

Appollo Homes Limited

Meadow Dean

Inspection report

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29 November 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

The inspection took place on 28 and 29 November 2016 and was unannounced.

The service is registered to provide accommodation and personal care to 26 older people who may be living with dementia. On the ground floor there are two communal lounges, a dining room and a small conservatory. Bedrooms are situated on the ground and first floor. The service is situated in a quiet picturesque area of River, Dover, with easy access to local shops. At the time of this inspection there were 21 people living at the service.

The service did not have a registered manager in post. The provider told us that they had been interviewing for this position but had not appointed a new manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. A deputy manager led the day to day running of the service and was supported by the provider.

We last inspected Meadow Dean in October 2015 when three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. The service was then rated 'Requires Improvement'. The provider sent us an action plan telling us what they would do to meet the requirements of the regulations. At this inspection we followed up on these previous breaches of regulations. Only one breach had been met with two breaches of regulations continuing. There was breaches found of a further three regulations.

Potential risks to people had not always been identified to guide staff how to support people with their behaviour. Associated risks with regard to the use of oxygen and smoking were not detailed to give the staff guidance about how to ensure people received the support they needed to keep them as safe as possible. The systems to prevent the risk of infection were not effective.

Accidents and incidents were recorded and appropriate action had been taken but the events had not been analysed to look for patterns or trends to prevent further occurrences. The provider needs to seek advice from the Fire and Rescue service with regard to the use and safety of the fire door on the ground floor. Plans were in place in the event of an emergency and to evacuate people safely in the event of a fire. Checks were done to ensure equipment, such as hoists, and lifts were safe and the gas boilers had also been checked.

There was a plan to improve the environment but there were areas of the premises which needed attention such as the front door and windows. The provider told us that repairs were not always timely as there were restrictions by the council as the premises were in a conservation area. People's rooms were personalised to their individual tastes.

The provider had not ensured there were sufficient staff on duty at all times to meet the needs of the people

living at the service. Staff received regular supervision and a yearly appraisal to support them in their role.

There had been no recent recruitment, previous staff were recruited safely and there was a training programme to ensure that staff had the skills and competencies to carry out their roles. New staff had received an induction and shadowed experienced staff until they were confident to perform their role.

People felt safe in the service and staff understood the importance of keeping them safe. Staff knew how to protect people from the risk of abuse and how to raise any concerns they may have.

Staff were confident to whistle-blow to the deputy manager if they had any concerns and were confident appropriate action would be taken.

People received their medicines safely and medicines were stored and recorded in line with current guidelines. Staff had received medicines training.

Staff supported people to make decisions and respected people's choices. There had been no formal assessments of people's capacity about specific decisions that might affect their health and welfare. Staff supported people to maintain good health, people received support from healthcare professionals, such as, specialist nurses, district nurses, chiropodists and opticians.

People's nutritional needs were monitored and appropriate referrals to specialists were made when required. People were given a choice of meals, any special dietary needs were catered for, and people received food that was suitable for them.

People were relaxed in each other's company; there was a warm relationship between people and staff. Staff treated people with kindness and respect and they knew each other well. People told us the staff were polite and respectful.

People's care had been planned with their involvement. Care plans were personalised and kept up to date with people's current care and support needs. Staff informed relatives of changes to their relative's care. There was a complaints procedure and complaints were responded to.

Relatives told us that they visited when they wanted and were always made to feel welcome. There was an activity programme and people were encouraged to live their preferred lifestyle.

People, relatives, staff and other stakeholders had been given the opportunity to voice their opinions about the service through meetings and quality assurance surveys. The last survey was sent in March 2016 with positive results. Any issues raised were actioned by the provider to improve the service.

The provider visited the service most days, the provider and deputy manager had completed environmental and service quality checks. These checks had not always been accurate, and did not always show what, if any, action was needed to continuously improve the service.

Staff were clear about their roles and responsibilities. Staff felt supported by the deputy manager and were confident that they could approach them for advice and guidance.

Records were not always available, accurate, or detailed with information to guide staff how to care for people safely.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Risks to people were assessed but guidance was not always available to make sure all staff knew what action to take to keep people as safe as possible. Infection control procedures were not being implemented to reduce the risk of infection.

At times there was not enough staff on duty to ensure that people's needs and preferences were met.

Areas of the service were in need of repair.

People were given the medicines safely.

Staff were recruited safely and knew how to respond to abuse.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Staff understood that people should make their own decisions; however, there were no formal capacity assessments linked to making specific decisions.

