

Appollo Homes Limited

Meadow Dean

Inspection report

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection took place on 30 October and 4 November 2017.

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 11 people living at the service.

The service did not have a registered manager in post. The registered provider had recruited to this post but this was unsuccessful and a new manager had started on Friday 27 October 2017. 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.

We last inspected Meadow Dean in May 2017 when we found significant shortfalls and the service had an overall rating of Inadequate. We asked the provider to take action and the provider sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. In some areas the service had improved but there remained other areas where the provider had failed to become compliant with the regulations and there were continued breaches of the regulations.

Although audits and systems were in place to check the quality of the service being provided and improvements had been made, these were not fully effective as they had not identified the ongoing shortfalls identified in this report.

The management of the service remained unstable since the last inspection, although the provider had made efforts to appoint a new manager, one manager left the service after a very short period of time and a new manager had been recruited. Care staff and some senior staff had also left the service.

People, relatives and health care professionals had concerns that the service did not have a registered manager in post. They said this created confusion regarding who was in charge and leading the service. Accident and incident forms had been completed but some of these had not been added to the audit or analysed to look for patterns and trends to reduce the risk of them happening again.

Checks to the premises had been made, such as health and safety and environmental risk assessments but there remained outstanding actions in the recent fire risk assessments. The fire alarm system was tested during the inspection and staff did not report immediately to the identified area to assess the situation as

required. The provider told us that further training would take place to ensure that all staff knew what to do in the event of a fire.

At the last inspection staff had not been recruited safely and this remained the case. Staff files did not always have the correct documentation in place to show staff had the necessary checks in place, this included missing application forms and in some cases there was no reference from the previous employer to confirm the applicant's conduct. Although some staff supervision had taken place this had not been regular and staff had not received an annual appraisal to discuss their ongoing training and development needs.

At the last inspection staffing levels were not adequate to ensure people's needs were fully met and they were receiving safe care. At this inspection many of the people with high needs (people with complex health and mobility needs) had left the service and the dependency of the people now living at Meadow Dean had reduced. People were responded to promptly by staff, who were not rushed and were available when people needed support.

Risks to people had been assessed but risk assessments did not always contain sufficient information to guide staff how to mitigate risks and keep people safe. Since the last inspection people with high risks relating to their care, such as the risk of choking or displaying behaviour that challenged no longer lived at the service.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible. In some cases people's mental capacity assessments were contradictory and did not give staff clear guidance of how to support people

People did not always receive the support they needed with their healthcare needs as staff had not always followed recommendations made by health care professionals. Staff had checked and changed the filters in people's oxygen machines weekly and the tubes every fortnight.

The management of medicines had improved since the last inspection and people were now receiving their medicines as prescribed and at the correct times. Medicine records were also in good order.

Although the provider told us that the staff had completed training to give them the right knowledge and skills to support people, the training matrix was not up to date and there was a lack of certificates on file to confirm this. The provider told us that new staff would be completing the Care Certificate, (an identified set of standards that social care workers adhere to) but this had not been implemented at the time of the inspection.

People's care plans were not always personalised with enough detail to show their individual choices and preferences. Care plans had been regularly reviewed to reflect people's changing needs.

The programme of activities had improved and people told us they had bingo, music sessions and were preparing for a Halloween party.

People and relatives told us they did not have any complaints but would speak with the staff, however, they were not sure who the manager was as there had been changes to the management team.

Staff had a good understanding of safeguarding procedures and knew how to report safeguarding concerns. They had an understanding of the whistle blowing policy and were confident that if bad practice was raised the provider would take the required action.

People told us that sometimes their dignity was not always maintained. People were not kept waiting if they needed support or wanted to go to the bathroom. Staff encouraged people to remain as independent as they could.

The conservatory was in the process of being refurbished and people were now using the dining room for their meals. People were supported to eat and drink enough, with drinks available throughout the day. People told us they were not entirely satisfied with the quality of the meals being provided. There had been no admissions to the service since the last inspection; therefore we were unable to assess the care needs assessments at this time.

At the last inspection the premises were dirty and some people's rooms smelt of urine. Infection prevention and control procedures had improved and there were systems in place to prevent unpleasant smells in bedrooms, such as deep cleaning schedules. The provider also told us that they were in the process of replacing the flooring in some bedrooms to eliminate odours.

