Meadowview Care Limited

Allens Mead

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The Inspection was carried out on Thursday 5th November 2015 and was unannounced.

This home provided accommodation and personal care for up to two people with learning disabilities, autism and people who may harm themselves or others. The accommodation was spread over three floors giving people plenty of personal space and shared areas. One bedroom had en-suite shower facilities.

There was a registered manager employed at the home. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was unable to devote enough time to the management and leadership of the service. Suitable support mechanisms for the registered manager were not followed by the provider to ensure they were carrying out their responsibilities in meeting the requirements of the Health and Social Care Act 2008 and associated Regulations.

Summary of findings

General environmental risk assessments were in place but had not been regularly reviewed. People, including staff and visitors, may not be protected from potential risks around the home.

The provider did not have robust auditing systems and processes in place to check the quality of the service provided. Ensuring safe and effective practices and systems are being followed is a responsibility of the provider. Action may not be taken when changes or improvements were needed to keep people safe or to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us and indicated they felt safe. There was an up to date safeguarding adult's procedure and policy in place. The staff demonstrated they had a good understanding of what abuse is and how they would act if they suspected abuse was taking place.

People received support from staff with taking prescribed medicines. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

Recruitment practices were safe and effective. Checks were carried out to make sure staff were suitable to work with people who needed care and support. Staff had received an induction when they were first employed and were supported by the manager in one to one and informal meetings.

The staff had the skills and knowledge in order to carry out their duties effectively and had received adequate training.

Staff supported people with their nutrition, hydration and health care needs. They encouraged healthy choices of food as well as giving people choice and support to make healthy decisions in this area.

Individual care was planned and delivered with the full involvement of people, their relatives and relevant others

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager and staff showed that they understood the Mental Capacity Act 2005 and DoLS. The registered manager understood their responsibilities as Mental Capacity assessments and decisions made in people's best interest were recorded.

People's needs were assessed before moving into the service with involvement from relatives, health professionals and the person's funding authority. Care plans contained detailed person centred information and guidance. All aspects of a person's health, social and personal care needs to enable staff to meet their individual requirements were included. People were encouraged and supported to engage in activities within the service and in the community.

Potential risks to people in their everyday lives had been individually identified and had been assessed in relation to the impact that it may have.

The staff knew people very well, including their personal histories and interests. We observed them being respectful and caring when speaking about or to people. There was a relaxed and friendly atmosphere in the home and there was a good rapport between people and staff. People's privacy and dignity were respected by a team who understood how important this was to a person's wellbeing.

Systems were in place for people or their relatives to raise their concerns or complaints.

People, relatives and professionals had been asked for their views of the service provided

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken 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.

There was an up to date safeguarding procedure in place with current practice and guidance.

Individual risk assessments were in place and regularly reviewed.

Medicines were managed well, independently audited and the staff understood their responsibilities

There were suitable amounts of staff to deliver safe care and support.

Safe recruitment practices were in place to ensure suitable staff were employed.

Good 

Is the service effective?
The service was effective.

Staff were supported effectively through induction, training and supervision so they had the skills needed to meet people's needs.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People's capacity to consent to care or treatment was assessed and recorded.

Staff ensured people's health needs were met. Referrals were made to health and social care professionals when needed.

People were provided with a suitable range of nutritious food and drink

Good 

Is the service caring?
The service was caring

Staff understood people's likes and dislikes, personal histories and the best way to meet their needs.

People were treated as individuals and able to make choices about their care wherever possible.

Staff had forged good relationships with people so that they felt comfortable and relaxed.

People were treated with dignity and respect. Staff understood how to maintain people's privacy and their records were kept confidential.

Good 

Is the service responsive?
The service was responsive.

Good 

Summary of findings

Care plans contained detailed information and clear guidance to enable staff to fully meet people's needs.

Care plans showed that people were encouraged to be involved in the planning and review of their care

Relatives and other relevant people were involved in care plan reviews to ensure a holistic approach

Staff made prompt referrals to healthcare professionals when people's needs changed.

The complaints procedure was available and people knew what to do if they had concerns

Is the service well-led?