There were ongoing training programmes for staff. Staff received individual supervision and an appraisal to address training and development needs.

Staff were knowledgeable about people's health needs and people were supported to maintain good health.

The service provided a variety of food and drinks to ensure people remained as healthy as possible.

Is the service caring?

Good 

The service was caring.

Staff were kind and caring. People were treated with dignity and respect and staff adopted an inclusive, kind and caring approach.

Staff were attentive to people's needs and responded to their requests for support promptly.

Staff supported people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care was personalised to reflect their wishes and preferences. The care plans were regularly updated to reflect people's current needs.

People were involved in their care planning and participated in a variety of activities they enjoyed.

There were systems in place to ensure any concerns or complaints were responded to appropriately.

Is the service well-led?

Inadequate ●

The service was not always well led.

There was no registered manager in post.

Checks and audits had not identified shortfalls found during this inspection. Audits identified actions to be taken but there was no evidence that a system was in place to check the actions had been completed by staff.

Records were not always accurate or were not all available at the time of the inspection.

Accidents and incidents were recorded and had been summarised to look for trends to reduce the risk of reoccurrence.

People had opportunities to provide feedback about the service they received.

People and staff told us they had confidence in the deputy manager.

Meadow Dean

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 28 and 29 November 2016 and was unannounced. The inspection was carried out by two inspectors. Before the inspection, the provider completed 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.

Before the inspection we reviewed this information, and we looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with seven people using the service, four relatives, one visiting professional, the provider, the deputy manager, and seven staff.

We observed staff carrying out their duties, communicating and interacting with people. We reviewed people's records and a variety of documents. These included seven people's care plans and risk assessments, training and supervision records, staff rotas and quality assurance surveys.

After the inspection we contacted two social care professionals who had had recent contact with the service.

We last inspected Meadow Dean in October 2015 when three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. At this inspection, there were two continued breaches and three additional breaches of the regulations.

Is the service safe?

Our findings

People told us they felt safe living at the service. Relatives also said they trusted staff to keep their relatives safe.

At the last inspection in October 2015 we asked the provider to take action to ensure that staff had sufficient guidance to follow to show how risks were mitigated when moving people or supporting them with their behaviour. Following the inspection the provider sent us an action plan to tell us of the improvements they were going to make. Improvements had been made with regard to moving and handling risk assessments and the safe administration of medicines, however, there remained areas of the regulation which had not been complied with.

The risk assessments in place to support staff to manage people's behaviour were not detailed. There were charts in place to monitor one person's behaviour but no clear guidance to make sure that staff knew how to support this person safely and to reduce their anxiety. The person's daily notes stated, 'been unsettled and sometimes verbally aggressive to residents this afternoon'. Also, 'would not go to bed, very aggressive at times, sat in the lounge throughout the night and hasn't slept at all'. This behaviour had not been recorded in the care plan. There was no guidance for staff about how to manage the behaviour or what the triggers were. Guidance was needed to ensure that staff were supporting people consistently to minimise anxieties that could trigger further incidents. The deputy manager told us that they had not been aware of the behaviours and believed that it was how staff approached the person. They told us they would contact the community psychiatric nurse to develop a management plan.

A person chose to smoke cigarettes. This was highlighted in their care plan, but there was no risk assessment giving details about how this activity was to be managed safely.

Some people required oxygen therapy. There was limited information in their care plans about how long the oxygen should be used each day. There was no guidance about the rate the oxygen should be set at or about the maintenance of the machinery. There was a risk that the machine could be set at the wrong rate, which could cause serious health problems for the person. The machine being poorly maintained was also a fire risk. There was no documentation to indicate that maintenance of the machine had taken place.

The provider did not have sufficient guidance in place to safely support people with their behaviour. Risk assessments for smoking and the use of oxygen were not detailed to show staff how to manage the risks safely. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The risk assessments to support people to move safely had improved. There was detailed guidance for staff to use equipment safely when moving people. The systems to ensure that laundry was handled and managed safely were not effective. Whistle blowers had contacted CQC to advise us there were issues with the laundry and infection control issues. During the inspection these concerns were looked into.

The service had recently been closed to visitors because of a sickness virus. There were also other areas of infection control measures that needed to be improved, such as the separation of laundry and cleaning equipment.

