

Outreach Community and Residential Services 86 Meade Hill Road

Inspection report

86 Meade Hill Road
Manchester
M8 4LP

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16 May 2022
18 May 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

86 Meade Hill Road is a residential care home that provides care and accommodation for up to five people with a learning disability, or with autism. It is part of the Outreach Community group who have other care homes and outreach services in and around the Bury area of Greater Manchester. At the time of the inspection five people were living at the service.

The home is a large, adapted, detached house within its own grounds. People living there have their own bedrooms, and the home also has communal living areas, including a living room, dining room and kitchen.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

People's needs were not always met because of the staffing levels within the service. A member of staff had recently returned to work, however another one was leaving shortly after the inspection. The service had access to a pool of bank staff, and one was on duty on the first day of inspection.

The service had basic paper-based care records. There were some assessments of risk, but these needed to be reviewed and updated to reflect people's increasing dependencies. We have made a recommendation in relation to this. Care plans required reviewing and updating so that they provided staff with a true picture of people's current needs and wishes.

There were quality and assurance systems in place to monitor the safety and quality of care provided. However, further work and more regular audits were required both at manager and provider level, so that the service improved for people living in the home.

We found the service was not able to demonstrate how they were meeting the underpinning principles of right support, right care and right culture.

Right support: The service did not support people to have maximum choice, control and independence. This meant people were not able to work towards identified goals. Staffing levels impacted on people's opportunities to go on trips out and take part in pastimes and activities both in and away from the home. When they were able to go out, people were supported by staff to take part in activities in their local area. People had exclusive use of their own bedrooms and living spaces and were able to personalise these accordingly.

Right care: People were able to express their views, but routines existed in the service based on the availability of staff. People did not always have opportunities to do things spontaneously. Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. For example, people were supported to have access to food and prayer relevant to their faith. Where appropriate, staff encouraged and enabled people to take positive risks. Safeguarding concerns were investigated. Staff knew how to recognise and report abuse. The staff team knew people well and had a good understanding of their needs, despite basic care planning documentation.

Right culture: Actions to improve people's experiences were not taken in a timely manner. Routines were established within the home that did not promote person-centred care. Staff communicated with families and other professionals. People had access to independent advocates to help represent their wishes, but best interest decisions were not always formally documented. People's dignity was respected.

People were not consistently supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People were negatively impacted, although people told us they enjoyed living at the home. A risk assessment regarding a person's change in need was completed during the inspection. Staff recruitment was in progress.

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

Rating at last inspection

Since the last inspection the provider's registration has changed as they had moved premises. The last rating for the service under the provider's previous registration was Good, (published on 29 March 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Action was taken by the provider during the inspection with regards to documenting new risks and making access to the rear garden safer. We were assured this aspect would be addressed by the landlord and that the risk of potential injury to people would be reduced.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 86 Meade Hill Road on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering

what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person centred care and good governance. We have made a recommendation in relation to updating risk assessments. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement 

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 

86 Meade Hill Road

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

The inspection was carried out by two inspectors.

Service and service type

86 Meade Hill Road 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 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 was unannounced. Inspection activity started on 10 May and ended on 18 May 2022. Inspectors were on site on 10, 16 and 18 May 2022.

What we did before inspection

Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority and professionals who work with the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. The provider completed a Provider Information Return (PIR). A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We met and had general introductions with people who used the service and spoke with two of them in more detail. Some people who used the service were unable to talk with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the care and support provided to people in the communal areas across different parts of the day, including at mealtimes.

We spoke with eight staff members. This included the registered manager, residential service manager, quality and staff development manager, a senior support worker, three support workers and a member of bank staff.

We reviewed a range of records. This included three people's care plans, multiple medicines records and three staff files in relation to recruitment. We also reviewed records related to the management of the service, which included policies and procedures, training records, quality assurance checks and a range of health and safety records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who were currently involved with the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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

- Risk assessments were in place to guide staff on how to recognise indicators of risk and take action to mitigate the risk. Changes in one person's needs and new risks associated with those changes had not been identified. We brought this to the registered manager's attention.
- Access to the outside garden space was not always safe for people due to their increased frailty. Following a discussion with the residential service manager they contacted the landlord to make accessing the garden easier so that people remained safe.
- People had Personal Emergency Evacuation Plans (PEEPs) in place. These contained good detail for staff and first responders in how to best support people to leave the building in an emergency.

We recommend that the service reviews current risk assessments in place, updating and amending these so that staff have relevant and appropriate guidance.

