

Community Integrated Care Meadow Green

Inspection report

Dale Lane
Heckmondwike
WF16 9PA
Tel: 01924 402008
Website: www.c-i-c.co.uk

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection of Meadow Green took place on 22 December 2014 and was announced.

Meadow Green was registered with the Care Quality Commission in December 2013. This was the first inspection of the service since their registration.

Meadow Green is an extra care housing scheme which is registered to provide personal care. Meadow Green consisting of 53 one or two bedroom flats. The service also includes Meadow Green Lodge, a separate building of 10 flats to deliver specialist support to people living

with Dementia. The extra care scheme has on-site care staff 24 hours a day. The building comprises of an alarm service, lift, lounge, restaurant, garden, an activities room and hairdressing salon.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People we spoke with told us they felt safe. Staff were able to describe types of abuse and were confident they could report any concerns to their manager.

We saw there was a system in place to ensure any issues relating to the maintenance of the building were acted upon.

Staff received specific training before they were allowed to support people with their medicines.

Staff told us the service employed enough staff to meet people's needs. Staff also told us they received regular supervisions and felt supported by their manager and team leader. We also saw documented evidence that new staff were supported in their role.

People were treated with respect and their dignity and rights were promoted. People who lived at the scheme told us the staff who supported them were caring and kind.

We found people's records did not always accurately reflect the care and support staff had provided and where people's support needs had changed, their records were not always updated to reflect this.

The registered provider had a system in place to manage complaints. People we spoke with told us they were aware of how to raise a complaint should they have any concerns.

We asked staff about management and leadership at the service. All staff we spoke with gave positive feedback and said they felt very well supported by their manager. The registered provider had an effective system to regularly assess and monitor the quality of service that people receive.

Prior to this inspection the Care Quality Commission had requested the registered manager complete and submit a Provider Information Return (PIR). The registered manager told us that this request had been overlooked and the PIR had not been submitted prior to the inspection.

People were not protected against the risk of unsafe or inappropriate care and treatment because accurate records in respect of each service user had not been maintained. This demonstrated a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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 safe.

People told us they felt safe.

There was a system in place to ensure the premises and equipment were maintained appropriately.

Staff had received training in managing people's medicines.

Staff told there were enough staff to meet people's needs. We saw staff were recruited safely.

Is the service effective?

The service was effective.

People were cared for and supported by, suitably qualified, skilled and experienced staff.

The registered manager and the team leader understood the principles of the Mental Capacity Act 2005.

People had access to a restaurant within the service should they choose not to eat in their own flat.

Good



Is the service caring?

The service was caring.

People told us staff were kind and caring.

Staff were able to tell us how they supported people to make simple lifestyle choices and how they maintained people's privacy and dignity.

The registered manager had begun to implement a system to gain feedback of people who used the service.

Good



Is the service responsive?

The service was not always responsive.

People's care records did not always provide an accurate record of their care and support.

The registered manager had commenced people's annual review of their care.

People told us they knew how to complain.

The service provided a set number of hours to supporting people with social activity.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not always well led.

The registered manager did not submit a Provider Information Return (PIR) in line with the timescale set by the Care Quality Commission (CQC).

Staff spoke positively about the management team at Meadow Green.

The registered provider had a system in place to assess and monitor the quality and safety of the service provided to people.

Requires Improvement



Meadow Green

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.

This inspection took place on 22 December 2014 and was announced. We gave the registered manager 48 hours notice of the inspection to ensure they were available to speak with us. The inspection team consisted of two Adult Social Care Inspectors and an expert by experience. An expert by experience is a person who has personal experience of supporting people who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. We also spoke with the local authority contracting team. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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. They did not return a PIR and we took this into account when we made the judgements in this report.

During our visit we spent time looking at three people's care and support records. We also looked at two records relating to staff recruitment, training records and the service's quality assurance documentation. We spoke with the registered manager, a team leader and six support workers. We also spoke with five people who used the service, two relatives who also lived at the service but did not receive support with personal care. We also spoke with one visitor and the hairdresser. During the inspection we spoke with a visiting health care professional.

Is the service safe?