The laundering of bedding had just been outsourced by the service but clothing and smaller items were still being washed at the service. We inspected the laundry facilities, these were outside the premises. The dirty laundry was kept in a shed with a porous wooden floor that could not be washed thoroughly. We observed that there was a large amount of dirty laundry that had not been washed. A large amount of laundry was in red bags, these bags are used when items have been soiled with body fluids and could be infectious. Staff were unable to tell us how long the red bags had been there. The domestic staff were responsible for ensuring the laundry was done while they were on duty and were also supported by night staff to complete any outstanding laundry. The care staff were responsible at all other times, at weekends there were no domestic staff on duty. There was a risk dirty and infected laundry would not be washed during the weekend..

We noted that two people had their pyjama trousers on during the inspection. We asked one person if they preferred this and they told us they had several pairs of trousers but none had been washed or were in their wardrobe. We spoke with the provider and discussed the issue that the person had no trousers to wear. On the second day of the inspection all of the washing had been laundered and the person had all of their pairs of trousers in their wardrobe.

People's bedrooms had a sink; however, there was no hand wash for people or staff to use. There was limited access to hand wash in the bathrooms. Staff were unable to wash their hands on entering or leaving the rooms, as recommended in the guidelines for infection control from the Health Protection Unit. Staff told us that they had to go into the sluice room on the ground floor to wash their hands. This practice meant there was a risk of bacteria being spread around the home.

During the inspection we observed dirty cloths and mops being used. The domestic staff told us that they used two mops, one for the bedrooms and one for the toilets. The staff had been supplied with one mop head for each mop. The mop heads were not laundered daily, but were left to soak in a bucket overnight and used again. There was a risk of spreading bacteria through poor cleaning practices.

The provider had not acted on the recommendations made by the Environmental Health Officer in 2015 to repair the flooring in the kitchen and the seal on one of the fridges. The flooring had not been replaced and was an infection risk as it was spilt and in need of repair. After the inspection the provider informed CQC that new flooring was being ordered and the seal on the fridge was being attended to.

The provider did not have effective systems in place to prevent and control the risk of infections. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The provider had a plan in place to improve the premises; however there were no timescales as to when the work would be completed. There were areas of the premises which were in need of repair, such as the windows, and the front door. The front door was not sealed and had a gap at the bottom where daylight shone through. In one room we noted that one window would not open and the other window would not shut properly. We discussed this with the provider who told us the door would be repaired as a matter of priority and the windows were in the process of being replaced.

At the last inspection a requirement notice had been served as the environmental risk assessments in place were dated 2013 and had not been reviewed and updated. The provider was being supported by a

consultant who had carried out all of the risk assessments, but these were not available at the time of the inspection. Bathing risk assessments were also not in place so there was no guidance for staff to follow to support people to bath safely.

One of the fire escape doors on the ground floor was in need of repair and had been bolted. The bolt on the fire escape door was immediately removed once this was pointed out by the inspectors. The provider was asked to seek advice from the Kent Fire and Rescue Service with regard to the safety and effectiveness of the fire door. The provider told us that there were restrictions by the council as the premises was in a conservation area. They said they had applied to the local council to have new windows but this had not been granted at the time of the inspection.

Checks on equipment such as the hoists and boilers had been carried out to make sure they were safe. However, the records to confirm that the water temperatures were tested and safe were not accurate. Due to the breakdown of the boiler the water temperatures in some bedrooms was cold, but records showed that all of the temperatures for the bedrooms in the home were within the required temperature level.

The provider was not ensuring that the premises were safe. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

CQC had been informed by whistle blowers that the heating in part of the premises was not working. This had been going on for several weeks and had not been fixed at the time of the inspection. The provider had made efforts to repair the boiler, but due to the lack of parts this had taken several weeks for the parts to be delivered in order to fix the boiler. People were being provided with extra heaters and blankets and staff had to boil water as the breakdown of the boiler had affected the hot water supply to the kitchen. Relatives were aware of the issues with the heating and told us that their relatives had been provided with additional heating. Staff were seen offering people blankets and asking them if they were warm enough. Two days after the inspection the provider told us that the boiler was fixed and the hot water restored to the kitchen.

Whistle blowers had raised concerns with CQC that there was not enough staff on duty and people were not getting the care they needed. During the last few weeks the service had suffered from staff shortages due to sickness and this had an impact on staffing levels. Staff had worked hard as a team to cover the service and the provider had used agency staff, however there had still been times when there were not enough staff to meet people's needs. We could not be assured that there was enough staff employed to cover all of the shifts in the home, as there was no working rota to confirm what staff had been on duty. We were told by staff that at times, there was no staff rota available for them to view. The provider showed us a template of a rota but this was not the staff working rota to show who was covering for sickness or annual leave.