The laundry system had improved and plans indicated that a new building would be erected to improve the laundry process. The cleaning mops were colour coded to reduce the risk of infection and the hazardous waste bins were locked in line with the Department of Health guidance.

The manager had informed CQC of any important events that occurred at the service, in line with current legislation.

We found a number of continued 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 the report.

Although we acknowledge that this is an improving service, there are still areas which need to be addressed to ensure people's health, safety and well-being is protected. We identified a number of continued breaches of regulations and there remained no registered manager in post. The service will therefore remain in special measures. We will continue to monitor Meadow Dean to check that improvements continue and are sustained.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as

inadequate for any of the five key questions it will no longer be in special measures.

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.

Risks assessments lacked guidance for staff to ensure risks were fully mitigated.

New staff had not been recruited safely.

Checks were made on the premises to ensure it was safe, however further fire training for staff was required to ensure they know what to do in the event of an emergency.

There was sufficient staff on duty to ensure people received the care they needed.

People's medicines were managed safely.

Infection control procedures were in place to reduce the risk of infection.

Staffs knew how to report any suspicion of abuse and were aware of the whistle blowing policy.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's mental capacity had been assessed but the information on the assessments was not always accurate.

People did not always receive the support they needed with their healthcare needs as recommendations made by health care professionals had not always been followed.

Training records were not up to date and staff were not receiving regular supervision or an appraisal to ensure their training and development needs were discussed and met.

People were not entirely satisfied with the quality of meals being provided.

Requires Improvement ●

Is the service caring?

Requires Improvement ●

The service was not always caring.

People did not always think their dignity was maintained.

Staff were not rushed and were able to spend time with people in a kind and caring way.

People's rooms were personalised with their own possessions and to their tastes.

Is the service responsive?

The service was not always responsive.

Some plans lacked detail to ensure people received personalised care in line with their preferences and choices.

People were able to participate in activities of their choice.

People and their relatives told us they did not have any complaints but were not sure who to report to as there had been changes in the management of the service.

Requires Improvement ●

Is the service well-led?

The service was not well led.

Although the provider had made efforts to appoint and register a new manager this had been unsuccessful and they had failed to comply with a condition on their registration.

There were continued breaches of the regulations as the provider had not identified the shortfalls found at this inspection.

Audits and checks had been completed but these were not effective to continuously improve the service.

Accidents and incidents were not analysed to identify patterns or trends to reduce risk of further events.

Records were not always accurate or completed properly.

Although staff were not receiving regular supervision they told us that they felt supported by the provider and new manager.

People and their relatives were asked for their views about the service.

Inadequate ●

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 30 October and 3 November 2017 and was unannounced. The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We did not ask the provider to complete a Provider Information return because they had completed one less than a year ago. 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 made the judgements in this report.

Before the inspection 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 eleven people using the service, three relatives, the provider, the new manager and five staff. We observed staff carrying out their duties, communicating and interacting with people.

We also contacted three health care professionals about this service and included their comments in this report.

We looked at eight people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

We last inspected Meadow Dean in August 2017 when eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. At this inspection some improvements had been

made, but there remained continued breaches in five regulations and one further breach was identified.

Is the service safe?

Our findings

People told us they felt safe and well cared for. They said, "We do feel safe here really, I don't know if I have a call bell but I expect I could just call out if we need to". "Yes I feel safe here, nowhere is 100% safe and I often worry how I would get out in a fire but I do feel safe with the staff".

A relative commented, "I would say that the most important thing for me is knowing that my relative is now safe here and is looked after.

At our previous inspection in May 2017, staffing levels were not sufficient to meet people's needs, risks relating to people's care had not been mitigated to ensure people were safe, this included supporting people with behaviours which could challenge, and supporting people to move safely. There was a lack of guidance for staff to follow to reduce the risk of people choking and people were not receiving their medicines safely. Infection control procedures were not effective to reduce the risk of cross contamination. After the inspection the provider sent us an action plan telling us how they would improve.

At this inspection some improvements had been made. People were receiving their medicines safely and systems were in place to reduce the risk of infection. People who displayed behaviour that challenged or were at risk of choking no longer lived at the service. Risk assessments had been reviewed but in some cases did not contain detailed information to guide staff how to support people with their mobility safely. Accident and incident forms had been completed but some had not been included in the audits to identify any patterns and trends to prevent future events.

