

Meadowvale Homecare Ltd

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Inspection report

Beehive Business Centre, Skelton Industrial Estate
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03 February 2020

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Meadowvale homecare is a domiciliary care agency which provides personal care and support to people who live in Redcar and Cleveland. The service supported adults and older adults living with physical and mental health conditions, including dementia. At the time of inspection 105 people were using the service. 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. At the time of inspection 52 people received personal care.

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

Improvements were needed to manage the risks of potential harm. Particularly for behaviours which challenge, self-harm and risks associated with drug and alcohol use. Improvements were in place to ensure lessons were learned. These needed to be formally recorded. Continued improvements were taking place to monitor staff travel time. We made a recommendation about this.

People and staff said there had been improvements at the service, however acknowledged that these were ongoing. There were mixed reviews about the visibility of the management team and communication within the service. Continued improvements were needed to the providers quality assurance procedures. Time was needed to ensure improvements were embedded.

Some people experienced good care. Other people felt their care was not individual to them. The quality of care plans had started to improve and supported staff to provide more consistent care. Records to support end of life care were in place, however they needed to be written in line with national guidance. We have made two recommendations in relation to people's experience of care and records to support end of life care.

Supervision was not in line with supervision contracts. However, staff did receive additional support by way of observations and checks of practice. Staff had started to complete training in behaviours which challenge and end of life care. Records had been more routinely updated when people had been involved with or discharged from healthcare services.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 27 November 2019) and there were multiple breaches of regulation. At that inspection we identified breaches in relation to the care which people receive, staffing levels, support for staff and the quality of the service. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The service had remained within a serious concerns protocol with Redcar and Cleveland local authority. As

part of this process, the provider shared an action plan each month and met with stakeholders (including the Care Quality Commission) to demonstrate the improvements which they had been making.

At this inspection we found improvements had been made in some areas, such as staffing and personalised care. In other areas further improvements were needed, this included the management of risk, record keeping, leadership and quality assurance processes. This meant the provider was still in breach of regulations in some areas.

Why we inspected

We undertook a targeted inspection to review the progress made by the service to become compliant with the multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This report only covers findings in relation to care which people received, safe care and treatment, staffing and quality assurance. The overall rating for the service has not changed following this targeted inspection and remains required improvement.

CQC are currently trialling targeted inspections, to measure their effectiveness in following up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Enforcement

We have identified continued breaches in relation to the safety of care provided and the quality assurance of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner. We will continue to work with Redcar & Cleveland local authority to monitor progress.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated.

Details are in our safe findings below.

Inspected but not rated

Is the service effective?

Inspected but not rated.

Details are in our effective findings below.

Inspected but not rated

Is the service responsive?

Inspected but not rated.

Details are in our responsive findings below.

Inspected but not rated

Is the service well-led?

Inspected but not rated.

Details are in our well-led findings below.

Inspected but not rated

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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 Care Act 2014. This was a targeted inspection to check whether the provider had met the breaches in relation to Regulation 9 (Person-centred care), Regulation 12 (Safe care and treatment), Regulation 17 (Good governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

One inspector, one assistant inspector and one expert by experience completed this inspection. 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 14 January 2020 and ended on 3 February 2020. We visited the office location on 14 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information shared with us as part of our attendance at serious concerns protocol meetings. We also

contacted stakeholders with the Redcar and Cleveland serious concerns protocol forum to provide feedback. This included the chair, safeguarding team, commissioning and contracts team and South Tees CCG. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 17 people who used the service and one relative. We also spoke with 11 members of staff including the provider, registered manager, deputy manager, recruitment and training manager, a care coordinator and six care workers.

We reviewed a range of records. This included 10 people's care records. We looked at three staff induction files and six staff files in relation to supervision, appraisal and training. A variety of records relating to the management of the service, including policies and procedures 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 the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. We will assess all of the key questions at the next comprehensive inspection of the service.

The purpose of this inspection was to review the progress which the service was making to become compliant with the breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identified in relation to the management of risk, staffing levels and quality assurance processes to manage the safety of people using the service in relation to the safe domain.