The provider told us that the optimum staffing levels were 3 care staff on duty during the day and two at night. There were also two domestic staff who worked from Monday to Friday, but no domestic staff at weekends. There was no dependency tool in place to assess the required number of staff to meet the needs of the people living at the service. There were four people in the service that required two care staff to support them with their personal care and going to the bathroom so with three care staff on duty if these people needed support it only left one care staff available for everyone else.

People had mixed views of the staffing levels, some felt there was enough on duty whilst others said the staff were 'so busy' and they 'could do with some more'. One person told us that several staff had left and the staff were unsettled. They said, "Sometimes the staff cannot come straight away but they are always here within 5 or 10 minutes". "It is worse at weekends as there is no cleaning staff". At the time of the inspection, there were sufficient staff on duty to meet people's needs. However, at the weekends there was

no domestic staff which put additional pressure on care staff as they had to complete cleaning duties.

Relatives told us that at weekends there was not enough staff on duty, they said that care staff had to do the cleaning and other duties. They said they had mentioned this to the staff. They said the deputy manager was helpful and some of the staff could not be faulted but there was not always enough of them.

One staff member said, "We are really pushed some days, especially when there are no domestics at weekends. There is also no tea person at weekends to serve the tea and this puts extra pressure on the care staff to make sure people's needs are met. We told the provider three months ago that we were not managing as we were short of staff, but no new staff have been recruited. "We do treat people with dignity; I just feel this is compromised when they have to wait for staff when we are too busy". When we have enough staff on duty the routine is like clockwork and everyone had their needs met. I used to love coming to work but it is not the same when we are short staffed".

The provider has not ensured that there were sufficient number of staff on duty at weekends to ensure that people's needs are fully met. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People received their medicines safely. An audit by a pharmacist in November 2016 had highlighted some unsafe practices. At the time of the inspection these had been addressed. Medicines were stored correctly, the temperature for the room and fridge were recorded daily. The temperatures were within accepted limits to ensure that medicines remained effective. The medicines administration records (MAR), had been signed when medicines had been given. People who were new to the service had their medicines handwritten on the MAR charts. These charts should be signed by 2 staff, to confirm that the instructions had been correctly copied from the medicine box, this had not been consistently completed. The new people did not have photographs for identification and the MAR charts were not separated in the folder, so there was a risk of mistakes being made. The deputy manager agreed this was an area for improvement. For people who were prescribed 'as and when' medicines, staff had guidance on when to administer these medicines.

There had not been any recent recruitment at the service. The records reviewed showed that staff had been recruited safely. There were at least two references for each person and these had been verified. Any gaps in the person's employment history had been investigated. All staff had a Disclosure and Barring Service (DBS) check completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. One person had been employed since 2000, their DBS had not been updated, and this is recommended as best practice. This was an area for improvement.

The provider had reviewed and updated their safeguarding policy so that staff would have the current guidance to refer to. Staff were able to describe different kinds of abuse and knew who to report and concerns to, including the local authority safeguarding team. At the time of the inspection staff were receiving safeguarding training to keep their knowledge up to date. Staff were aware of the whistle blowing policy, but were not fully confident that any concerns they raised would be listened to and fully investigated by the provider as they had recently contacted CQC with their concerns.

Accidents and incidents were recorded, and appropriate action had been taken, for example when people had fallen, there was a referral to their doctor. Plans were in place to safely evacuate the building in the event of an emergency and personal emergency evacuation plans for each person were in place so that staff would be aware of peoples' individual needs in an emergency situation.

There were records to show that equipment and the premises received regular checks and servicing, such as checks of the hoists, boilers, electrical system and nurse call system. The registered manager also made daily checks of the service to identify and action and repairs and maintenance.

Is the service effective?

Our findings

People told us they were looked after well and received the care they needed. One relative said, "We have no worries regarding my relative's welfare". People told us that staff knew how to support them and meet their needs. Staff told us that they were receiving the training they needed to support people and develop their skills.

At the last inspection not all staff had received training to help enable them to understand their responsibilities under the Mental Capacity Act 2005 (MCA) And Deprivation of Liberty Safeguards (DoLS). At this inspection all staff had received the training.

The 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 Act 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 decisions made on their behalf must be in their best interests and be 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 MCA. The application procedures for this in care homes and hospitals are called the DoLS. We checked whether the service was working within the principles of MCA. There had been no applications for DoLS authorisations from the service at the time of the inspection. However, there were people who were living with dementia, under constant supervision and unable to leave the service where DoLS applications had not been considered and should have been.

