

The Meath Trustee Company Limited

# The Meath Epilepsy Charity

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

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

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Based on our review of the key questions Safe and Well-led, the service was not fully able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right Support:

The model of care in a large and complex service did not always take people's individual needs and risks into account. Processes to assess and monitor risks were not consistently implemented across the different areas of the home.

People told us they felt safe living at The Meath and we observed people were relaxed in the company of staff. However, we found although safeguarding concerns were reported promptly there had been delays to fully responding to one safeguarding concern which had impacted on people's well-being. In other instances, we found safeguarding concerns had been responded to promptly.

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.

### Right Care:

People's medicines were not always stored safely in line with guidance. People received their medicines in line with their prescriptions. Where appropriate, people were supported to manage their own medicines.

There were sufficient staff deployed to meet people's needs and wishes. A number of agency staff were used to cover staff vacancies. Wherever possible the same agency staff were used which provided people with a consistent approach.

Right Culture: ☐

The provider did not always operate effective systems to monitor the quality of the service they provide. Audits were not comprehensive and had failed to identify shortfalls in relation to risks to people's safety, medicines management and the use of PPE.

There was a positive attitude and ethos in the way people were supported which led to people developing independence and doing things they enjoyed. Local links had been established which further enhanced people's lives within the area they lived.

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

Rating at last inspection

The last rating for this service was good (published 07 October 2021)

Why we inspected

The inspection was prompted in part due to concerns received about how the risks of sudden unexpected death in epilepsy (SUDEP) were managed. Following a review of an incident the provider forwarded an action plan of steps they would take to enhance staff understanding and risk monitoring. A decision was made for us to inspect, examine those risks and the progress made with the action plan. We undertook a focused inspection to review the key questions of safe and well-led only.

We found that some aspects of the action plan had been completed including reviews of people's epilepsy risk assessments, night-time care plans and development of staff understanding of SUDEP. However, we found further work was required. This included completion of more individualised SUDEP risk assessments and consistent monitoring. You can see what action we have asked the provider to take at the end of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Meath Epilepsy Charity on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement and Recommendations

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 breaches in relation to risk management, safe storage of medicines and governance systems 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Meath Epilepsy Charity

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by three inspectors

#### Service and service type

The Meath Epilepsy Charity (The Meath) is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Meath is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were four registered managers in post. The service had chosen to register additional registered managers due to the size and complexities of the service.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we had received about the service since our last inspection. This included meetings we had held with the service and action plans provided. 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. We used all this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and gained feedback from six relatives about their experience of the care provided. We spent time observing people's care. We spoke with 15 members of staff including two of the registered managers, the quality assurance manager and members of the care team.

We reviewed a range of records. This included seventeen people's care records and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including audits and surveys were 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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- People and their relatives told us they felt risks to their safety were managed well. One person told us, "The staff are very good at knowing what to do when I have a seizure. They are always right there." One relative told us, "Never had any concerns, they are all brilliant, we know she is being cared for properly."
- Despite these comments, we found risks to people's safety and well-being were not always managed robustly. A risk assessment for one person identified that due to a specific health condition they required staff to monitor their wellbeing every 30 minutes when they were sleeping. Other risk assessments within the person's records recommended staff monitor the person every hour. Records of night checks demonstrated the person was rarely monitored every 30 minutes. A number of gaps ranging from one and a half to two hours between checks were identified. The lack of close monitoring and contradictory guidance put the person at significant risk of their health needs not being identified and acted upon in a timely manner.
- Prompt and consistent action was not always taken to ensure lessons were learnt following incidents. Following an incident review, an action plan had been implemented in July 2022 which included a review of people's epilepsy plans, preparing staff to act promptly in an emergency, assessing the risk of sudden unexpected death in epilepsy (SUDEP) and training staff in identifying early signs of ill health. Reviews of people's epilepsy plans had been completed and staff had received additional training in relation to SUDEP.
- Other elements of the action plan had not been completed to a consistent standard or within the timescales set. People's individual risk of SUDEP had not been screened and risk assessments did not consistently review risks specific to the person. The risk screening checklist had been made available for staff to complete with people on the day of our inspection. This meant staff did not have this information to refer to when completing the risk assessments. As a result, SUDEP risk assessments varied greatly in the guidance provided to staff. The registered manager leading on the action plan assured us this work was being given priority and additional checks on the consistency of information would be completed.
- Control measures were not always robust in order to keep people safe. Systems implemented to keep people safe following safeguarding concerns being raised were not always effective. Whilst additional measures had also been implemented, the overall action taken was not robust in mitigating risks to people's safety. Following the inspection, the registered manager assured us that additional steps had been taken to keep people safe.