Risk assessments to support people with their mobility were not always detailed enough to guide staff how to do this safely. Some assessments noted that people needed assistance to shower, but did not specify what this meant and how staff should be doing this safely. Although people's medical conditions had been recorded in their mobility risk assessments there was still no detail of how this affected their ability to move. For example, one person's living with Parkinson's ability to move could be unpredictable therefore additional guidance was required to ensure that staff would be aware of the risks and be able to move the person safely.

One person had been documented as refusing to be weighed. Previously they had been losing weight and senior staff had agreed that if they were unable to take the person's weight by the end of September they would refer the person to a dietician. At our inspection the person still did not want to be weighed and staff were still concerned that they were losing weight. The person was at risk of poor nutrition as no action had been taken to seek medical advice about this weight loss.

Action had been taken to increase staffing levels when a person fell and one additional member of staff was now on duty. This had reduced the risks and the person had not suffered a fall since the increase in staff. However, another person had fallen in August and the deputy manager had recorded on 7 August 2017, 'Provider to purchase pressure mat for [the person].' This is a mat that when stepped on triggers an alarm so the staff know the person is standing or moving and can assist. Although staff told us they believed it was

being 'looked into' this mat had not been purchased. Timely action had not been taken to reduce the risk of this person falling again.

At the time of the inspection no one had a pressure area on their skin and equipment to reduce the risk of pressure areas was in place. However, one pressure relieving mattress, used to prevent the risk of developing a pressure area, was set to 120. We asked staff if this was correct. They told us the mattress had been switched off in error, and they did not know how long this had been off. They said they had put it on a high level with a view to reducing the level to 90. We asked the senior member of staff who looked at the person's weight in their care plan to confirm the correct level. They told us the setting should have been between 50 to 60. This was then adjusted to the correct setting.

The fire risk assessment had identified remedial works to be carried out to the service. These had not yet been completed. The provider sent us confirmation as to when these works should be completed. The weekly fire alarm test was carried out during the inspection and staff did not report immediately to the identified area to assess the emergency situation. They went into areas of the service to check people without knowing if the drill was a test or a genuine fire alarm. The provider told us that further training would take place to ensure that all staff knew what to do in the event of a fire.

The provider had not ensured that risks had been mitigated fully. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Previously people had displayed behaviour that staff found challenging and there was no guidance for staff on how to support them to manage this. People's needs had now decreased and most people were calm and did not become agitated or distressed. When people became confused there was clear guidance for staff to follow. During the inspection we observed staff spending time talking with people and offering them reassurance if they were unsure about anything.

At our last inspection staff had not been recruited safely. The provider told us that they were in the process of auditing the files to take the action required, but this had not been done. Staff files did not always have the correct documentation in place to show the provider had carried out necessary checks on staff before they started work. This included missing application forms and in some cases there was no reference from the previous employer to confirm the applicant's conduct. One established member of staff did not have a completed application form on file and no references. When people had negative police checks the provider told us they had discussed the concerns and had made the decision to employ the person, but there were no records to confirm this or assessment of any potential risks. All staff had a Disclosure and Barring Service (DBS) criminal records check in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff told us that they were always replaced in times of absence or sickness. The provider told us that new staff had been recruited and ongoing recruitment was in place to ensure there would be enough staff to cover the service at all times.

The provider had failed to carry out the relevant recruitment checks to ensure that staff were suitable to work at the service. This was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Regular checks had been completed by staff to ensure the environment was safe for people, such as the maintenance checks on the gas and electric supplies. Hoists and lifts had been serviced and staff had completed hot water temperature checks which were within a safe range. People had individual personal

emergency evacuation plans (PEEPs) in place to inform staff how to support them to leave the premises.

At our last inspection the provider had not ensured there were sufficient numbers of staff on duty. There was now enough staff on duty to meet people's needs. The new manager talked about a new assessment tool they were using to ensure people's needs would be identified and staffing levels would continue to be sufficient.

People and relatives told us there was enough staff on duty and the staff rota confirmed this. However they felt there had been a high turnover of staff recently. They commented, "We do not know who the manager is even. A lot of staff seems to come and go, I just lose track". Another person said, "I would tell the manager if I had any concerns but to tell you the truth I have no idea who it is now".

Staff commented, "With the new staff it is all going really well. I think in the respect we do not have agency staff coming in. It can be a bit disruptive when you do because they are seeing different people all the time. They don't know them in depth like we do".