There were no capacity assessments in the care plans. The Act requires the service to assess people's capacity relating to each area of their life. This ensures that people are empowered to make decisions where able, and best interest decisions are made when needed. Some people had signed their care plans to confirm that they agreed with them. As there were no capacity assessments it was not clear that people understood what they were signing and agreeing too.

Some people were living with dementia and short term memory loss; it was not recorded if they would be able to make complex decisions regarding their care. We observed staff taking a phone call from a health care professional who asked if a person wanted a flu vaccination. Staff asked the person if they wanted the vaccination, the person said no and staff told this to the healthcare professional. The person was living with dementia, staff had not assessed if the person had capacity to make that decision about their care and had not provided information in a different more straightforward way to help the person understand.

The deputy manager informed us that they had recently attended MCA training; they were going to start completing assessments. We were shown the forms that were to be used but none had been completed.

The service had installed CCTV (closed-circuit television) equipment in the corridors and main lounges. The provider told us that the relatives and people had been consulted but there were no formal records in place

to show that people had consented to this decision about installing CCTV. Some people were aware of the CCTV cameras, but there was no indication how people who were less able or living with dementia had agreed to this decision. There was no record that the provider had considered completing privacy impact assessments in line with the code of practice from the Information Commission Office, with regard to upholding people's rights to privacy.

The provider had failed to assess people's mental capacity to make specific decisions and/or apply for authorisations to deprive people of their liberty in line with the Mental Capacity Act. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We observed staff seeking consent from people before giving support, people were asked for their consent throughout the support. Staff explained what they were doing and gave people opportunity to refuse if they wanted to.

The provider had identified shortfalls in their staff training. There was a training plan in place to ensure these shortfalls were addressed. On the day of the inspection there was safeguarding training in progress. The matrix showed that staff had not attended updates in fire safety and infection control training, however after the inspection the provider confirmed that the records had not been updated and this training had been provided. Staff had attended refresher courses relevant to their role, such as health and safety, moving and handling, first aid awareness, infection control and basic food hygiene. Specialist training such as dementia training, person centred planning and diversity training had also been provided. Staff understood their roles and responsibilities.

Staff told us that they received the training they needed to perform their roles. The training consisted of face to face training and distance learning. Distance learning required staff to complete competency questions which were sent to the provider for assessment. Staff said, "Training is getting better, I think it is organised better now, we are also having annual appraisals".

There had been no recent staff recruitment. Previous staff had followed an induction programme; this had consisted of shadow shifts and training in essential skills such as moving and handling. Staff had not worked by themselves until they had been assessed as competent to do so.

The deputy manager was in the process of completing their level 5 qualification in care and management, to develop the skills and competencies for their role. Four of the care staff were in the process of obtaining a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) at level 2 and 3. Diplomas are work based awards that are achieved through assessment and training. Candidates must prove that they have the ability to carry out their role to the required standard.

People's health care needs were met by staff. Staff had recognised when people were unwell and contacted healthcare professionals when required. During the inspection staff had contacted the GP and district nurse for people who were unwell. Staff had contacted emergency services when required.

People with long term health conditions had been seen by specialist nurses, who had recommended plans of care, and staff had followed these instructions. People had been involved in devising their specialist care plans and understood why it was in place. People who had long term breathing problems were reviewed by the respiratory nurse specialist. The care plans for people's oxygen were completed by the person, staff and the respiratory nurse.

People had access to opticians, dentists and chiropodists as required. Staff had made referrals to healthcare

professionals when needed. One person had not been eating their meals and had lost weight; the person had been referred to the dietician for advice to promote weight gain. The mental health team had been contacted, for people, when there was a decline in their mental health. All visits by healthcare professionals were recorded in the care plan to monitor progress.

People told us the lunch was good and one person said "It's a cracking lunch". A relative commented, "The food is good".

People told us they had choices on the menu and they were asked each day what they would like. People chose where they would like to eat; most people said they enjoyed their meal in the lounge on their individual tables. Other people chose to stay in their rooms to eat.

Lunch time was a social occasion where people chatted with each other about how they were and their day so far. People enjoyed their meals saying, "Lovely meal just hit the spot". People were able to eat at their own pace. People who required assistance with their meal were supported by staff. Staff were discreet when offering assistance. People were encouraged to be independent, assistance was offered when people asked.

