

The Meath Trustee Company Limited

# The Meath Epilepsy Charity

## Inspection report

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Date of inspection visit:  
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19 August 2021

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

The Meath Epilepsy Charity (The Meath) provides accommodation with personal care for up to 84 adults who are living with epilepsy and may have associated learning and/or physical disabilities. There are nine individual houses within the service, each of which has a manager and senior staff team. There are communal resources available to all those living at The Meath including a café, skills centre and gym. At the time of our inspection there were 79 people living at The Meath.

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

People told us they felt safe living at The Meath and appeared comfortable in the company of staff. Training in safeguarding people from potential abuse was completed and staff understood how to report any concerns. Sufficient staff were deployed, and robust recruitment processes were completed to ensure safe recruitment decisions were made. Medicines management systems were in place to support people to receive their medicines in line with their prescriptions. Where errors occurred, systems were reviewed and lessons learnt shared with staff.

Risks to people's safety were assessed and measures implemented to keep people as safe as possible whilst promoting independence. Accidents and incidents were reviewed, and action taken to minimise the risk of them happening again. Infection control procedures were in place and guidance on how to keep safe during the COVID-19 pandemic followed by staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received training in their roles and told us they were able to request additional training in specific areas when needed. People told us they had choices around what they wanted to eat. Specific dietary needs were known and understood by staff.

There was a positive and open culture within the service. People and their relatives told us staff were kind and caring and communicated well. The management team had recently restructured to enable the service to continue developing team values relevant to the people they supported. Audits and quality assurance surveys were regularly undertaken and any recommended actions completed.

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.

Based on our review of the key questions Safe, Effective and Well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

#### Right support:

- The model and size of the service was not in line with current best practice guidance. However, to mitigate this the provider had ensured accommodation was provided within smaller houses/flats. People's rooms were decorated in a highly personalised way and each house flat had its own individual style. People were involved in making choices and decisions regarding their home and told us they felt listened to. Staff worked in a way which promoted people's independence.

#### Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. Staff knew people well and people told us their views were respected. Care plans highlighted people's needs and preferences. People were supported to maintain and develop relationships with those who were important to them.

#### Right culture:

- The culture of the service focussed on people being at the centre of their support. Staff understood people's diverse needs which were supported and respected. People took an active part in the local community and community links supported people to gain confidence and independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 3 April 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We completed a targeted inspection of The Meath in September 2020 (published 11 November 2020). We found improvements had been made and the provider was no longer in breach of regulations. The overall rating for the service was not changed following the targeted inspection as we did not assess all areas of a key question. At this inspection, we found improvements had been sustained.

#### Why we inspected

This was a planned inspection based on the previous rating.

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 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# The Meath Epilepsy Charity

## 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 team consisted of five inspectors visiting the service. In addition, a medicines inspector reviewed documentation and met with the manager responsible for medicines management. An Expert by experience telephoned relatives to gain their views on the service provided. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Meath 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

The first day the inspection was unannounced. We made the registered manager aware of our second day of inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included safeguarding information and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We sought feedback from professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with nine people who lived at The Meath and observed the care people received. We spoke with 19 staff members including support staff, housekeeping staff, managers, the registered manager, quality assurance manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at infection prevention and control systems and reviewed a range of records which included nine people's care records, accident and incident monitoring and medicines administration records.

After the inspection

We spoke with eight relatives to gain their views of the service provided to their loved ones. We reviewed additional documentation requested from the provider including quality audits and training information.

# Is the service safe?

## Our findings

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

At the inspection in February 2019 this key question was rated as Requires Improvement. At the targeted inspection in September 2020 we found the provider had made improvements in relation to staff deployment, the management of risks to people's safety, safeguarding processes and medicines management. At this inspection we found these improvements had been embedded and sustained. This key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse go wrong

- People and their relatives told us they felt safe living at The Meath. One person told us, "I like the staff they make me feel comfortable." One relative told us, "Safety is about the staff and all the staff I've met are kind and caring and very responsible. They take their role seriously, so I know she's safe."
- Staff understood their responsibility in keeping people safe from the risk of abuse. They were able to describe the different types of abuse, signs to alert them to concerns and the reporting procedures to follow. One staff member told us, "I would go to (unit manager), log the incident and contact the local authority. It would also be reported to (registered manager)."
- Records showed that concerns were reported appropriately to the local authority safeguarding team. Where required people's risk assessments and support plans were reviewed to minimise the risk of concerns being repeated.

