

G A Projects Limited

# Tendring Meadows Care Home

## Inspection report

The Heath  
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Essex  
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Website:

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

This inspection took place on 10 December 2014 and was unannounced.

Tendring Meadows Care Home provides accommodation and personal care for up to 53 people who may be

elderly, have a physical disability or be living with dementia. The service does not provide nursing care. At the time of our inspection there were 27 people who used the service.

A registered manager was in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection of the service on 25 June 2014 there were no areas of concern in the standards we looked at.

At this inspection we found that improvements were required in the way the service was managed. While some aspects of good management were in place, the registered manager had not implemented other areas that were essential to good management. The manager had not complied with regulations in relation to notifying the Care Quality Commission of relevant incidents.

You can see what action we told the provider to take at the back of the full version of the report.

The manager did not have good processes for auditing and managing accidents and incidents to learn from them and drive up the quality of the service. The process for managing risk needed to improve so that the risk of harm to people using the service was reduced.

People felt that the care and support they received was good and kept them safe. Processes were in place for supporting people to take their medicines safely.

People's care needs were met by staff who were knowledgeable about how people preferred to be supported.

There were processes in place to support staff to develop the skills and knowledge they needed to fulfil their roles effectively and staff felt well supported.

People's requirements around food and drink were met and they enjoyed the food.

Staff understood how to reduce people's anxieties and provided care and support in ways that were kind and caring.

People were content with the lifestyle at the service and the way staff supported them to make choices about how they spent their time.

Staff and people at the service were positive about the open culture.

# Summary of findings

## 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.

Risks to people were not always well managed and processes for learning from accidents and incidents were now well developed.

People felt safe and staff understood what they needed to do to protect people from abuse.

**Requires Improvement**



### Is the service effective?

The service was effective

People were looked after by staff who were trained and supported to carry out their roles and responsibilities.

There were processes in place to provide people with food and drink that they enjoyed and met their nutritional needs.

**Good**



### Is the service caring?

The service was caring

People were cared for by staff who were kind and caring.

People's dignity was maintained and people were treated with respect.

**Good**



### Is the service responsive?

The service was responsive

People's needs had been assessed and staff understood how to provide the necessary support to meet those needs.

**Good**



### Is the service well-led?

The service was not always well led.

Processes and procedures to manage the service were not sufficiently developed to drive up quality. The regulatory responsibilities required of registered managers were not always fully understood.

There was an open culture that staff and people appreciated.

**Requires Improvement**



# Tendring Meadows Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 10 December 2014 and was unannounced. The inspection team consisted of three inspectors.

We carried out this inspection in response to information and concerns received. This included information from the local authority quality and monitoring team and from relatives.

We reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send us by law. We also looked at

information sent to us from other stakeholders, for example the local authority and members of the public. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with eight people who used the service and two relatives about their views of the care provided. Where people were unable speak with us directly we used informal observations to evaluate people's experiences and help us assess how their needs were being met; we also observed how staff interacted with people. We spoke with four care staff, the manager and the deputy manager.

We looked at six sets of people's care records and also looked at information relating to the management of the service such as health and safety records, staff training records, quality monitoring audits and information about complaints.

Following the inspection visit we spoke with two health and social care professionals.

# Is the service safe?

## Our findings

Evidence from local authority quality assurance visits had identified that processes for dealing with incidents and accidents were not robust. In particular care records from October 2014 and November 2014 showed that incidences of falls were recorded but referrals to district nursing services had not always been made and medical advice was not always sought. One person with a long history of falls did not have a risk assessment in place. This information was from records examined the week before our inspection.

During our inspection on 10 December 2014 the manager told us that she was now aware that the process had not been sufficiently robust. The manager described the improvements that had recently been put in place. She explained that they would look at information such as the times that people had most falls and which staff were supporting the person to see if they could identify patterns and a monthly analysis would be sent to the falls prevention team. The manager showed us that she had reorganised the accident and incident reports and was auditing them weekly.

The new system for auditing falls had not been in place sufficiently long to be able to assess the impact on people. We were unable to confirm whether there had been any reduction in falls as a result of the new audit system. Evidence of actions taken to minimise the risk of harm to people who were identified as having a high risk of falls was not available at the time of our inspection.