A health care professional commented: "They are helped by the fact there are not that many people here". "Whenever I come in, it seems calm. I have never witnessed anything that was a concern".

Improvements had been made to the way medicines were managed. New staff had been employed who now had the responsibility for medicine administration. They told us they had made changes to the service's medicines policy and were in the process of reviewing the medicines procedure. The new manager had completed an audit and had introduced a 'medicines countdown' to try to reduce the risk of errors being made.

People now received their medicines at the correct time. Medication administration records (MARs) were completed fully and accurately. Any handwritten entries had been double checked by a second member of staff and then signed to confirm they were correct. Staff regularly took the temperature of the room where medicines were stored to ensure it remained within a safe range.

Previously the service was not as clean as it should be, improvements had been made. Staff had now consistently changed and cleaned people's oxygen filters and tubes.

Previously dirty, soiled laundry had been piled up in the garden of service, increasing the risk of cross-contamination. At this inspection washing had been dealt with systematically. There was no backlog of laundry and any items waiting to be washed were stored separately in washing bags. The cupboard containing cleaning materials was locked.

There were now colour coded mops to reduce the risk of infection and the hazardous waste bins were locked in line with the Department of Health guidance. Liquid hand wash had been provided in all areas for staff to wash their hands on entering or leaving people's rooms. There was an odour in one person's bedroom upstairs. The provider told us that there was a deep cleaning programme in place to reduce odours and they were in the process of replacing the flooring in some bedrooms to eliminate odours.

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. The provider told us they were working on a plan to address these issues.

Staff understood the safeguarding protocols and how to report any suspicion of abuse or harm. Staff had

been trained in how to keep people safe and were able to tell us about the different types of abuse. Staff said, "I would report it to the senior on duty and do a body map. The manager would investigate it and report it to people's care managers". Staff talked about the whistle blowing policy and how they would not hesitate to report bad practice and were confident action would be taken. The provider worked with the local authority when any safeguarding alerts were raised.

Previously people's finances were recorded and processed by the manager with no other member of staff having access to this system and monies recorded were not accurate. There were no audits of the records. At this inspection improvements had been made and two people oversaw the transactions and records were accurate. Spot checks of the balances were correct and the records had been audited to ensure they were completed properly.

Is the service effective?

Our findings

People were satisfied with the care they received. They said, "They [the staff] are really very good at calling the doctor at the slightest sign that we might need help". A health care professional stated that their client was receiving the care they needed.

At our previous inspection, the provider had failed to assess people's mental capacity to make specific decisions and apply for authorisations to deprive people of their liberty, when required, in line with the Mental Capacity Act. Some improvements had been made but improvements were needed to the way capacity was assessed and recorded.

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 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 made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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 Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The provider had applied for DoLS authorisations for two people living at the service as they were constantly supervised by staff. Staff were aware of these applications and how to support people. Staff had received mental capacity training and now had an understanding of when it would be necessary to make a DoLS application and what it involved.

There were contradictions in people's care plans regarding their capacity to make decisions. The mental capacity assessments were not clear. One person was assessed on 4 March 2017 as having capacity to make less complex decisions and on 18 March 2017 they were assessed as not having capacity to take their medicines. Their risk assessment stated that they were forgetful and had dementia but were assessed as being able to go out on their own. A senior member of staff told us this person had gone out on their own and they were concerned about their safety and sent a member of staff to support them. They found the person was not safe and accompanied them for a walk. This information had not been recorded in the care plan and the assessments had not been reviewed and updated. Although people were being offered choices and had the support they needed to make decisions, improvements were needed to records relating to capacity so staff had clear, accurate information to refer to.

Some people had made advanced decisions and had 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decisions in place. These were in the process of being reviewed to ensure that these decisions remained the same.

People did not always receive the support they needed with their healthcare needs. One relative told us, "[My loved one] has a bandage on their leg. They are meant to keep it on a pouf but staff don't always bring it down. Last week my relative's toes were swelling up". The person was sitting in the lounge with their leg resting on the floor. Staff confirmed that the person's leg did need to be elevated, and the person told us they did not like to 'bother staff' when they 'forgot' or the pouf was not brought out of their room. The person's care plan did not state that their leg needed to be elevated, leading to a risk this vital information could be missed.