There was a four weekly menu and people were encouraged to be involved in the choice of food. A food quality survey had been sent to the people which resulted in some changes to the menu. Items were added to the menu such as more cheddar cheese, and baked potatoes instead of tinned ones. People also commented, "Good cooked food provided and varied". As a result of the survey staff reminded people what fresh fruit was available and people were asked what their favourite fruit was. Fruit was being offered during the inspection and people told us they enjoyed this.

The cook was aware of people's likes and dislikes and was aware of supplementing people's dietary needs such as adding full fat yoghurt to cereals. Staff supported people to drink enough during the day, people were offered a variety of cold drinks and cups of tea and coffee.

Is the service caring?

Our findings

People said "I can't grumble I like it here, I go to bed when I want and they check me to see if I am OK".

Relative comments at a recent quality assurance survey were, "Very caring and understanding staff, very supportive". "We enjoy a good relationship between relatives and staff ." "The staff are very kind and caring". "A calm and happy atmosphere". A relative told us, "I am pleased that my (relative) is here, the staff are lovely".

Staff asked people what they wanted for breakfast, there was a choice of cereals, toasts and what drink they preferred. People smiled and responded taking time to choose what they wanted. Staff were patient and listened to people taking time to let them decide what they wanted. One person told us that they liked their tea before their breakfast and enjoyed yogurt on their cereal, and staff complied with their request. Staff ensured that people received their daily paper each day.

Staff treated people with dignity and respect. People were comfortable with staff and there was a warm relationship. People were referred to by their preferred names; staff chatted and joked with people. Staff were discreet when asking people if they needed support. Staff would position themselves at the same level as the person, placing their hand on the person and speaking so only the person could hear. We observed staff supporting someone who required equipment to be used to assist them to stand and transfer. The staff spent time explaining to the person what they needed to do, asking if the person was happy with that. Once the person had agreed, staff explained at each step what was happening, reassuring the person that everything was alright. Staff maintained the person's dignity and the person was relaxed and happy.

Relatives told us that staff were polite and respectful. They said their relatives were treated with dignity. "Staff are kind and caring, they do their job to the best of their ability and treat my relative with dignity and respect".

Staff were able to recognise if people were anxious or upset, they approached a person and offered them reassurance and remained with them until they were calm. The person was then supported to go to their room, staff stayed with them until they were settled. People were encouraged to be independent; staff knew people well and supported people discreetly. People decided how and when they wanted support. Some people liked to be helped to the wash basin and then left to wash until they needed support, they would then call the staff to support them. People told us they were able to get up and go to bed when they wanted. Staff told us how some people wished to get up early and this was respected, whilst others preferred a cup of tea in bed before getting up. Staff were observed knocking on people's doors and pausing before entering.

People were encouraged to bring in their own small items into the service, people's rooms were personalised with photos and their own bedding. Some people had their own phones in their rooms and were able to keep in contact with family and friends. Relatives told us they were able to visit whenever they wanted and were always made to feel welcome. One relative told us "We come in virtually every day and the

staff always make us welcome".

People told us, "The staff always ask what we would like." People were able to walk around the building as they wanted, going to their room to collect items that they needed. Staff supported people to do activities that they enjoyed, one person liked to fold washing, staff helped them to do this.

People had discussed some arrangements they wanted in place for their end of life care. One person had a 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decision in place. They had made their decision with family, healthcare professionals and staff. The original form was at the front of the care plan to ensure it was easily accessible when required. Personal, confidential information about people and their needs was kept safe and secure.

People were encouraged to be involved with decisions about the service; resident meetings were held every two months. One person told us, "We have regular meetings but last time only about three of us turned up".

Is the service responsive?

Our findings

People had been involved in planning their care and support with their relatives and healthcare professionals where necessary. Staff knew people's routines and provided support in their preferred way.

Before coming to live at the service, a pre-admission assessment was completed to ensure that the service would be able to meet the person's needs. People and their relatives were invited to have a look around before making a decision about whether to live at the service. The assessment covered all aspects of an individual's care, and this was used to form the basis of the care plan.

The care plans were detailed and personal, each person's care plan recorded their preferences and choices and the level of support they needed. There was information about the person's life history, this allowed staff to form relationships with people, get to know them and to talk about things that interested them. One person's care plan noted that the person became upset when talking about certain topics, there was guidance in place on how to reassure and comfort the person.

The plans were detailed with people's personal choices as to what clothes or toiletries the person liked. One person's care plan stated that the person liked to have a bath full of bubbles, another person's had details about how they liked to walk with their frame but for staff to follow behind them.

