

Tonna Care Services Limited

The Meadway

Inspection report

46, Meadway Shopping Centre
Honey End Lane
Reading
RG30 4AA

Tel: 07584658541

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21 April 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Meadway is a domiciliary care agency providing personal care to people. The service provides support primarily to people living within a supported living service but also within people's own homes. The service provides support to people who may have a physical disability, dementia or a learning disability. At the time of our inspection there were five people receiving personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided

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

The provider had not ensured systems were in place to oversee the service and ensure compliance with the fundamental standards.

We have made a recommendation about reviewing best practice in relation to medicine administration records.

People told us they felt safe. The provider ensured their safeguarding systems were operated effectively to investigate allegations of abuse, neglect or acts of omission. Individual risk assessments were in place meaning staff knew how to provide safe care to people.

There was positive feedback about how staff felt regarding the new registered manager and the support, accessibility, and the management of the service. Staff felt they could ask the management for help when needed. Staff felt the management was open and transparent with them.

The service had an open and transparent way of working to ensure the safety of the people living at the service. Staff knew people they supported well and cared about their wellbeing. 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.

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

Rating at last inspection

The last rating for this service was good (published 25 July 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on

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

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Meadway

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. This service also provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 April 2022 and ended on 26 April 2022. We visited the location's office/service on 21 April 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with two people who use the service about their experience of the care provided, three relatives, three staff members and the registered manager. We reviewed a range of records. This included three people's care records and two medicine records. We looked at three staff files in relation to recruitment and specific training. A variety of records relating to the management of the service, quality assurance, maintenance and incidents/accidents, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The provider did not always follow best practice as recommended within National Institute for Health and Care Excellence (NICE) 'Managing medicines for adults receiving social care in the community'. We reviewed two people's Medicine Administration Records (MARs). One MAR did not include information such as specific instructions for giving a medicine, any known drug allergies and the name of the person's GP practice.
- Furthermore, the same MAR was handwritten. In accordance with NICE guidance, MAR charts should be a printed record provided by the supplying pharmacist, dispensing doctor or social care provider.
- However, staff and the management team knew the person well and were aware of their needs, which led to the person receiving their medicine as prescribed.

We recommend the provider reviews best practice guidance in relation to the recording of medicines administration and take action to update their practice accordingly.

- We found where people had been administered medicines, staff had signed the associated MARs to say these had been given.
- Staff who had completed medicines management training were responsible for the administration of medicines. Training records indicated that all current support staff had completed medicine management training.

Systems and processes to safeguard people from the risk of abuse

- When there had been safeguarding concerns raised, they were dealt with appropriately and referred to local authority safeguarding teams.
- Staff knew how to deal with and report any issues relating to people's safety. Staff were confident the manager would act on any concerns reported to ensure people's safety.
- Where safeguarding incidents had been identified, the registered manager had investigated the incident internally and documented actions taken.
- There were systems in place to guide staff on what action to take if they thought a person was at risk of harm. All staff had received safeguarding training, and this was refreshed annually.

Assessing risk, safety monitoring and management

- Risks to people's safety were fully assessed by staff and recorded.
- People's care plans contained specific risk assessments.
- Care plans were informative and written from the person's perspective. They contained clear instructions

for staff to protect people from risks to their health and wellbeing and risks in their environment.

Staffing and recruitment

- We looked to see if safe recruitment procedures were used to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience.
- All staff files reviewed contained all the necessary evidence including employment history and relevant qualifications and were in line with legal requirements.
- Some staff we contacted told us that they did not have enough time to travel between visits and some people using the service confirmed this. One person said, "Some may have transport problems but will tell me if they are late. The maximum wait has been 10-15 minutes." This was raised to the registered manager who reported this would be reviewed.
- There were enough staff deployed to support people. Rotas showed and people confirmed that, when possible, people were supported by the same staff enabling continuity of care.

Preventing and controlling infection

- All staff had completed training in infection control and up to date guidance regarding personal protective equipment (PPE) had been shared with all staff.
- People told us that at times, previously, staff had not always worn PPE whilst providing personal care. When this had been raised with the registered manager, staff were reminded to wear PPE and people told us staff then wore the required PPE.

Learning lessons when things go wrong

- An effective system was in place to record individual incidents and accidents.
- There was evidence that the management team investigated incidents and accidents appropriately.
- However, there was no evidence the service analysed themes and trends in the accident and incident reports and ensured measures were in place to reduce the likelihood of repeat events. Themes and trends were discussed with the registered manager; however, they had not been recorded. This is dealt with within the well-led section of the report.
- One person told of us an incident that occurred however this had not been reported by the staff member to the management team. This was raised to the registered manager who took immediate action to review the incident.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- We could not be assured audits had been completed and actions had been taken to continue to improve the service.
- The provider had not operated an effective system to assess, monitor and improve the quality and safety of the service provided. For example, the provider did not always have contemporaneous notes and documentation identifying lessons learned and themes following an incident.
- The providers audit policy stated that audits of multiple documentation were undertaken, including care plans, medicine administration records (MARs), incidents and accidents and infection control. According to the providers policy, each audit record must be completed, signed, and dated by the designated post holder. There was no evidence audits had been completed for people who received care and did not live in a supported living setting.
- Spot checks and medicines competencies completed to ensure staff were safe to provide care to people had not been documented.
- We discussed this with the registered manager who was able to explain most documents including daily notes, MARs and care plans had been reviewed and the action taken if an error was identified however, this had not been documented.
- Themes and trends not been recorded in order to learn and improve the service and the care being provided.

The provider had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider had created a new auditing process to include reviewing care plans, daily records and medicine administration records in order to improve the quality assurance process. Although this has been implemented, we cannot ensure this is effective and has been embedded into practice.

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

- Staff supervision files were reviewed, and opportunities were provided to staff to raise concerns during

their supervision.

- Staff felt the managers were accessible and approachable and any concerns raised would be dealt with effectively. One member of staff told us, "[Registered Manager] is brilliant and is very supportive."
- The management team were welcoming and demonstrated an open and transparent approach.
- Staff told us they were involved and felt listened to.

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

- The registered manager and staff team had a clear understanding of their responsibility to uphold the duty of candour if something went wrong.

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

- Staff created opportunities for people and relatives to provide feedback. The management team operated an open-door policy and welcomed any feedback.
- An annual survey took place for relatives to take part in. Staff analysed this in order to identify areas where improvement was required.
- Not all staff had completed an appraisal within the last year however supervisions had taken place. This was discussed with the registered manager who stated that they were in the process of arranging supervisions and appraisals with all staff.
- The management team had developed good relationships between people who use the service, their significant others and staff and actively encouraged critical feedback from people to help improve the service.

Working in partnership with others

- The management team were able to detail when the service has worked in partnership with multiple professionals for one person receiving care.
- Professionals reported a positive relationship with the service. The service received a compliment from one professional. They said, "The communication is good and [registered manager] is able to work with social workers well as well as working in partnership with the family. If there is an issue, [registered manager] will immediately raise this with her staff team and the situation is rectified quickly."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). Regulation 17(1)(2)(a)(c)(d)</p>