We discussed this issue with the new manager and they immediately ensured that the person's leg was elevated. They said they would speak with all staff to ensure the person received the correct support going forward. Staff had arranged for an optician to visit the service. However, one person told us that they had not been seen at this visit. They told us that their eye was sore, and had felt this way for some time. The person was diabetic, which meant there was an increased risk that their eye sight could be damaged due to their condition. The person had also not attended an eye slit lamp screening in June 2017, as recommended as part of managing their condition. We spoke with the acting manager about the person's eyesight and they arranged for the person to see an optician the next day.

People told us that they saw the doctor when needed and were supported to attend health care appointments. They said, "If my relative doesn't come with me to appointments someone will always come with me from here". "We do have eye checks and dentist appointments and in fact I am going to the dentist next week".

A relative felt the staff had contacted the doctor promptly when their relative was not well, they commented, "My relative has issues with their legs and the staff have been very good at dealing with it and calling her doctor just to make sure it doesn't get any worse".

At the last inspection, the provider told us that staff had completed training but the certificates confirming their attendance had not been sent to the service, therefore the training matrix had not been updated. Since the last inspection staff had left the service and new staff had been recruited.

At the time of this inspection the training matrix was still not up to date. The provider told us that they new staff were experienced and their training was up to date, but there were no training certificates on file to confirm this. The new manager was in the process of completing this information and agreed to send us an updated matrix after the inspection. The updated matrix showed that there were gaps in health and safety training, MCA training, food hygiene and moving and handling training. In addition only one member of staff had completed dementia training. Staff were also supporting people living with Parkinson's but no specific training and been provided. The provider told us that they were in the process of accessing the training certificates to evidence the staff training. This was an area for improvement.

Most of the newly recruited staff were experienced and held care qualifications. They told us that they received a good induction. In view of this experience the provider told us that these staff had not completed the induction in line with the Care Certificate, which had been introduced nationally to help new care staff develop their skills, knowledge values and behaviours. The provider told us that the Care Certificate would be used for new recruits in the future.

Staff were able to demonstrate that they had an understanding of the relevant training for their roles, including mental capacity, safeguarding and medicines. We observed one person being supported with their mobility and staff were supporting them safely.

Although the provider told us that the new manager was working through an induction programme this was not produced at the time of the inspection.

Although staff told us they felt supported by the provider they had not received formal supervision and an appraisal to discuss their training and development needs. The provider told us that since June the supervision programme had lapsed due to the inconsistency in the managers. Some staff had not received an appraisal as they were newly recruited. We were unable to look at the previous records as these could not be found at the time of the inspection. The new manager told us that a programme of supervision and appraisal would be implemented as soon as possible.

At the last inspection people were not being supported to eat safely, to receive a 'soft diet' when needed and have thickened drinks as advised by a Speech and Language Therapist. At this inspection there was no one living at the service that needed this support.

There were mixed views on the standard of food served. Some people told us they were not satisfied with the meals as sometimes the pastry was not good and the omelette were not usually very edible. They said, "The food is often tepid and that makes it even more tasteless". "We don't get a very good selection of food to choose from and I am sure it is not freshly made as one would hope for. I think that I could do much better myself".

Relatives had mixed views about the food, they said, "They do these [pre-prepared, re-heated] meals. My relative said their pie was cold today. When they first came in they were doing the meals themselves. Sometimes with a frozen meal the vegetables are too hard". "One thing that I would say is not good is the food, I have offered to help with the menus but it just goes in one ear and out the other. There is a choice of meals but they are all pre-prepared and things like an omelette are like rubber".

There was a four weekly menu in place which was varied and people were able to choose what meal they wanted each day, the menu was displayed in the dining room. Staff were observant and helped people when they needed support. One person who did not wish to go into the dining room had slipped down in their chair and started to choke on their food but was quickly helped and then watched discreetly until they had finished lunch. People were offered drinks of their choice.

People told us they enjoyed their breakfast and could choose from having cooked food, or cereal and toast. One relative commented, "My relative has a lovely breakfast, toast and scrambled egg".

A health care professional said, "My client has complained about the food before. They eat well though".

We discussed the issues raised about the food with the provider who showed us a recent survey carried out in October 2017 when people had said they were satisfied with the meals. The resident's meeting minutes in August 2017 also showed that people told the provider the food was good and they were happy with the meals. The provider told us that they would hold another resident's meeting about the comments to see how they could improve the meals and involve people in choosing the meals on the menu.