Care plan's included people's personal care needs, history of any falls, skin care, oral hygiene, their mobility needs and medical history. The care plans showed that staff had been responsive to changes in people's needs. When a person had an area of skin that was at risk of breaking down and a change was noted the district nurse was contacted. The changes that the district nurse advised were put into the care plan for staff to follow. Staff had followed the care plan and the person's skin was now healthy. One relative told us that they had been involved in their relative's care and the deputy manager was now addressing some changes in medicines and their relative's personal care needs.

One person told us how the deputy manager had helped them to get special cream for their legs as they had a reaction of the cream prescribed by their GP. They said it took a while but the deputy manager eventually found a cream that they could use. They told us how much care and attention they were given so that the right cream would be provided.

Staff were responsive to people's needs during the inspection, requests for drinks and assistance to the bathroom were responded to promptly.

The provider told us that they were in the process of purchasing a new computer system to cover all aspects of care planning but this had not been implemented at the time of the inspection. They told us that staff would be receiving training to input the required information.

People enjoyed the activities and the service had an activities co-ordinator who supported people to enjoy their interests. There was a reminiscing corner in the dining room and people had their individual memories

on display on the notice board. People chose what activities they liked to join in with, some people told us they had bingo sessions and outside entertainers, such as singers. The activities coordinator arranged a variety of activities which included board games, bingo, and crafts such as knitting. People were encouraged to go out to local clubs, some people went to the local Age UK centre on a Monday and another person was able to visit the local shops. The local vicar visited the service on a regular basis and people were supported to visit the local beauty spot of Kearsney Abbey.

One person said how they enjoyed reading their magazines; they said they played bingo occasionally, and sometimes chose to stay in their room depending on how they felt on the day.

People and relatives told us that they knew how to complain but did not have any complaints or concerns about the service. They told us they were confident if they did raise issues the deputy manager would act on what they said and resolve their concerns. Information on how to complain was on display in the entrance hall, however this contained out of date information and needed to be updated. This was an area for improvement. There were systems in place to record and respond to complaints.

Is the service well-led?

Our findings

People told us they were satisfied with the care being provided and that the deputy manager did a good job. A relative told us that they felt the service had definitely improved since the deputy manager had been in post. They had confidence in the deputy manager to further improve the service. A healthcare professional told us; "The deputy manager is open and honest at all times and we have a good relationship".

We last inspected Meadow Dean in October 2015 when three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. The service was then rated 'Requires Improvement'. The provider sent us an action plan telling us what they would do to meet the requirements of the regulations. At this inspection we followed up on these previous breaches of regulations. Only one breach had been met with two breaches of regulations continuing. There were breaches found of a further three regulations.

The service did not have a registered manager at this inspection, the previous manager left in August 2016. The provider told us that they had interviewed candidates, but felt that they had not been right for the service. In the meantime the deputy manager was managing the day to day running of the service with support from the provider. The provider told us that they were considering applying for the registered manager position and it was their intention to complete a leadership qualification to gain the skills and knowledge of the role. At the time of the inspection no application had been received by the Care Quality Commission (CQC).

The staff rota showed that at times the deputy manager was providing direct care as part of the staff rota, which impacted on the time they had to complete their managerial duties. The provider was also being supported by a consultant to improve the service and become compliant with the regulations. The provider had implemented some improvements in the service but there were remained parts of Regulation 12 and 17 that had not been complied with.

At the last inspection in October 2015 we asked the provider to take action to ensure that suitable systems and procedures were in place in order to assess, monitor and drive improvement in the quality and safety of the service. Following the inspection the provider sent us an action plan to tell us of the improvements they were going to make. Improvements had been made with regard to implementing the checks and audits of the service; however these were still not fully effective as they did not pick up the shortfalls found at this inspection. Therefore, there remained parts of the regulation which had not been complied with.

Audits to check the service had been completed. The infection control audit was carried out every three months and actions had been identified on the audits such as arranging for protective clothing to be stored in bathrooms. The deputy manager confirmed this had been done but had not been recorded as 'action complete' on the audit so it was not clear what actions had been completed and what remained outstanding. The infection control audit in July 2016 had noted that colour coded equipment needed to be arranged for the domestic staff, as yet this had not been completed.

The provider had not identified during the quality monitoring checks that the flooring had not been repaired and the fridge seal in the kitchen had not been replaced and had been outstanding since 2015. There were areas in the service which still needed attention such as the fire door and front door.

The provider told us that the environmental risk assessments had been completed but these were not available at the time of the inspection. Records were not always accurate. Water temperatures in people's rooms had been recorded, to ensure that people are not at risk from scalding, these records were not accurate. The rooms where there was no hot water, as the boiler was not working, were recorded as 38 degrees. During the inspection this was checked and the water was cold.