The failure to ensure risks to people's safety were robustly monitored was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other areas we found systems were in place to manage risks to people's safety. People's epilepsy care



plans contained detailed information regarding the action staff should take to keep them safe. This included information regarding people's night care to help ensure they stayed safe whilst not disturbing people's sleep more than necessary. Records of people's seizures were maintained, and any changes reported to health care professionals. Systems for collating this information when people spent time away from The Meath were also in place.

- Risk assessments were completed in all areas of people's daily lives as appropriate to the individual. These included mobility, skin integrity, use of transport, cooking and personal care.
- People continued to be supported to take positive risks in relation to increasing their independence and doing things they enjoyed.
- Health and safety risks relating to the environment were regularly reviewed. A full-time maintenance team were available to support the staff team in this area. Fire records were updated and staff were aware of the action to take in the event of a fire.

#### Using medicines safely

- People's medicines were not always safely stored. In one area of the service we found medicines were not stored in line with guidance. In addition, the temperature of storage areas were not routinely monitored in a number of the houses/flats to ensure medicines were stored in the right conditions.

The failure to ensure medicines were safely stored was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where appropriate people were supported to manage their medicines as independently as possible. Staff supported people to be involved in their medicine's administration in line with their needs. We observed staff explaining what medicines people were taking. Other people administered their own medicines with risk assessments in place to support them.
- Records showed people received their medicines in line with their prescriptions. Each person had a medicines administration record in place which contained the required information. Staff signed when medicines had been administered and no gaps were identified. The registered manager told us they were in the process of reviewing how medicines were packaged to ensure this was in line with NICE guidance.
- Where people required PRN (as and when required medicines) detailed protocols were available to staff detailing when and how this should be administered. We observed staff were aware of people's PRN protocols and took steps to ensure emergency and rescue medicines were administered in line with this guidance.

#### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt their loved ones were safe living at The Meath. One person told us they felt safe with staff and if they had any concerns, they would tell a member of staff." One relative told us, "Absolutely confident, no criticism of that. I have peace of mind when he is there."
- Despite these comments, we found there had been delays in providing a resolution to one safeguarding concern. Along with communication concerns, this had significantly impacted on the well-being of those involved. Following our inspection, the registered manager assured us that action had been taken to resolve this concern and staff understood their responsibilities in sharing information with all parties involved.
- Records demonstrated safeguarding concerns had been reported to the local authority safeguarding team as required. Where additional information was requested in order to investigate concerns, this was provided in order to keep people safe.
- Staff received safeguarding training and understood their responsibilities in reporting any concerns. One staff member told us, "I would report safeguarding to the registered managers then go to my chief executive, CQC or local authority if I wasn't happy (with how it was dealt with). I would continue to go higher and higher

until I knew it had been dealt with properly."

### Preventing and controlling infection

- We were not assured that the provider was using PPE effectively and safely. Staff were not always seen to be wearing masks appropriately. Staff working and supporting people in the social areas of the service such as the skills centre and café were not consistently wearing masks. This was not in line with government guidance whilst working on the premises of a care home. The quality assurance manager told us this was a misinterpretation of guidance as they believed masks were only required to wear masks when in the care setting of people's homes. The assured us this would be addressed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to receive visitors into their home in line with government guidance.

We have also signposted the provider to resources to develop their approach.