Lunch time was a social activity with lots of chat and laughter. Some people ate their lunch in the dining room and others chose to eat in the lounge or their bedrooms. There were a variety of condiments available for people to use.

Is the service caring?

Our findings

Some people told us the staff were kind and caring. They said, "The staff are very good and do look after me, it can't be that easy with all my problems but they do listen and respect my idiosyncrasies". A relative commented, "The staff are very kind to my relative now".

Relatives had commented at the recent quality survey in October 2017, "All is so much happier here, it is better; staff can be approached to talk to – very happy with everything".

The atmosphere in the service was calm with people freely chatting to each other and staff. A health care professional commented, "The service seemed much calmer when I visited". Another professional stated that there was a good standard of co-operation between staff and stakeholders, family and other professionals.

At the last inspection people's dignity had not always been upheld as staff did not respond to people promptly and entered bedrooms without knocking. There were also concerns that decisions about the use of the conservatory had been made without involving the people. At his inspection, improvements had been made.

New staff were getting to know the people and how they preferred their care to be provided. Senior staff had a good knowledge of people living at the service whilst new members of staff were in the process of getting to know people. Staff supporting people in the lounge were observed being respectful and caring and knew everyone by name. However, one person commented, "They are very good the staff, as long as they know my routine and the way I like things done, which is not always the case". The provider told us that the new staff were getting to know people and had shadowed staff to get to know their daily routines. They said they had not received any negative feedback from people to confirm this but would speak with the staff to see if any further concerns had been raised.

People told us that staff were not always polite and respectful, they said, "The staff are usually very friendly, they can be a bit sharp sometimes but they have got better recently". Another person said, "I don't feel very involved with decision making but it is probably my fault too but I do sometimes feel that I am told what to do and not asked. For example, when getting up in the morning if I am not ready and even when being told when to go to bed in the evening". The provider told us that people's preferences on getting up and going to bed were clearly recorded on their care plans and they would re-iterate with staff the importance of people making their own decisions.

Another person told us they got up and went to bed when they wanted, they said, "There is not much going on really, we can get up when we want and then we go to bed quite early". We discussed this with the provider who was told us that people had not raised any issues or complaints about the staff or about not being given the choice of when they got up and they would talk to everyone living at the service to ask if they would like to raise any concerns. We observed staff giving people choices, such as where they wanted to sit and what they wanted to eat.

The conservatory was in the process of being refurbished for people to use and for families to meet with their loved ones in private. People told us it would be good to use it again and were looking forward to when it would be finished.

Most people told us that staff respected their privacy and dignity but one person said, "They [the staff] do knock but will sometimes just walk in depending on which member of staff it is". We observed that staff knocked on people's doors and paused before entering. Another person told us that staff respected their choices to remain private. They said, "I do like my privacy and am too nervous to go downstairs sometimes but they do all respect that and don't try to force me".

During the inspection staff spent time with people and treated them with compassion and understanding. One person placed some hand cream on their hands and they said, "I've got enough on my hands for two people". Staff stopped, bent down and smiled at the person and offered them assistance. The person shared the excess hand cream with staff and both staff and people rubbed the cream into their hands, chatting whilst doing so.

Another member of staff bent down in front of a person so they could see their face as they were hard of hearing. The staff member patiently waited until the person understood what they were asking and made a choice of the drink they wanted. The person smiled warmly at the staff member and thanked them. Staff chatted to people as they went about their tasks talking about current affairs such as 'poppy' day and the news. Staff talked to people about their relatives and upcoming events such as when their family were due to visit.

Staff told us that they worked well as a team and ensured people were cared for in a way that suited them best. They said, "I do think we care for the ladies and gentlemen that live here. We do believe in person-centred care". "At the end of the day this is their home. We are just visitors". Staff talked about supporting people with their independence and encouraged them to do as much as they could for themselves. They said, "If they can't wash their face you don't take it away from them. If you take their independence away you take everything away".

Some people preferred to stay in their bedrooms and were content to do so. Their rooms were personalised to their taste with their individual belongings. People said they liked their rooms and were comfortable.