Requires improvement

The service was not always well led

Quality assurance monitoring processes were not in place and essential

Audits were not carried out by the provider to ensure the service was safe and effective

The provider did not ensure effective supervision and support was regularly available to the registered manager.

The registered manager was not able to complete their management responsibilities as they spent a lot of their time carrying out caring duties.

The registered manager and staff team were aware of their roles and responsibilities and what was expected of them.

Relatives and health care professionals spoke highly of the services provided

Surveys had been carried out with people, relatives and professionals in order to gather the views of people involved in the service

Allens Mead

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 the 5th November 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we examined previous inspection reports and notifications sent to us by the registered manager about incidents and events that had occurred at the home. A notification is information about important events which the provider is required to tell us about by law.

We spent time with people who lived in the home, we observed the care they received and how they responded to staff. We spoke with one care worker and the registered manager and we also spoke with two relatives. We asked two health and social care professionals for their views about the home.

We spent time looking at general records, policies and procedures, complaints and incident and accident monitoring systems and quality assurance auditing systems. We looked at one person's care files, two staff record files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 16 December 2013, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People told us they liked living at the home. Relatives told us they felt their relative was safe, they said, "Yes, we feel (our relative) is very safe".

A health and social care professional commented, "We feel that the person does receive safe, effective care" and that the staff are always "Carefully balancing risk with the need for more opportunity".

People were protected from potential abuse by robust processes. There was an up to date safeguarding procedure in place that set out the steps to take if abuse was suspected. The local authority protocols were available for staff to follow. This policy is in place for all care providers within the local authority area, it provides guidance to staff and to managers about their responsibilities for reporting abuse.

Staff had a good understanding of what abuse was and what their responsibilities were to ensure people were safe. A member of staff was able to describe the signs of abuse and the action they would take if they suspected abuse was taking place within the home. They also told us they had training in safeguarding procedures. We checked the training records and found this to be the case. The registered manager had acted quickly on an occasion when concerns were raised and had appropriately alerted the local authority which protected people from harm.

There was enough staff to meet people's needs. We saw from the staffing rota that there was one staff vacancy. The registered manager told us that they were recruiting new staff to the vacancy but it had been difficult finding the right staff. One person had now been offered a post and they were due to start after their criminal records and reference checks had been completed. Relatives said that there were enough staff to support the people within the home "but a couple of people have left so the team is small at the moment, so they are working longer hours to cover". While new staff were being recruited, we could see from the rota the remaining staff and the registered manager had covered all the shifts between them. People were safe and their assessed one to one care needs continued to be met by consistent staff who knew them well.

People were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The registered manager followed a policy which addressed all of the things they needed to consider when recruiting a new employee. New staff had completed applications and been interviewed for roles within the service. Positions were offered once the organisation had proof of identity, written references and checks had been made against the disclosure and barring service (DBS) records. This highlighted any issues there may be about new staff having previous criminal convictions or if they were barred from working with vulnerable people who needed safeguarding. Staff we spoke with confirmed they had been through a full application, interview and selection process.

Comprehensive individual risk assessments were in place to ensure the staff were aware of the risks involved when undertaking activities with people to support independence in a safe way. These were reviewed and amended every 12 months and more often if necessary. Risk assessments were used to support people to maintain or increase independence. For example, staff had looked at enabling people to cycle in the community, to use the kitchen safely and to use laundry facilities. People were not prevented from taking part in activities as any potential risks were managed and appropriately assessed.

Accidents and incidents were recorded, including the staff writing a descriptive report of the incident itself and what circumstances led to it. Body maps were also completed as a record of marks, bruises or injuries on the person. These were introduced by the registered manager following a previous incident, to be used routinely when a bruise was found to safeguard people and to ensure staff communication and consistency.

Medicines in the home were administered safely by trained staff so that people received their medicines as prescribed by their GP. Staff followed a medicines administration policy which set out how to administer medicines safely in line with current good practice. Staff received training on how to administer medicines and their competence was checked and recorded by the registered manager. The medicines administration record showed that medicines were signed for by staff when they administered medicines. Records showed that medicines had been ordered in a timely manner, and that they were stored securely and at the correct temperature.