Assessing risk, safety monitoring and management

At our last two inspections of the service the provider had failed to robustly assess and manage the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Records did not accurately demonstrate the risks to people and staff. This was particularly in relation to behaviours which challenge, self-harm and drug and alcohol dependency. Risk assessments were not in place for these areas. Staff had not recognised that these were required.
- Protocols were not in place to support staff to deal with these types of incidents. This increased the risk of potential harm to people and staff.
- Where safeguarding alerts had been raised, potential risks had not been updated within care records. Where risk assessments were in place, they had not been updated.
- Some risk assessments were generic. They were not individual to each person. This did not lead staff to actively review and manage these risks to provide the right support.

This failure to effectively manage the risk of harm people has led to a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

At our last two inspections of the service the provider did not have robust systems in place to deliver a safe service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The new procedures in place to support a lesson's learned approach needed to be embedded. The information within some records was limited. Communication about incidents had increased; examples

were discussed within staff meetings.

- Accidents and incidents were more formally monitored and analysed. Staff were more proactive in raising concerns about people. All records relating to accidents and incidents needed to be formally recorded.

Continued improvements to support learning and improvements around the safety of the service needed to take place. This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last two inspections of the service the provider had failed to ensure safe staffing levels. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- A new system was in place to monitor calls to people. This was in the process of being embedded. It had started to reduce the number of late calls which people received. People and staff had confidence that action was being taken to address late calls.
- We received mixed reviews about late calls. Comments included, "The carers are always on time and are very good at their job." And, "The carers are pretty punctual and always complete their duties without rushing." And, "[Carers] can feel a little rushed according to the rota." And, "I've known better, [staff are] forever late. They've got one call at 8 o'clock and then they have another at 8 o'clock."

We recommend the provider reviews travel time for all staff to minimise the risk of late calls.

Systems and processes to safeguard people from the risk of abuse

At our last inspection of the service the provider's failure to have strong systems in place to manage safeguarding increases the risk of potential harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 for safeguarding.

- Improved systems were in place to monitor and respond to safeguarding risks. There was increased communication with staff about safeguarding. As a result, staff were more proactive in raising concerns.
- Care records needed to be updated where safeguarding concerns had been raised. This would support staff to be aware of and monitor any potential safeguarding risks when supporting people.
- People said they felt safe. Comments included, "I feel safe with the care I'm receiving at the moment." And, "The carers themselves do a thorough job. I feel there are no safety issues whatsoever."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. We will assess all of the key questions at the next comprehensive inspection of the service.

The purpose of this inspection was to review the progress which the service was making to become compliant with the breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identified in relation to the support for staff to undertake their roles and record keeping to support people to receive the right care when they were involved with healthcare services in relation to the effective domain.

Staff support: induction, training, skills and experience

At our last two inspections of the service staff were not supported to carry out their roles safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 in relation to the support which staff received.

- New staff completed an induction program. This included supervision, and multiple spot checks and competency checks for medicines and moving and handling on the same day. The provider had identified this was not good practice and has instructed staff to undertake these checks on different days.
- Established staff had received supervision. This was not in line with supervision contracts. However, staff had received regular spot checks and reviews of practice. Staff had received an appraisal.
- Staff had completed training to carry out their roles. Training in end of life care and behaviours which challenge had started to be completed by staff.
- Staff were skilled to deliver the care which people required. One person said, "I think they [staff] have the right training and skills to carry out the care for me. I'm very content with my care overall."

Staff working with other agencies to provide consistent, effective, timely care

At the last inspection of the service, the provider failed to have complete records in place to support people with their healthcare needs. This increased the risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 in relation to records to support timely care.

- Care records had been updated when people were discharged from hospital. This meant staff were reviewing whether people needed additional support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. We will assess all of the key questions at the next comprehensive inspection of the service.

The purpose of this inspection was to review the progress which the service was making to become compliant with the breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identified in relation to the quality of person-centred care which people received and systems in place to support end of life care in relation to the responsive domain.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last two inspections of the service people did not consistently receive person-centred care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough action had not been taken and the provider was no longer in breach of regulation 9.