Staffing and recruitment

- Due to the model of care and staffing levels in the service, there were not always enough staff on duty for people to take part in activities and visits how and when they wanted. This is reported on further in the Responsive domain.
- On the first day of the inspection there were two members of staff on duty. The registered manager was at another service but arrived to support the inspection.
- Permanent staff were recruited safely with the appropriate checks completed before they started work. The same checks were undertaken for bank staff employed by the provider.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm because staff had received training in how to recognise potential abuse and the action they should take if they suspected abuse.
- Any allegations of abuse had been investigated and all appropriate action taken.
- The service had appropriate systems in place to look after people's personal monies. Any expenditures were recorded, and receipts kept.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People received support from staff to make their own decisions about medicines wherever possible. For

people lacking capacity to make decisions about their medicines, best practice was followed.

- People could take their medicines in private when appropriate and safe.
- Written guidance about the use of homely remedies needed to be individualised further. More detail was needed about how people expressed the need for the treatment of minor ailments.

Preventing and controlling infection

- 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 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 promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were not assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

There were no restrictions placed on visitors to the home. Visitor numbers to the service were low, but we were assured that the provider ensured visitors entered the service safely. The appropriate checks were in place in relation to COVID-19 and mechanisms were in place to prevent any visitors from catching and spreading infections.

Learning lessons when things go wrong

- There was a system for recording accidents and incidents. The registered manager explained what they would do when incidents or accidents happened.
- Staff we spoke with were aware of their responsibilities. They would ensure people were safe and information would be recorded with appropriate actions taken.
- Weekly information was sent to the provider's head office, and included the notification of any incident, accident or near miss that had occurred within the service. Management were able to identify opportunities for lessons learned; these were shared within the wider organisation.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs had been assessed. Care plan updates occurred but a full review of people's needs was required, given their increasing ages and dependencies.
- Goals and aspirations had been identified for people. However, these had not been reviewed or revisited for some time to check they remained valid or achievable.
- Care records included information about people's communication and sensory needs.

Staff support: induction, training, skills and experience

- Staff completed a full induction when they commenced employment. Aspects of mandatory training was refreshed in line with company policy.
- Staff new to care completed the Care Certificate and had access to further training opportunities.
- Staff we spoke with said they received the right training for the role. Observations carried out by senior staff and management ensured they were competent.
- Staff described managers and other colleagues as supportive and said communication within the team was good.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Staff supported people to choose what they wanted to eat. This was ordered and prepared in line with the Jewish faith, as this was appropriate to all living in the home.
- People's preferences were recorded in care plans and known by staff. Staff ensured people had access to regular drinks.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

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

- Staff supported people to attend appointments for their medicines to be reviewed and for physical health checks, including an annual health check with their GP.
- People had been supported to have COVID-19 and flu vaccinations. There were regular visits for dental check-ups with staff support.
- Hospital passports had been developed to give hospital staff an overview of people's needs if they needed to be admitted. Some details needed to be updated to reflect changes in people's needs.

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

- People had lived at the home for a number of years. Their needs had changed and more needed to be done to help people to access the rear garden safely. The landlord was contacted during the inspection to progress this.
- People had personalised their rooms according to their taste, if this was their wish.
- People were able to spend time privately, in their rooms and use the communal facilities in the home. Communal areas were well-decorated and clean.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people lacked capacity, they had access to independent mental capacity advocates (IMCAs) to help ensure that their interests were represented.
- Staff received mandatory training on the MCA. Staff understood and worked within the principles of the MCA.
- Some restrictive practices were in place to help ensure people's safety. DoLS authorisations had been submitted appropriately. However, there were areas where improvements were needed.
- When people needed to make an important decision, and there was doubt about their capacity to do so, there was a lack of evidence that the decision had been made in their best interests. For example, one person had relinquished their mobility car. The reasons for this decision were not formally documented.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has deteriorated to requires improvement. This meant people were not always well-supported, cared for and treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- Whilst people were able to express their views, routines existed in the service based on the availability of staff. People did not always have opportunities to do things spontaneously if this was their wish.
- Staff encouraged people to identify 'wishes' and goals if they wanted to. These were recorded in care plans. Examples included buying a wardrobe, going to the races and visiting relatives abroad.
- Staff were respectful when discussing people's needs. They recognised people sometimes struggled with their moods and supported them to develop ways of managing this. People were given their own space.
- Staff actively supported people to maintain relationships with their friends and relatives. There were no restrictions on relatives visiting the home.

Respecting and promoting people's privacy, dignity and independence

- People's opinions of the service were gathered. The provider had developed systems to gather people's views of the service.
- Staff were able to describe how people communicated and how they were able to recognise when people were becoming anxious or were in pain.
- Staff observed people eating lunch. People were encouraged to eat independently unless it was clear they needed additional support.