Assessing risk, safety monitoring and management; Learning lessons when things

- People and their relatives told us they felt risks to their safety were managed well. One person told us, "I love the sessions and socialising. I talk (with staff) about what I need support with and what I do on my own." One relative told us, "What she wants to try they encourage her in as much as she can (with support). That does mean the risks are higher, but the enjoyment of life is higher." A second relative told us, "As far as they can guarantee safety they do."
- There was a culture of positive risk taking. People were supported to take risks to increase their independence and opportunities. For example, one person was working towards travelling independently. We observed them planning their route and discussing the items they would need to take with them to minimise risks. Another person told us how much they were enjoying taking part in a wide range of activities and cooking their own meals. They told us, "I'm doing a lot of things I wouldn't have thought I could do."
- Staff were aware of the risks to people's safety and well-being. Person centred risk assessments were completed to minimise risks in areas including epilepsy, mobility, dietary needs and activities such as swimming and diving.
- Positive behaviour support plans were in place to support people with behaviours which may challenge others. Staff were able to describe signs to be aware of, potential triggers and how to support the person to minimise their anxieties.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and action taken to minimise them happening again. Records

showed that risk assessments were reviewed following accidents and incidents. Where required, additional staff training was implemented.

- Reviews of accidents and incidents included a 'Lessons Learnt' process to ensure any required changes to systems were made and shared with relevant people. For example, additional checks were implemented following a medicines administration error.

#### Staffing and recruitment

- People, relatives and staff told us sufficient staff were deployed to keep people safe although at times people's activities needed to be rescheduled due to shortages. Comments included, "There are staff here. I have a good keyworker but sometimes at weekends they are short for activities.", "There are enough staff on in his house and what's lovely is they are about his age" And, "We have enough staff and use agency when we're short. We sometimes have to move activities or one to ones (due to staffing shortages) but we make it up. They're rarely missed."

- The registered manager told us recruitment for staff had been difficult and they were currently using agency and bank staff to cover some shifts. Records showed that in the main the same agency staff were used who were able to build a rapport with people. Where new agency staff were introduced an induction process was in place. However, during our inspection we found this was not consistently followed. The registered manager assured us this would be addressed to ensure agency staff had the knowledge and skills they required. We will review this process during our next inspection.

- There were sufficient staff deployed to ensure people were safe. Staffing was planned in individual houses/flats so people and staff members got to know each other well. Where people received one to one hours for specific reasons, records of how this was provided and used were maintained.

- Staff were recruited safely. Robust recruitment checks were completed which included checks with Disclosure and Barring Service (DBS) and references to ensure applicants were of suitable character to work in the service.

#### Using medicines safely

- Prior to our inspection we were informed of a number of medicines errors. The provider had ensured additional checks had been implemented and lessons learnt had been shared with staff. Relatives told us, "The staff do the medicines and it all runs smoothly."

- People received their medicines in line with their prescriptions. Medicines Administration Records (MAR's) contained all relevant information and no gaps in administration were seen. Medicines were safely stored. Systems were in place for supporting people with their medicines when they were away from home were in place.

- Guidance was available for staff on the support people required to take their medicines. This included information on the administration of as and when required (PRN) medicines. Where people administered their own medicines, risks had been assessed and appropriate levels of support provided.

#### 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 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.

# 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 inspection in February 2019 this key question was rated as Requires Improvement. At the targeted inspection in September 2020 we found the provider had made improvements in relation to people's consent to care being in line with guidance. At this inspection we found the improvements had been embedded and sustained. This key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to the moving into The Meath to ensure they could be met. Records showed the assessment process gathered information from a range of sources including meeting with the person, their family, health professionals and others involved in their care.
- Information gathered during the assessment process was used to review where within the service the persons needs could best be met. Visits were planned to support the person's transition of into living at The Meath.

Staff support: induction, training, skills and experience

- Relatives felt staff had the skills and experience required to support people. One relative told us, "Yes they have the skills needed. They know how to de-escalate a situation before it blows up."
- Staff told us they enjoyed the training provided and found it relevant to their roles. One staff member said, "Training has moved on-line because of COVID-19 but it's still informative. We have lots of support and mentoring to progress and develop."
- Training was offered in a range of areas in line with people's needs including safeguarding, epilepsy, health and safety and medicines. Staff told us they were able to request additional training should they identify a training need.
- Staff completed an induction when they joined the service. This included shadowing more experienced staff members to get to know people and procedures. New staff were also required to complete the Care Certificate, a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

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

- People and their relatives told us they were supported to maintain a healthy diet in line with their needs and preferences. One person told us, "I have a good keyworker and they support me very well (with food choices). Staff know how to support me with my food and help me get the things I like." One relative said, "She's a bit of a foodie and she's very happy with the food. I know they cook from scratch; she has no complaints and she is pleased that there's always salad on offer."
- Where people required specialist or modified diets guidance was available to staff. Records contained evidence of professionals such as dieticians and speech and language therapists being involved in supporting people in this area.

- People were provided with a choice of what they wanted to eat and drink. Although menu's were planned in each house/flat, we observed people were offered a range of options. People told us they enjoyed eating out on occasions and also used the on-site café.
- People's weights were regularly monitored and any significant changes investigated and discussed with the person or their representative.

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

- People had access to a wide range of health care professionals in line with their individual needs. These included GP's, specialist consultants, the learning disability community team and diabetes nurses.
- Records of health care appointments were maintained and followed-up on. Where guidance was provided this was available to staff and incorporated into risk assessments and care plans.
- Oral health care plans and dental passports were in place. These highlighted the support people required with their oral hygiene and provided information regarding how the person accessed dental treatment.
- People were encouraged to exercise regularly. One person told us, "My staff [member] goes on long walks with me and helps me at the gym." People's care plans contained information regarding how to encourage exercise and movement.