A risk assessment was in place detailing the potential risks of administering medication and what measures had been put in place by the registered manager to manage those

Good

Is the service safe?

risks. This was signed as being read and understood by all staff helping to ensure safe practice when administering medication. A sheet which showed staff signatures and initials meant it was possible to identify which staff member gave or did not give medicine and if there were any errors made.

Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was a written criteria and clear guidance for staff when to administer the medication within the medication file. For example, if people had a headache, the staff could follow the guidance to administer pain relief with the knowledge that safe methods were being used.

Records were kept of all maintenance issues and repairs were dealt with promptly. We overheard a staff member call a company in the morning reporting a situation and the issue was dealt with by a contractor in the afternoon. Servicing checks were carried out such as electrical installation, gas safety and portable appliance testing. Staff checked the home for hazards every month and carried out fire alarm tests every week.

Good

Is the service effective?

Our findings

Relatives said "We are so confident now that we can go on holiday as she is well looked after"

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support and care. The registered manager had a training plan in place for each member of staff, ensuring they had the training necessary to support the needs of the people living in the home. The registered manager shared her knowledge of the people being cared for with the staff, enabling them to use this knowledge to deliver care and support that was individual and person centred.

Staff confirmed they received a good induction when first taking up post within the service. This consisted of training prior to starting as well as shadowing an experienced member of staff before being able to support individuals on their own. One member of staff told us they had been provided with suitable training to meet people's needs and said, "Yes, all I need to do the job well".

Staff had one to one supervision meetings with the registered manager to ensure they were performing well in their role. The registered manager had a supervision plan for all staff so they knew when these meetings would take place. We were also told by staff "They (supervisions) are good, I get one to one time to speak on my own and we can give feedback both ways".

Staff had an annual appraisal to support them to reflect on their practice and plan their personal development for the coming year.

The registered manager also arranged regular team meetings to ensure the staff could liaise with each other and share best practice. The notes of these meetings showed that important subjects such as safeguarding, training, health and safety, care planning and risk assessment were discussed. Staff were well supported to develop their skills further.

Staff signed all care plans as having read and understood them, so it was clear they knew and understood how the people liked to be supported. Staff had the skills and experience required to care for and support the people who lived at the service. People had a good relationship with staff and the staff knew them well.

Relatives told us that there was enough food provided and that people were able to choose their meals. One relative said, "(Our relative's) appetite does fluctuate so it can be difficult, but they choose their own meals and snacks".

There was plenty food and drinks available for people living at the home. People could ask for the food they wanted and were able to access snacks at any time. We observed encouragement being given around making healthy food choices and choosing meals they wanted on a daily basis. Easy read information on healthy foods was available in the kitchen to support people to understand and make appropriate choices for themselves. People's weight was measured regularly to ensure they were maintaining a safe and healthy weight. A dietician had been contacted and good liaison had been recorded where the staff had shared menus with them and they had been able to give individual healthy eating advice which had then be used in the home.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect people from harm. The registered manager had appropriately ensured people's capacity to make complex and day-to-day decisions had been assessed. They had made applications to the local authority for Deprivation of Liberty Safeguards (DoLS) authorisations. For example, when people required constant staff supervision. This protected people's rights and freedoms.

People's capacity to make and understand the implication of decisions about their care was assessed and documented within their care records. Staff had received training on the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Capacity assessments had been completed and informed the planning of people's care. Best interest decisions followed good practice in relation to how people consented to their care.

People had access to a range of health care professionals and all the staff at the home had good working relationships with organisations and individuals to ensure the person received the best possible care. One health and social care professional told us, "The manager is very conscientious at keeping in touch and there have been regular reviews, often initiated by her. We have worked

Good

Is the service effective?

closely together". We were told that people in their care, "Had improved slowly but consistently over the years, due in our opinion in no small part to the skill and dedication of the staff, particularly the registered manager, and her close joint working"

When asked whether their relatives physical and mental health needs were met, a relative commented "Yes they are, the staff are in contact with health professionals". We heard staff contacting the GP surgery by telephone and saw a GP visiting a person while we were visiting the home. He was clearly familiar with the person and the home. We found the communication between the team members and other relevant people to be good and they had systems in place to ensure the right people were kept up to date. All health appointments attended were recorded in detail to aid communication and consistency amongst staff members.