- People were receiving consistently better care. People said they were much happier with their care. Comments included, "The carers are really friendly when they visit and are very proactive in their work. They talk to me while they are working and ask if there's anything more they can do to make my day easier." And, "The staff are fine, all the girls [care staff] that come are brilliant."
- A small number of people raised concerns about their care. This included rushed care when calls were late, frequent staff changes for people with mental health conditions, lack of communication in calls and staff using their mobile phones. Comments included, "I do feel rushed, very much. They [staff] hurry us along actually. They try and make up the time. I think they rush themselves." The provider was taking action to address these concerns.
- Good improvements had started to be made to the quality of care records. Staff said they had access to accurate information which they needed to support people. There was evidence to show staff were proactive in requesting additional information, where there was a shortfall in records. New systems of review were in place to check for the accuracy and completeness of records. These needed to be embedded.

We recommend the provider reviews the impact upon people's experiences of care.

End of life care and support

At our last inspection the provider did not have the right procedures in place to support staff to deliver end of life care has led to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the

provider was no longer in breach of regulation 17 in respect of end of life care.

- Improved procedures to support end of life care were in place. Staff had started to complete training in end of life care. Care records for end of life care were in place, however they needed to be reviewed in line with best practice guidance.

We recommend the provider reviews best practice guidance to ensure staff have access to the right information to support them to deliver end of life care.

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 the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. We will assess all of the key questions at the next comprehensive inspection of the service.

The purpose of this inspection was to review the progress which the service was making to become compliant with the breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identified in relation to quality assurance, leadership and oversight of the service by the provider in relation to the well-led domain.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, the provider did not manage the risks in place at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The management of the service needed to improve. Risks remained which impacted on the overall quality of the service.
- The inspection process was delayed. The provider and registered manager initially failed to take appropriate action to make people aware that we would be contacting them to ask about their experience.
- A fourth incident had occurred in the last 12 months where staff shared people's information via social media. Despite action by the provider, these incidents had continued to occur.
- Differences in the level of communication were highlighted. There were repeated concerns raised about the visibility of the management team and the effectiveness of communication.
- Some staff were not suitably trained to carry out the tasks expected. This has led to gaps in the management of risk and increased the risks to people and staff.

This evidence demonstrates a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

At our last inspection, the procedures in place to continually improve the service for people needed to be further developed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had not been made at this inspection and the provider was still in breach of regulation 17.

- Continued improvements to the procedures in place to support quality assurance and drive positive change were needed. A policy to support this was limited in scope. Audits had been completed; not all concerns identified during inspection had been highlighted.
- Records to support quality assurance needed to be strengthened. Time was needed to embed new practices. Some policies needed further review.
- Staff lacked knowledge to safely recognise and respond to risk. Quality assurance checks had not identified this shortfall. The risk of potential harm to people and staff remained.

Continued improvements to embed quality assurance processes were needed. This was a continued breach of regulation 17 (Good governance) 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; 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

At our last inspection, the provider had not taken enough action to have a safe service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer breach of regulation 17 for culture and leadership.

- Leadership had continued to improve. Staff reported an improved culture; they remained committed to working at the service.
- Some people had experienced positive changes to their health. Staff had identified risk and liaised with professionals to increase the support available to them. People were positive about care staff. One person said, "They [care staff] are very caring and very thoughtful. They do their best."
- A registered manager was in post. The provider was more actively involved in the running of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

At our last inspection, resources to drive improvement were not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 for engagement and involvement in services.

- People were regularly asked for feedback about their care. This had led to improved consistency for people.
- The service continued to seek support from professionals to make improvements. An action plan was in place to improve the quality of the service. This was regularly reviewed by Redcar & Cleveland local authority.
- Staff meetings continued to take place. There were mixed reviews from staff about the support in place for them.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment (1) The risks to people were not robustly managed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (1) Leadership and quality assurance measures to ensure the safety of the service needed to be improved.