Our findings

People told us they felt safe at Meadow Green. One person said, "I feel safe and looked after here." Staff we spoke with also told us they felt people were safe.

All the staff we spoke with told us they had received training in safeguarding vulnerable adults and were able to describe a number of different types of abuse. For example, verbal, physical and sexual. We asked one member of staff what they understood by the term 'safeguarding'. They said, "Ensuring people are safe and to report anything untoward happening." Staff told us they felt confident to report any concerns they may have. For example, one member of staff said, "If I thought someone was being abused, I would go to my team leader or manager or contact CQC directly." This showed staff were aware of what constituted abuse and were aware of how to raise concerns about potential harm or abuse.

The registered manager told us the tenants each had a pull cord in their flat which they could use to summon staff assistance. They told us when a tenant summoned assistance, the staff spoke to the tenant to see what assistance they required before they responded. We asked if there was a system in place to monitor the calls and how quickly staff responded to them. The registered manager showed us where they logged the calls in a book; however, they said that an electronic system was due to be fitted in the near future. Monitoring the calls enables the registered manager to ensure people's assessed support needs are met in a timely manner.

The registered manager told us the building and premises were managed by a separate company, however, they said a caretaker was on site through office hours to address to ensure any issues were addressed. We asked what would happen in the event of a tenant reporting a leaking tap on a weekend. They said if the matter could not wait for the caretaker after the weekend then staff would contact the company which looked after the building and request their 'out of hours' team attend to address the problem. This demonstrated the registered provider had a system in place to ensure the premises and equipment were maintained.

Each of the care and support records we looked at contained a Personal Emergency Evacuation Plan (PEEP). This detailed the support the person required in the event

they had to evacuate their flat in an emergency. The registered manager also showed us a file which was kept in the office. We saw this contained names and contact details of people and organisations who may be required in the event of an emergency. For example, the registered manager, the local authority, police and fire brigade. This meant key information was available for staff to access in the event of an emergency.

We saw people had risk assessments in their care and support records. These addressed risks related to the environment and to the individual, for example, risk of falls. A staff member said, "We assess the environment for risk all the time. Some people have ceiling hoists and some have stand aids. We have been trained to use the hoists. How to use the slings is in the care plan with colour codes." This meant people's care and support was planned and delivered in a way that reduced risks to their safety and welfare.

We looked at the recruitment files for two members of staff who had been recruited since our last inspection. We saw each person had completed a series of pre-employment checks prior to their job offer being confirmed. These checks included carrying out a Disclosure and Barring Service (DBS) check and taking up written references from previous employers. We saw in one of these staff files there was a gap in their employment history from January to June 2014. We asked the registered manager if they had asked the person about this and where this conversation had been documented. They told us the gaps had been explored during the interview and recruitment process, however, they were not able to provide this evidence. Schedule 3 of the Health and Social Care Act requires a full employment history, together with a satisfactory written explanation of any gaps in employment to be obtained.

We asked the registered manager and the team leader how the service was staffed. They said there was one registered manager, two team leader posts and the support staff. They said there was only one team leader at present as they had one vacant post. They said the number of care staff was dependent upon the assessed needs of the tenants in the flats. We looked at the duty rota and saw there were seven staff on duty between 7am and 1pm, five staff between 1pm and 9.30pm and two staff were on duty overnight.

We asked people who used the service if they thought there were enough staff to support people in a timely manner. One person said they thought staff were 'alright'

Is the service safe?

although they thought they seemed short-staffed. Another person told us the service was 'short staffed'. We asked them why they thought this and they said 'they rush their work'. Staff we spoke to all told us they felt there were enough staff to meet peoples assessed needs. One member of staff said, "We are fully staffed on every shift."

We asked the registered manager how people were supported with their medicines. They told us all staff received training in how to support people with their medicines. They said staff were due to have their

competency assessments renewed. We looked at the competency assessment for one member of staff dated 3 January 2014. We saw it addressed a variety of topics including ordering, procedure and action to be taken in the event of an error with someone's medicine. Staff we spoke with confirmed they received training in supporting people with their medicines. This meant people were protected against the risks associated with medicines because staff had the necessary skills and competencies.

Is the service effective?

