This helped staff to identify and manage any risks that could result from behaviours that challenge.

Staff performance relating to unsafe care was recognised and responded to appropriately and quickly. Where concerns were brought to the provider's attention, there was an appropriate thorough investigation involving all relevant staff and others.

Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

The provider and registered manager had an understanding of prioritising safe and high-quality care. There was evidence to demonstrate what action had taken place in response to concerns and incidents and in planning to prevent similar incidents in the future.

The service had effective governance, management and accountability arrangements. Where necessary, management had accounted for the actions, behaviours and performance of staff. Concerns are

investigated in a sensitive and confidential way, and lessons are shared and acted on.

Rating at last inspection: At the last inspection the service was rated Good (published on 14 November 2017).

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated as Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk. The report from our last comprehensive inspection, can be found by selecting the 'all reports' link for Meylan House on our website at 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 was safe

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Meylan House

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by a whistleblowing concern about staff behaviour and a high number of notification of incidents. The information shared with CQC about the incidents indicated potential concerns about the risk management of behaviours that can challenge. This inspection examined those risks.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Meylan House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection took place on 30 April 2019 and was unannounced.

What we did: Prior to the inspection we reviewed the information we held about the service, which included notifications about important events which the service is required to send us by law. We did not request a Provider Information Return (PIR) prior to this inspection. 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 spoke with the assistant regional director, the registered manager, deputy manager and one member of care staff. Following the inspection, we contacted the provider's senior behaviour practitioner to seek further information about how the service supported staff to assess, manage and minimise any risks that may arise from behaviours that may impact on other people in the service.

We looked at three people's care records, staff training records, records of accidents, incidents and complaints; audits and quality assurance reports.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination.
- The provider had reported abuse to safeguarding when it was identified. When required, investigations were thorough and appropriate actions taken. Staff knew how to report any concerns to management.

Assessing risk, safety monitoring and management

- The service had a proactive approach to anticipating and managing risks to people. The provider had an in-house positive behaviour support team (PBST) who visited the service at least twice a month. Information was analysed, and feedback provided to the management who shared information with staff in handover and other meetings, one-to-one supervisions and other formal and informal ways.
- When people expressed themselves in a way that may challenge others, staff managed the situation in a positive way. Staff had received training in areas specific to people's needs such as autism and Asperger's, intensive interaction, dignity, values and attitudes.
- People's records were regularly reviewed to check for safety-related themes and trends. These were discussed with staff and others so that action could be planned and taken to reduce related risks. For example, triggers that should be avoided and how to support a person when they were distressed.

Staffing and recruitment

- Staff performance relating to unsafe care was recognised and responded to appropriately and quickly.
- There were enough staff. The service did not use agency staff as they needed to ensure that people's needs were met by staff that knew people well. This also minimised people becoming unsettled with new staff present. The service regularly reviewed staffing levels in line with people's changing needs.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Learning lessons when things go wrong

- The registered manager and provider demonstrated openness and transparency where concerns were raised. Following one of the episodes that triggered the inspection, we heard that learning had been made and steps taken to ensure all staff understood their responsibilities to raise concerns and report incidents immediately in line with the provider's whistleblowing policy and procedures.
- Where concerns were brought to the provider's attention, there was an appropriate thorough investigation involving all relevant staff and others.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider and registered manager had an understanding of prioritising safe and high-quality care. There was evidence to demonstrate what action had taken place in response to concerns and incidents and in planning to prevent similar incidents in the future.

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

- The service had effective governance, management and accountability arrangements. Staff understood their role and responsibilities and had confidence in their leaders and managers.
- Where necessary, management had accounted for the actions, behaviours and performance of staff. Concerns were investigated in a sensitive and confidential way, and lessons were shared and acted on.
- There were systems in place to identify and manage risks to the quality of the service and information gained was used to drive improvement within the service.

Continuous learning and improving care; Working in partnership with others

- Managers were knowledgeable about quality issues and priorities and took appropriate action to address them.
- The service worked in collaboration with the local authority to ensure care provision was supported and people received joined up care.