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

- Accommodation was provided in a range of different houses and flats which varied in the facilities available according to people's needs. The assessment process took into account the type of environment people required to ensure their needs in this area could be met.
- All communal areas were accessible with touch pads and wide doorways and corridors. In the purpose built areas people were able to access technology to support their independence such as changing lighting and drawing curtains through the use of their iPad.
- People's rooms were highly personalised and decorated to their own taste. Each of the houses/flats were decorated in an individual way which reflected the differing needs of those living there. Each house/flat had its own garden area in addition to access to the large grounds.

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.

- People's capacity to make specific decisions had been assessed. Decisions covered areas including the use of audio monitoring equipment, not leaving The Meath without support and the use of lap belts on wheelchairs. Assessments had been presented in different ways to aid people's understanding such as using photographs and pictures.

- Where people lacked capacity to make decisions, processes were in place to ensure decisions made were in their best interest. People who knew the person best and health professionals were consulted as appropriate.
- DoLS applications had been submitted where required. Where DoLS had been approved any conditions were known to staff and the person supported to understand the reasons for any restrictions to their liberties. For example, short timeframes for one persons DoLS being reviewed were in place due to the type of restriction. Staff had supported the person to understand the restrictions were in place for his safety and well-being.
- Where people had capacity to make decisions, their consent to decisions including the use of audio monitoring equipment in their rooms was not consistently recorded. Following the inspection the registered manager provided evidence this had been addressed. We will review at our next inspection to ensure the process has been embedded into practice.

# 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 inspection in February 2019 this key question was rated as Requires Improvement. At the targeted inspection in September 2020 we found the provider had made improvements in relation to the management oversight of the service. At this inspection we found the improvements had been embedded and sustained. The key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives understood the management structure and told us they felt the management team were proactive and supportive. One person told us, "I can go to (manager or deputy manager) and my keyworker and they will talk about anything. They listen." One relative told us, "The registered manager is very good and is changing the outlook, getting people to move on and stretching them."
- The management team had been through a re-structure shortly before our inspection. Four managers had been appointed with the expectation they would each register with the CQC. This step had been taken to develop accountability within the different settings whilst ensuring each house/flat could further develop their own systems in line with people's needs and preferences. All staff spoken to felt the changes were positive and said they had been involved in the process.
- Quality assurance processes were in place and regular audits of systems were completed. Audits reviewed areas including medicines management, care records, the use of accessible information and signage and health and safety. Where concerns we identified these were reviewed with individual managers and action taken. Compliance reports were also reviewed by the board of trustees. Compliance reports provided data and actions taken where shortfalls in the service had been identified.

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

- People and their relatives told us there was a positive culture at The Meath. One person told us, "It's very good living here. The staff are very good. They do help me." One relative said, "It's a very kind, caring place and you can see that they want to do their best for all the residents."
- There was a positive atmosphere within The Meath. Staff knew people well and understood their needs, preferences and personalities. We heard relaxed conversations and shared jokes between people and staff.
- The new management team were involved in a range of training sessions aimed at further developing the culture and values within individual houses and flats. One manager told us, "We have just had training around managing the changes. Looking at what we want and what we don't want. We are having individual house meetings to agree what characteristics and culture we all want to see then meeting to discuss and agree the values."

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

characteristics

- People and their relatives told us they were involved in their care and informed of any concerns. One person told us, "I have chosen everything I do and I enjoy my sessions. I sometimes change things and talk to my keyworker or the staff." One relative told us, "There is good communication with us by email and by phone they're very open for you to speak to them and to discuss things."
- Regular house meetings took place in each house/flat. Discussions included the management restructure, activities, food and COVID-19. Meeting minutes demonstrated how people's views had been listened to and actioned.
- Relatives meetings were held regularly although this had been difficult during the pandemic. Changes had therefore been made and meetings had been held for each house/flat online. One relative told us, "The zoom meetings they've had for relatives during the pandemic have been very good and the management team are very good at listening to what the parents have to say."
- Quality assurance surveys were completed to gather views on the service provided. Results from the recent resident's survey were positive with most areas achieving 100% satisfaction. Staff surveys showed that 98% of staff responding felt satisfied working at The Meath. Where issues had been raised such as communication, these were being responded to as part of the management restructure.

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; Working in partnership with others

- Relatives told us the service was good at communicating any concerns. One relative told us, "I find they are very transparent with their dealings with me. The other day she banged her leg when she was doing something, and they let me know they didn't try to cover it up. It means I can trust them."
- Records of communication with people and relatives following accidents and incidents were maintained. This included duty of candour letters being sent when required.
- The service continued to maintain a strong presence within the local community. This included the continued development of the high street café and furniture restoration shop in the town. People told us working in the business had helped them gain confidence.
- The registered manager was part of the Skills for Care registered managers network and several on-line forums. They felt this helped to know what resources were available and in keeping up to date with changes in adult social care.