Our findings

The registered manager told us all staff received a quarterly supervision. Staff we spoke with confirmed they had supervision regularly. One person told us the manager had set goals for their development. We also looked at the supervision records for one member of staff who had been employed for twelve months. We saw documented evidence they had received supervision with their manager in January, June and November 2014. This showed staff received regular management supervision to monitor their performance and development needs.

All the staff we spoke with told us they had access to training. One member of staff said they had completed training in a variety of topics including dementia and first aid. We looked at the training records for two members of staff and saw certificates for a variety of courses, including; first aid, moving and handling and fire awareness. The team leader told us, "Because it's [the service] new everyone has had the training and we know when the refreshers are due." This demonstrated the registered manager had a system in place to ensure staff received training to ensure they had the appropriate knowledge and skills to perform their job roles.

We asked the registered manager how new staff were supported. They told us new staff were allocated a 'buddy' to support them. They also said new staff shadowed a more experienced member for a period of at least a week; they explained this was flexible and may be extended if the new employee needed further support. The registered manager said they completed a probationary assessment with all new staff. When we looked at the personnel records for two members of staff we saw both contained a probationary report. This addressed a variety of topics which included attendance, performance and interpersonal skills. The registered manager told us this document was completed with all new staff after their first six weeks of employment and again after three months. We saw evidence this document had been completed and signed by both the employee and the registered manager in both the files we looked at. This demonstrated these two employees were supported when they commenced employment the service.

The Care Quality Commission (CQC) monitors the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after

in a way that does not inappropriately restrict their freedom. We asked the registered manager if staff received training in the Mental Capacity Act (MCA) 2005. They told us the MCA was addressed in the induction training for new staff. They verbalised knowledge of the MCA and their responsibilities in adhering to the legislation. The registered manager told us no one who was currently living at the service lacked capacity to make their own decisions. We asked the team leader what they understood about the MCA. They said, "If you ask questions in the here and now and they answer you appropriately, they have capacity... We have no one in here that has the best interest thing". This showed the registered manager and team leader were aware of their responsibilities under this legislation.

When we asked staff about their understanding of capacity, one person told us, "It's about people deciding for themselves... We have one [person] who has picture cards as they can't talk anymore but [they have] mental capacity." Another member of staff said, "Most people have capacity... 9 times out of 10 they [people who use the service] will tell us what they want first."

We asked the registered manager how people were supported to eat and drink. They said people who used the service, or their relatives, were responsible for their own grocery shopping unless it was part of their care package. They told us if people were assessed as requiring support with preparing food or drinks, staff would prepare a meal of the person's choice from the food that was available in the person's kitchen. They also said people could have a meal at the restaurant which was located in the reception area. During our visit we saw people ordering and eating meals in the restaurant. The registered manager told us they had received some complaints from people who lived at Meadow Green regarding the meals they had been served in the restaurant. The registered manager told us the restaurant was not managed by the registered provider of Meadow Green; therefore they had passed these complaints on to the catering manager. While we were visiting Meadow Green the inspection team purchased some snacks from the restaurant. The menu was varied however; one member of the inspection team requested a panini from the menu and was told that was not available. Two members of the team had chips, both servings were under cooked. We told the registered manager about our experience on the day of the inspection. This meant people who are paying for a meal in the restaurant may not always be receiving a high quality meal.

Is the service effective?

We asked the registered manager what support staff offered to people who may require medical advice. They said it was up to the individual person, or their families where appropriate to make appointments with relevant healthcare professionals. They explained that if staff thought someone's health needs had changed they would prompt them to call the doctor or would contact the person's family and pass on their concerns to them. They

also said that if a person struggled to use the telephone staff would support them to make the call, for example by dialing the telephone number or holding the telephone to the person's ear. A visitor who we spoke with told us the district nurse visited their relative every day. This showed people using the service received additional support when required to access their doctor or the district nurse.

Is the service caring?