The systems in place to assess, monitor and drive improvement in the quality and safety of the service were not effective. This was a continued breach of Regulation 17(1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service, so we can check that appropriate action has been taken. The provider had not notified CQC of events that stop the service and other incidents which required notifications such as the loss of heating. This is a breach of Regulation 18, of the Health and Social Care Act 2008 (Registration) Regulations 2009

The provider had completed a development plan for the service dated 2016/17 however there were no dates as to when the work would be completed. The plan stated, 'paint and decorating on the outside and inside of the building' with a timescale of ongoing, and 'new fridges or freezers to be delivered in the coming weeks'. There was no clear timescales of when the work would be completed and who was responsible for achieving this. Some work had been started on the building; the windows in three rooms had been repaired.

Staff told us that they felt very supported by the deputy manager, they said they were approachable and sorted out any problems. They said the provider was trying hard to improve the service but progress was slow.

Staff told us that the morale of staff was 'up and down'; this was due to staff working additional hours to cover the vacancies in the staff rota. The deputy manager was very approachable and supportive; however, some staff felt that the provider did not always take their views into account. CQC had received information of concern about the lack of staff, additional working hours and the heating of the service. Staff told us they felt that action was not being taken by the provider.

The provider told us that they did listen and act on what staff had said or suggested. However, staff told us that they could not access the office as this was locked when the management staff were not on duty. They told us that this had been raised with the provider some weeks ago but no action had been taken to resolve the issue. Staff told us, "There is no photocopier in the (general) office and this does restrict our work when we need to copy information or prescriptions". The provider told us that the office was in the process of moving and this would be addressed.

Staff also felt that the provider had not acted quickly enough to recruit new staff as they were working additional hours to cover the shortfalls and this had been ongoing for several months.

The provider told us that the staffing levels would be more stable as one staff member was coming back after long term sickness and a recruitment drive was in progress. They acknowledged that staff had been

working extra hours to cover the service and agency staff had been used to cover any shortages.

Staff meetings were carried out regularly however, minutes of the meetings did not show that issues raised had been dealt or followed through to confirm appropriate action had been taken. This was an area for improvement.

The provider was present at the service each day. During our inspection, the provider helped staff to serve people their lunch and drinks. People knew who the provider was, there was plenty of conversation and laughing, they appeared to enjoy each other's company.

There were certificates to show that equipment had been checked, including the hoists and small electrical equipment such as televisions. Accidents and incidents that happened had been recorded, and analysed, however, any changes needed to people's care as a result of any accident had not been recorded in the care plan.

A medicine audit by the community pharmacist had been completed, there had been shortfalls noted, at the time of the inspection these shortfalls had been rectified. All of the policies and procedures for the service had been reviewed and updated in line with current legislation.

People's views were listened to and acted on, records showed that a survey carried out in February 2016 stated that thirteen people did not know who their key worker was, when they were asked again in March only four people were unsure. The minutes of a residents meeting in July, showed that people had asked about going out to places such as the local beauty spots and gardens, it was recorded this would be looked into. The trips were not mentioned at the next meeting, the deputy manager told us that people who had wanted to go were taken out but this had not been recorded.

There were links with the local community and the service had been involved in the local bonfire night celebrations and the local school children were visiting to sing carols for Christmas.

Staff understood the visions and values of the service. They said, "We endeavour to empower each person to do what they want to do". We treat people as individuals and respect their wishes". "We are here to support people to be happy and contented"

The provider had displayed the CQC rating from the last inspection in October 2015 on their website. A copy of the report summary was displayed in the entrance hall in line with guidance.

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider had not notified CQC of events that stop the service and other incidents which required notifications such as the loss of heating.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to assess people's mental capacity to make specific decisions and/or apply for authorisations to deprive people of their liberty in line with the Mental Capacity Act</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have sufficient guidance in place to safely support people with their behaviour. Risk assessments for smoking and the use of oxygen were not detailed to show staff how to manage the risks safely. This was a continued breach of this regulation from the previous inspection.</p> <p>The provider did not have effective systems in place to prevent and control the risk of infections.</p> <p>The provider was not ensuring that the premises were safe.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems in place to assess, monitor and drive improvement in the quality and safety of the service were not effective. This was a continued breach of Regulation 17</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider has not ensured that there were sufficient number of staff on duty at weekends to ensure that people's needs are fully met.</p>