Good

Is the service caring?

Our findings

We saw good relationships and contact with relatives so they also felt confident and included.

Relatives told us, “The girls are very good” and “(the manager) is marvellous with (our relative) and so is (support worker)” Relatives also said, “We wouldn’t get anywhere better”.

A health and social care professional told us, “All the staff we have seen seem very caring” and “Always in a calm and reassuring manner”.

Staff knew people well and there was good communication between them with chatting and smiling. People were encouraged to carry out tasks to maintain and increase their independence.

People were relaxed and confident in the staffs company. We heard staff answering questions and providing explanations in a way that would be easily understood, repeating when necessary and checking their understanding. For example, a person who wanted to contact their parents by telephone was supported to do this on their own mobile phone. When their parents said they would be coming to visit later that day, the member of staff kept the person up to date with how much longer it would be until they arrived. Staff knew the person wasn’t able to assess the time and may become anxious if they didn’t have up to date information.

Important information such as a person’s likes and dislikes, including their past and family history was comprehensively recorded. This included descriptive individual plans to ensure a focus on maintaining people’s independence. Any new member of staff joining the team would be able to support people in the best way possible.

People’s privacy and dignity was respected by staff who understood what this meant and acted on it throughout our inspection. For example, a person wanted to watch a particular programme on the TV and a member of staff left them to watch the programme on their own, checking from time to time that they were happy and if they needed anything. The person was given space in order to feel confident in their own company, knowing a member of staff would respond if needed.

People had their own bedroom which was personal to their own taste, including colour and lots of personal items. The lounge area had personal items such as photographs and pictures giving a comfortable and relaxed atmosphere.

We observed people accessing all areas in the home with no restrictions, relatives could visit at any reasonable time they wished and we saw this during our visit.

The service had a confidentiality policy that set out the organisations commitment to ensuring peoples information was kept secure and the responsibility held by staff in protecting people’s privacy and confidence. Staff were able to share their knowledge of what confidentiality meant within their role.

Good

Is the service responsive?

Our findings

A person's relatives told us, "Our daughter goes through phases of not wanting to go out" so "Staff asked us to get involved as this has worked before".

Health and social care professionals told us, "The service is good at focussing on giving people good life experiences", and "We have been very impressed by the approach the staff adopt and their consistency". "People's independence had much improved".

The registered manager and the staff team spoke with real knowledge of people's individual needs and wishes. For example, one person had difficulties going out at times so they would sometimes refuse when asked. A plan was in place to encourage the person to go out for short walks or short visits to the shops, increasing time spent each day. Family members were asked for their involvement as similar plans had been known to have a positive effect previously. We saw this plan working on the day we visited as the person went out, with encouragement from a member of staff. Later in the day they also went out with family members. This was backed up with activity recording sheets which were planned each week and completed once activities had taken place to ensure the risk of social isolation was avoided.

An assessment of the care and support people needed was carried out prior to moving in to the home. One person had previously lived in a different care home and information was shared to support the move. Comprehensive care plans were written in a way that meant they were individual and centred on the person. Their likes, dislikes, individual needs and wishes, their personal history and who was important to them were all recorded. The plans were reviewed taking into account changes in people's needs. Relatives we talked with told us they were involved in people's reviews. One said, "We have always been involved".

People signed all care plans relating to them so were involved in the writing of their own care plans, staff also signed the documents. Annual reviews of care plans were held, the most recent taking place in April 2015, ensuring information was updated and only current and relevant plans were being used to support people.

Detailed guidelines were in place such as how a person liked to be supported with their personal care or what to do and how to respond if a person doesn't want to eat. Any new staff member joining the staff team was able to follow these with ease, ensuring the person got the best possible care and support.

Staff knew people well and we observed good communication taking place throughout the day. For example, a staff member spoke to a person to let them know that the GP would be visiting, what time they would be arriving and the reason they were visiting. They reminded the person from time to time. When the person's family came to visit the member of staff made sure they knew about the visit so they could plan their time with their family member.