Our findings

Overall feedback from people was that staff were caring and kind. A visitor we spoke with said, “On the whole staff are good but many of them are younger and their manner isn’t as good as that of the older staff who are more experienced”. Another relative told us, “(Relative) seems happy here, they seem to treat (them) well and they (staff) are kind”. One person who lived at Meadow Green said, “Staff are kind, one or two are off-hand”. People also said, “They are kind, I’m friends with them all”. “(Person) is treated with respect by nice people”. During the course of our visit we overheard the team leader talking to various people in an attentive and caring way.

We asked staff how they maintained people’s privacy and dignity. One staff member said, “We make sure people are covered, and always ask them if we can provide their care. We talk to them throughout.” Another member of staff said, “We always knock on people’s doors and we have to wait until people answer their door unless it is in their care plan. We have forms if they have given us permission to hold a key.” We asked one relative if they thought their relative was treated with dignity, they said, “Yes, they (staff) treat (my family member) with dignity.”

We also asked staff how they respected people’s lifestyle choices and individual preferences. Staff we spoke with were aware people had care plans and told us they used them to learn about the people they provided care and support for. Staff told us, “People come with a care plan but we learn as we go along about their preferences.” “People do have their own needs and preferences. I know it’s important to respect people’s religion and preferences.” “We always ask peoples preferences and choices, such as what they want for breakfast, dinner, whether they want to go to the toilet. Nine times out of ten they will tell us what they want first”. This showed people were supported and cared for by staff who knew them well and respected their individuality.

We asked the registered provider how they gained the views and opinions of people who used the service. They explained that as Meadow Green was a relatively new service there had only been three meetings held so far. They said a local councillor had attended one of the meetings and they were also accessing the support of someone from Kirklees Residents and Tenants Association to support tenants to get a management committee together. We saw minutes from a meeting held in November and saw the minutes detailed the date for the next meeting in January 2015.

Is the service responsive?

Our findings

We looked at the individual care records and a set of progress notes for three people. The progress notes were a typed document which detailed the tasks staff had to complete at each call. For example, one person's task list detailed 'log in, introduce myself, assist with personal care'. We saw staff placed their initial next to each task to confirm they had completed each job. This document did not provide detail as to how staff were to assist the person and what their preferences were regarding washing or bathing. We did not see any record which detailed any interactions between staff and the people they were supporting.

We also saw a 'challenging behaviour' risk assessment for one person which asked staff to 'undertake a spot assessment of mood upon entry (to the flat)'. We could not see any detail as to what aspect of this person's behaviour may be problematic or any information as to what action staff should take if they felt the person's behaviour was challenging to them. This meant there was no clear, person centred information to guide staff to support this person appropriately.

The registered manager told us how they were currently enabling a person who was living with dementia to access the local community. They told us about the action they had had to take recently to maintain this person's safety. When we looked at the person's support record we could not see evidence the risk assessment had been updated to reflect the recent changes. This demonstrated an accurate and up to date record of this persons needs had not been maintained.

The team leader told us staff also used a communication book to log information. They explained this was useful for staff to read when they returned to work after their days off. We saw an entry in the communication book regarding an incident involving a service user. When we looked in the person's progress notes and support file we could not see any reference to this matter. The registered manager showed us evidence they had referred the matter to the person's social worker. However, this showed that an accurate and up to date record had not been maintained.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We asked the registered manager how often they reviewed people's care plans. They said that as the service had been

open for a year, they were only just beginning to implement annual reviews of people's care and support. They said a letter had been sent to tenants with a date for their review. We saw that two people's reviews had been completed the week before our visit. We looked at the review document for one person. We saw the questions included what had gone well since the last review and what had not gone so well. This showed the registered manager had begun to gain the views and opinions of people who used the service.

The service provided a communal lounge and an activity room. In the communal lounge there was a piano, a table with jigsaws as well as a choice of music CD'S. The registered manager told us part of their contract with the local authority included a set number of hours per week dedicated to the provision of social activity.

We asked people we spoke with if they knew who to complain to. They all said 'the office'. One person gave us the name of the registered manager and two people we spoke with told us the name of the team leader. One person said they knew where to go if they had a complaint although they added, "I have no complaints at all." This meant people were aware of how to raise a complaint.