### Staffing and recruitment

- People told us there were sufficient staff deployed to meet their needs. One person told us, "I would say there's always staff to help me when I need it. Sometimes they seem busy, but I would never say there weren't enough staff." Some people commented that the high use of agency staff meant they sometimes had to change their times or days for going out which they could find disruptive.
- Staff told us they felt there were sufficient staff who worked well as a team. One staff member told us, "We have vacancies, but they are covered by regular agency who are like our own staff now. We're a good team so we make sure we cover each other."
- During our inspection we observed there were sufficient staff to meet people's needs. Staff were attentive and spent time doing things people enjoyed. There was a positive and relaxed atmosphere between people and staff and conversations heard demonstrated staff knew people well.
- The service followed safe recruitment procedures. This included completing Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

# 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

- Comprehensive audits were not completed. Monthly compliance audits reviewed care records for a number of people. However, no specific checklist was in place to highlight what information had been reviewed and no comment was made on the quality of the information provided. Systems in place to ensure people received safety checks at night were not reviewed to ensure these were in line with people's care plans. This meant concerns in relation to risks to people's care had not been identified. Concerns regarding how medicines were stored, and the use of PPE had not been identified through the auditing process.
- Where action plans were in place these were not reviewed regularly to monitor progress. The action plan in relation to risks around SUDEP had not been updated using information from across the services or in line with set target dates. In-depth audits regarding people's safe care had been completed in two areas of the service in May and June 2022. Action plans developed to address shortfalls identified had not been reviewed to ensure concerns had been addressed.
- There was a lack of consistency across the service. The quality of records and risk management plans varied between different houses and flats. Staff told us the management support varied depending on the individual house with expectations staff would step in where no registered manager was regularly available to support them. This led to systems not always being implemented effectively. For example, the system for discussing emergency process and scenarios had been implemented in some houses/flats but not in others.
- There had been a number of changes in the management team. Although the board of trustees had been supportive throughout these changes, this had put additional pressures on the management team. Key members of the leadership team had left the service over the four months prior to our inspection. One registered manager and the quality assurance manager told us this had put pressure on the management of the service. They told us they were aware there were differences in the consistency of information across different areas of the home. They told us they felt confident this would be resolved following the appointment of a chief executive officer (CEO). They told us, "We're confident there will be more direction and someone to call on now. It's been a lot of pressure."

The failure to ensure effective and consistent management oversight was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- People and their relatives told us there was a positive, friendly atmosphere at The Meath and felt the service was managed well. Comments included, "I love living here very much. It's my home and I never want to move. It's a nice calm home this one and all the people here are very nice, the people that live here and the staff. We are a family." And, "The way the place is run is good, the whole ethos of the place is open and honest."
- Staff engaged people in their care and day to day decisions about their care. Choices were offered regarding people's daily lives including how they spent their time, meal choices, who supported them, when they retired to bed etc. Staff demonstrated a good awareness of people's needs and how choices should be presented and communicated.
- People and their relatives were encouraged to participate in the running of their home. A variety of systems were in place to gather feedback including keyworker reviews, house meetings, relatives' meetings, family forums and surveys. One person told us, "Staff talk to me and ask me what I want." One relative told us, "We are asked to comment on things. One example is there was a point where we (relatives) felt we weren't getting enough communication and they implemented a regular system of communication. (Loved one's) key worker will contact me every week now. Communication is very important."
- Staff were given the opportunity to feedback on the service and the support they received. A recent staff survey had been completed. Results were on the whole positive although some areas of improvement including management communication had been highlighted. A registered manager and quality assurance manager told us these concerns were being discussed with the new CEO and an action plan would be implemented.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The provider demonstrated an understanding of their duty of candour responsibilities. A duty of candour policy was in place which set out the circumstances where this applied. Systems were in place to review occasions where this policy should be implemented.
- The registered managers were aware of their responsibilities in ensuring CQC were notified of significant events which had occurred within the service. Notifications were forwarded to CQC as required to ensure risks within the service could be monitored.
- Opportunities were developed through links made by the service within the local area. This included relationships developed as a result of the high street shop and cafe run by people living at The Meath and links with the local church.
- Specialist consultants were accommodated to run epilepsy clinics within The Meath. This had proved to be of great benefit for those who found it difficult to travel distances for this specialist health care.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure risks to people's safety were robustly monitored and medicines were stored safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure effective and consistent management oversight