There was a complaints procedure in place. Recording forms were available should anyone wish to make a complaint so correct process was followed in dealing with it effectively. We saw a complaint that had been made earlier in the year and it had been dealt with according to the company procedure and in a timely manner. Relatives knew how they could make a complaint, they told us, "We would go to (the manager), or to (the senior managers in the head office). We have before and it was dealt with straight away".

Relatives also felt they would be listened to as they said, "The company are very good, they deal with things quickly" and "They are fantastic". The registered manager took the concerns of others seriously and responded appropriately to issues raised with them.

Requires improvement

Is the service well-led?

Our findings

Relatives told us, "The company are very good" and when their relative moved in "We had lots of discussion with the company".

The provider and registered manager were not effectively monitoring risk and safety within the home. The organisations quality assurance policy had not been updated and did not clearly set out how the risk and quality within the service would be assessed, audited and monitored. For example, no audits had been carried out by senior managers of the organisation to ensure the service was functioning in a safe and effective manner. We were told the last visit by a senior manager took place in April 2015 to attend a care review meeting.

The registered manager was expected to carry out an internal audit once a month, however the last recorded audit carried out by the registered manager was in January 2015. The senior manager asked for the audits to be taken to the monthly managers meetings to be hand delivered to them. If the managers meetings were cancelled no other arrangements were in place to hand over completed audits to the senior manager. Therefore, issues highlighted during the audits may not be rectified and this could be missed by the provider. There was also no mechanism in place for the provider to check that audits had actually been completed if the managers meetings were cancelled.

The registered manager told us that staff vacancies meant they had been delivering care rather than having time to carry out audits of quality and risk in the home. This meant that essential quality checks and the review of risk had not taken place which had the potential to cause harm.

Environmental risk assessments were in place however these had not been reviewed for over a year. For example the Control of Substances Hazardous to Health (COSHH) had not been reviewed since May 2013. Infection control was last reviewed in November 2013, lone working in January 2014 and Fire Safety in June 2014. These risk assessments should be in place to help to keep people, staff and visitors safe from potential hazards in the home. As the documents were not checked and reviewed for their effectiveness on a regular basis people were at an increased risk of potential harm.

The provider had not been following their policies to support the registered manager in their role. The registered manager had been on caring duties for the majority of her time in the home in recent months. They did not have the time available to carry out their management responsibilities to meet the requirements of the Health and Social Care Act 2008 and associated Regulations.

The organisation had processes in place to ensure managers were supported and supervised. However these had not been followed as the registered manager had not had the opportunity to have formal supervision with her manager since early 2015. The registered manager could not remember the actual date and did not have access to a record of the meeting.

The provider had meetings with their managers monthly. These gave the opportunity for managers to come together to feed back to their senior manager and take part in general discussion. They also provided a forum for peer support. However, these meetings had not taken place in September and October 2015 and the senior manager had not replaced them with any other form of feedback or support for the registered manager.

The registered manager had not had the support and development necessary to enable her to carry out her management responsibilities appropriately.

The above examples were breaches of regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and the staff team were aware of their roles and responsibilities, evident from speaking to them and observing their day to day practice. They were able to describe the culture of the organisation and what was expected of them.

Surveys had been carried out to gather the views of others regarding the quality of the service provided. A survey had been sent to families in 2014 and they said they were 'Very happy' and had ticked 'Good' or 'Excellent' in all but one area. Satisfaction with the cleanliness of the home was ticked as 'average'. On speaking to relatives they said this was at a time when some members of staff were not as good at keeping the home as clean and tidy as others. These staff had now left and they were happier with the skills of the present staff in this area

Four 'Professionals' surveys were returned and all had ticked 'good' or 'excellent' in all areas.

Requires improvement

Is the service well-led?

Health and social care professionals also told us, "I have to say that we have been impressed with the standards of care and the professionalism of the staff, particularly the manager" and "The service seems very well led".

A social worker involved in Mental Capacity Act assessments had completed a survey provided by the home and considered all aspects asked in the survey regarding the home were 'excellent', for example 'Do you feel that our service users are given respect and dignity at all times?' and 'how do you feel our service users are treated by care staff?'

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not in place to ensure the provider and the registered manager could identify, assess and monitor issues with quality and risk within the service