Ensuring people are well treated and supported; respecting equality and diversity

- People's cultural backgrounds were known and respected. Staff encouraged people to have access to food and prayer which reflected their faith and culture.
- People were treated with dignity and respect. Any meals staff brought into the home for their own consumption did not contain meat. This was important, in order to respect the faith of the people using the service.
- The house was large, and people had their own rooms as well as access to communal spaces. This meant people were able to have privacy and their needs did not impact negatively on each other.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans contained information across a wide range of areas but required updating. Photographs of the people living in the home also needed updating.
- People's needs had changed but they had not been consulted whether original goals and aspirations were still current.
- People were not able to make choices about what they did and when. They did not have the freedom to go out when they wanted. People had nominated days for individual staff support.
- One person was looking forward to attending the leisure club, run by the provider and held at head office. They were told on the day this was cancelled. The provider had no contingency plans in place in the absence of a key member of staff. The person was obviously disappointed at the cancellation and told us so.
- More needed to be done to ensure that people were adequately supported to take part in their chosen social and leisure interests on a regular basis. Resources to enable people to leave the service had not been made more readily available.

This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- When people were able to go out with staff support, they took part in pastimes and hobbies that were meaningful to them. People who followed the Jewish faith were able to attend shul, a synagogue local to the home. During the inspection, people were supported to go for walks and shopping.
- Staff knew people well and had a good understanding of their needs.
- One person had developed diabetes and the care plan outlined what staff needed to do to help them manage this. For example, staff needed to support the person with healthier meal choices.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service assessed people's communication needs as part of the admission process.

- Communication plans were in place but needed reviewing and updating. One plan indicated that when a person collected their jacket and pulled staff to the door this meant they wanted to go for a drive. However, the person no longer had access to a car. ●
- One person could not communicate verbally. Staff told us they were able to recognise what the person wanted by their body language and the sounds they made.
- Staff told us that if people needed access to aids and equipment for their specific communication needs, these would be sourced.

Improving care quality in response to complaints or concerns

- The service had a policy and process for managing complaints, which they followed.
- The complaints policy had been last reviewed in February 2018, and therefore required further review.
- Managers told us there were no complaints at the time of the inspection. Staff checked for any complaints or concerns and formally notified head office on a weekly basis.
- People and their relatives told us they knew how to complain and would feel comfortable doing so.

End of life care and support

- Whilst the service was not providing end of life care at the time of inspection other health professionals would help with this when needed.
- The registered manager was seeking end of life training for staff to access, in conjunction with a local hospice.
- Staff were committed to supporting people to remain at the home when approaching the end of their lives, if this was their wish.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Whilst audits had been completed the regularity of these checks were not in line with company policy.
- All the concerns we found on the inspection, such as the updates required to care plans, missing risk assessments and the unsafe access to the garden, were not identified through the provider's own quality monitoring systems.
- The provider shared a range of policies with us that were out of date, most having been last reviewed in February 2018.
- The last on-site visit undertaken by the provider had been carried out in June 2018. There was no clear plan in place to drive forward improvements at the service.
- The registered manager was also responsible for two other services. This meant their time at this service was limited. We were not assured the registered manager, or the provider, had clear oversight and governance of the service.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Requires Improvement

- A full-time senior support worker and other staff retained daily oversight of the service in the absence of the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Responses from a recent survey indicated people were satisfied living at the home. They felt involved and one said, "I choose meals on menu plan; I like everyone who lives here."
- The service's culture, however, was not always person-centred and empowering.
- Staff felt supported in their role but felt that staffing levels could be improved. One staff member told us, "It's a bit mixed [staff morale]; staff are happy to be here but would like staffing levels to be higher." This had been raised in a staff meeting.
- Staff spoke positively about the home, said they enjoyed their work and described it as being like part of a family.

Continuous learning and improving care

- Audits carried out by the registered manager identified where improvements were needed.
- However, these audits had not identified the gaps and inaccuracies in care plans, and the need for regular review of records. There was little evidence of continuous learning in the service.
- There was no evidence that the provider kept up to date with national policy and guidance, such as closed cultures guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had recently engaged with people using services. People enjoyed house meetings and wanted more activities or trips on Sundays.
- There was good communication with family members, some of whom lived overseas. Staff kept in touch with families and discussed matters important to people who used the service.
- 21 staff had responded to a recent staff questionnaire. However, as the survey was company-wide it wasn't clear how staff felt about working at this particular service.
- Staff meetings were held to share any relevant information with the staff team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers understood their responsibility around the duty of candour.
- The registered manager notified the CQC and safeguarding teams of any potential safeguarding referrals, incidents and accidents as appropriate.

Working in partnership with others

- The service had well-established partnership working with health and social care professionals which helped to improve and maintain people's wellbeing.
- Where necessary, external health and social care professionals had been consulted or kept up to date with developments.
- One commissioner we contacted acknowledged there had been no complaints made to them. A scheduled review needed to take place.
- The service had good links with the local community, including the local synagogue.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People had nominated days for individual staff support. Routines were established within the home that did not promote person-centred care. These had become accepted.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Concerns we found on the inspection had not been identified through quality monitoring systems. We were not assured the registered manager, or the provider, had clear oversight and governance of the service.