One member of staff told us that they felt there were not enough staff and that new staff were not being recruited. Staff told us they covered shifts for colleagues when they

were off but felt that in the longer term more staff needed to be recruited. During our visit we saw that people's needs were met and staff were able to spend time with people without rushing them. They had enough time to stop and talk to people. People told us that staff came to their assistance promptly when they needed support. One person said, "I fell out of bed once and they were there in minutes." Another person said, "The staff answer the call bells promptly."

People told us they felt safe and were confident that if they needed help staff would provide it. One person said, "I'm safe here" and another person said, "I feel safe." We spoke with four care staff who were all able to demonstrate that they understood different types of abuse. They knew what they should do if they witnessed or were told about abuse. Staff told us that they had received annual refresher training about safeguarding. The manager had produced a training spreadsheet to record the training that staff had attended over the past year. We saw that training included safeguarding and safe administration of medicines.

People told us that they received their medication on time. One person said, "The staff give me my pain relief when I ask for it." We saw that there were processes in place for supporting people with their prescribed medicines safely. During our inspection we saw staff administering medicines at breakfast and lunch time. We noted that they followed good practices, explaining to people about what they were giving them and ensuring they had a drink. Before the member of staff went to give medicine to someone who was in their bedroom, we saw that they locked the trolley and took the keys with them so that no one else was able to access medicines that could be harmful to them.

# Is the service effective?

## Our findings

A health professional told us that they visited people at Tendring Meadows Care Home regularly and confirmed that staff referred people to the community team when their input was required. They told us that people's pressure area care was being managed appropriately. The team had raised some concerns that they had observed on occasions not all staff used correct manual handling procedures when supporting people with their mobility. They said that they were following it up to ensure practices had improved.

People told us that staff always asked their permission before providing care or support. One person said, "They always ask me if it is OK before doing things for me." A member of staff said, "I always check with [the person] about their care and get their permission before I carry out any personal care with them."

Staff were knowledgeable about people's individual care needs. They felt that they received sufficient training to enable them to carry out their roles effectively. We saw from care records that people's needs were assessed and we noted some good examples of individualised care planning. For example, there was guidance for staff on how to meet one person's emotional needs as well as their practical care needs. Staff were given clear guidance on how to support the person with their self-esteem and how to promote their independence.

One person told us how staff were supporting them to keep healthy and improve their mobility. They said, "They are helping me diet so I can get a smaller wheelchair and move myself around. They are trying to move me from full hoisting to a standing hoist so I can do more for myself."

Members of staff said that they received support from the manager and deputy manager. One member of staff said, "We have regular team meetings with the manager where we discuss things such as improvements to the home, staffing, training, service users and activities." Staff also told us that they felt well supported and that they received regular supervision.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions for themselves and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. The manager explained that, following recent DoLS training they had updated DoLS referrals to submit to the local authority for 23 of the people who lived at the service. Records and discussions with staff showed that they had received training in MCA and DoLS and they understood their responsibilities.

During our inspection we saw members of staff gently encouraged people to eat and drink. At lunchtime we noted that staff who were assisting people with their meals followed good practices. For example we saw one member of staff sit on a chair next to the person and they engaged in conversation with them. They did not rush the person and the meal was sociable.

Where people had specific needs around nutrition, support was sought from relevant health professionals such as the speech and language therapy team. We saw that staff understood what to do when people had difficulties swallowing and needed to have food and drink prepared in a specific way, such as thickened liquids and pureed food.

# Is the service caring?

## Our findings

The atmosphere in Tendring Meadows was peaceful during our visit. Staff were alert to people's needs and knew how to support them to reduce their anxieties, for example staff spoke calmly to people when they displayed signs of distress or anxiety. Staff knew what method was best to approach individuals to help relieve their distress. One person told us, "I get confused sometimes and the staff are always kind and reassuring."

People were complimentary about the kind and caring attitude of staff. One person told us, "The staff here are very kind" and another person said, "The staff are very good, polite and caring."

People said that staff were helpful. One person told us, "If you want anything at all they'll get it for you. They were going shopping today and they asked me if there was anything I wanted, like sausage rolls, mince pies and cigarettes."

We observed that when members of staff spoke with people, they were polite and respectful. We saw caring, positive relationships in which people were treated with kindness and compassion and we noted that people smiled at staff during conversations.