We asked the registered manager how the service monitored compliments and complaints. They showed us a 'compliments' book. They said this was kept in the reception area where people could write in it freely. We saw the most recent entry dated, 29 October 2014 which read, 'thank you to all carers, they are all so good'. The registered manager also showed us a 'comments and suggestions'. We saw an entry dated, 4 December 2014, which read, 'been to visit a friend today, lovely, clean and smelling nice'.

We asked if they had received any complaints since the service had opened. They told us they had received four formal complaints. They said when a complaint was received they had responsibility for investigating and addressing any concerns which were raised however, they also scanned a copy of the complaint to the head office. They explained head office ensured the registered manager followed the registered provider's policy within the set timescales. The registered manager said they had to inform head office of the investigations they had undertaken and the result of their findings.

The registered manager told us any complaints were filed away in the individual person's records. We looked at the

Is the service responsive?

correspondence relating to one of the complaints. We saw the letter from the complainant, details of the actions the

registered manager had taken and the response letter they had sent to the complainant. This demonstrated the registered provider had a system in place to manage concerns and complaints.

Is the service well-led?

Our findings

Staff told us they felt supported by the registered manager and team leader in their role. They said, “It is a lovely place and the tenants really enjoy it. (Manager) is lovely, (team leader) too. I have every confidence in her. She is very fair with us. She knows her job and we know we are answerable to her.” “We have a very good team of carers, manager and team leader... Management are brilliant. The best management I have worked for.” We asked the team leader if they felt supported in their role, they said, “My manager is a good manager. She is very fair. She understands me... The area manager comes and he is on the level with you.” This showed staff felt supported and able to communicate with one another and the managers of the service.

We asked the registered manager about the culture of the service. They said they wanted staff to treat people with respect and as individuals. They explained they felt the reputation of the scheme was dependent upon her and her staff. She said, “We have to be open and honest. If we make mistakes, be open, don’t try to hide it.” This demonstrated the registered manager believed in promoting a culture where staff were person-centred, open and inclusive.

Staff told us they had regular team meetings, one member of staff said, “We have a team meeting once a month with the manager. We discuss everything.” Staff meetings are a way of monitoring the service and coming to an informed view as to the standard of care and support for people who live at the scheme.

Prior to our inspection CQC requested the registered manager complete and submit a PIR. This was not submitted within the timescale requested by CQC. We asked the registered manager about this and they apologised for this oversight.

The registered manager told us they attended the tenant meetings to enable them to action any issues that were relevant for them and also to pass on any issues to the relative companies which oversaw the catering and management of the property. This showed the registered manager was supporting tenants to be involved in the management of the service.

We asked the registered manager how they maintained links with the local community. They said they had recently invited the Royal Voluntary Service to provide advice to people on healthy cooking. They also told us the restaurant was open to people from the local community to come in to purchase a meal and eat in the dining area.

We looked at the systems in place to assess and monitor the safety and quality of the service provision. The registered manager told us they completed audits of people’s support records and their medicines. We saw documented evidence of the checks which were made on people’s medication records but the registered manager told us there was not a documented record of the audits completed for support records. This meant there was not a robust system in place to monitor and evaluate people’s care and support plans.

We spoke with the registered manager about how accidents and incidents were recorded and analysed. She explained these were recorded on a computerised system. The registered manager said information about accidents and incidents was reported to the organisation’s central office where any concerns would be highlighted and fed back to them where appropriate. We noted that a number of the accidents recorded were ‘one off’ accidental trips. We asked the manager if any action had been taken to reduce these ‘trips’. They said they had organised an ‘exercise and balance’ class but people who lived at the scheme had not attended. We discussed how the falls team may be able to provide some advice and support to individual people. The registered manager said they would enquire about this.

The registered manager told us they had the support of a regional manager. They said they had to complete a report each month and submit this to the regional manager. We saw this report included staff supervisions, medication training, complaints, accident and reported safeguardings. They also said the regional manager visited the scheme at least monthly and completed their own audits of the schemes systems and processes. This showed the registered provider had a system in place to monitor the performance of the scheme and the registered manager.

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
Personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>People were not protected against the risk of unsafe or inappropriate care and treatment because accurate records in respect of each service user were not maintained.</p> <p>Regulation 21(1)(a).</p>