Throughout our inspection we saw that staff were discreet and sensitive when they asked people if they wished to go to the bathroom. We also noted that doors to bathrooms and bedrooms were closed during personal care tasks to protect people's dignity.

# Is the service responsive?

## Our findings

Relatives said that they had been involved in providing information during the assessment process for their family member. Staff knew about people's personal history and the manager displayed an extensive knowledge of people's past and how they liked to spend their time. Where people were able they were involved in planning their care. One person explained how staff consulted them and they put a plan in place for improving their lifestyle. When we spoke to staff they were able to tell us about people's likes, dislikes and preferences. Staff understood what people liked to do. We saw from the sample of care plans examined that people's needs had been assessed.

People told us they enjoyed the lifestyle at Tendring Meadows Care Home and they liked it when social events were organised. One person told us, "We had a nice bonfire night celebration, with hot dogs and burgers." As well as some organised activities people were able to do things either individually or in small groups. For example, we saw a member of staff sitting with two people making greetings

cards. Both people were smiling and engaged with the activity. We also saw that staff chatted with people informally throughout the day, checking if they were all right and having sociable conversations.

Staff said they listened to what people said and supported them to be as independent as possible. If people wanted to spend time in their rooms or preferred to sit with others in communal areas, they were able to make those choices and staff respected this.

One person told us that they could not always remember things but the staff did things to help. They said, "I've got dementia, the staff help me organise my room and my stuff so I can find all my things when I need them."

People told us if they had any concerns they would talk to staff. Throughout our inspection we observed examples of good interactions between people and staff. Staff listened to people and chatted with them. If people raised any concerns we saw that staff took them seriously and provided support and reassurance.



# Is the service well-led?

## Our findings

During our inspection we discussed with the manager events affecting the health and welfare of people who lived at the service. The manager explained that they had one person who sustained a broken bone as a result of a fall. There had also been one death in the service in recent months. Neither of these incidents had been reported to the Care Quality Commission (CQC) as required by regulation.

Failure to notify CQC of the death of a person who uses a service is a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009. Failure to notify CQC of an injury that requires medical treatment is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The manager explained that she had not fully appreciated these responsibilities. In response to information from the local authority quality and monitoring team the manager had updated her knowledge and was at the time of our inspection fully aware of her responsibilities to report relevant incidents.

The manager acknowledged that much of her time was spent working “hands on” and less time had been given to aspects of a manager’s role such as developing processes and procedures or carrying out audits. The manager recognised that she needed to change her focus. In response to feedback from the local authority, the manager had started to look at the way she managed the home and told us that in the previous few weeks had started to identify and put in processes to improve how the home was managed. For example, the manager told us that she was developing the role of senior staff and had delegated some responsibilities for the direct supervision of care staff.

At the time of our inspection we found that there were some aspects of the way the service was managed that were positive such as the open culture, the visibility and accessibility of the manager and supporting staff. Improvement was needed in other areas including the development of effective quality assurances systems and using information from audits, investigations and feedback from people to drive up the quality of the service.

Staff felt well supported by both the manager and the deputy manager. We saw that there was a prominent notice, with contact telephone numbers, directing staff to call either the manager or the deputy manager for on-call advice or support. The deputy manager told us, “We don’t have a formal on-call rota. Myself and the manager are on permanent on-call.”

Staff told us that the manager and deputy manager were very supportive and easily accessible and that they had an open door policy. Two members of staff said that there was good teamwork, especially when there were staff shortages, which were regularly covered by existing staff.

Staff also told us that the manager encouraged staff to give their views and they felt that she listened to them and acted on the issues they raised where possible. One member of staff said, “There is good communication between staff and management.” Another staff member said, “I like working here, we have a good manager, they care about the residents and staff.”

The manager was able to demonstrate a detailed knowledge about all of the people who lived at Tendring Meadows. She explained that she liked to be visible throughout the home, spending time “on the floor” rather than in the office and this was confirmed by staff.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services  The registered person had not taken appropriate steps to notify the Commission without delay of the death of a person using the service. Regulation 16 (1) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents  The registered person had not taken appropriate steps to notify the Commission without delay of incidents which had resulted in injury to persons using the service. Regulation 18 (1) (b) (ii).