Although the local church visited the service one person was not able to practice their faith and have Communion, a relative commented, "My relative is very religious and one thing they would really appreciate is Communion, I keep trying to organise it but I am not sure if they are doing anything to help or not". The provider told us that they would make further enquires for this to be arranged. It was noted in people's care plans how they preferred to practice their beliefs, such as if they wished to attend the church of their choice regularly or participate in special events such as harvest festival, Christmas and Easter.

People who needed independent support and help to make decisions about their care had access to advocacy services. Advocates are people who are independent of the service and who support people to make and communicate their wishes. A health care professional confirmed that advocacy services were being used, they said, "[My client] has been seen by an advocate".

There were policies and procedures in place to ensure that staff were aware of how to support people equally taking into account their ethnicity, diversity, culture, religion, gender and any disabilities. Staff talked about people's rights to make decisions and the importance of ensuring people was treated as they would like to be treated themselves.

At the last inspection people's care plans were stored in an unlocked cupboard in the conservatory so confidentiality was not protected. At this inspection the care plans were locked away at the far end of the dining room where staff were able to access them confidentially. There was also a desk and open office area where staff completed administration tasks and made calls to other professionals. This could compromise people's confidentiality as people could hear staff talking on the phone about other people. The provider told us this was a temporary arrangement and they were in the process of addressing this issue.

Is the service responsive?

Our findings

People told us that staff were responsive and came promptly when they called them or needed support.

At the last inspection, staff were busy trying to meet people's basic care needs and answering people's call bells and did not have time to spend quality time with people to provide person centred care. They were not responsive to people's needs. Meal times had been arranged around staff availability and not people's needs. People did not have the opportunity to have a cooked breakfast and menus were not always on display in the dining room.

At this inspection improvements had been made. There was enough staff to ensure that people received attentive care. Staff responded to people promptly when call bells rang or they requested support in the lounge. Meal times were more structured and lunch was served to people in the dining room, in their rooms, or the lounge if they preferred this. It was a social affair with people chatting and laughing. People told us and we observed they were offered a cooked breakfast, one person was eating scrambled egg on toast and commented it was very nice and their favourite. They said they were able to choose if they had a cooked breakfast or cereal.

At the last inspection the provider had failed to carry out a pre-admission assessment to ensure the service would be able to meet people's needs. No new people had moved into the service so we will check the assessment process at the next inspection.

Care plans varied with information to guide staff on how to support people with their diabetes and the use of what 'assistance' meant to individuals when supporting them with their care. Some improvements had been made and more detailed guidance was now available to staff. The provider told us that the dependency of people living at the service had reduced and they would carefully consider new admissions to ensure they would be able to meet their needs.

Some care plans were detailed and personal, and recorded people's preferences and choices, such as how they liked their night drinks and if people preferred to sleep with the door open. There was information about how to support people to remain as independent as possible and what part of their personal care they could do for themselves.

There was detailed information in the care plans about how to support and respond to people who were living with diabetes. For example there were clear guidelines for staff to follow with regard to monitoring the condition, such as the range of 'normal' levels blood sugars may fall or rise and what symptoms to look for if the person needed medical assistance.

However, information in other plans had not been detailed what 'assistance' meant to individuals. Some care plans stated that 'assist person to shower', assist person to wash and dress without any explanation of what this meant and what level of support they needed. There were some new staff so it was important to have clear guidance. The provider told us that additional information would be added to address these

issues.

Care plans had been regularly reviewed and updated. The new manager told us that they were going to review all of the care plans and showed us one they had recently audited. This clearly showed they had identified what required updating, such as missing details or lack of information.

At the last inspection people were not supported to join in with activities of their choice, there was no dedicated activities co-ordinator to organise a programme of activities and ensure people were encouraged to be socially active.

At this inspection although activities had improved, people had mixed views about what was on offer, especially about being able to access the local community. They said "I go out with my relative as there are not too many opportunities to be taken out otherwise". "I am generally happy to while away the time alone but solitude does make the mind addle I find". "I go out with my relatives sometimes otherwise I am quite stuck here". "We don't really take part in any cooking activities but I think we have stirred the odd cupcake bowl, nothing too adventurous".

The provider told us that they were in the process of recruiting an activities co-ordinator..

Staff felt that the activities had improved, they told us there was an activities book and they were involved in providing more activities now. They said, "I do think things have improved. There is a lot more activities. It had petered out but now I am pleased to say there is more going on". "We could do with a permanent activities co-ordinator".

The lounge at the front of the house was a quiet lounge where newspapers were being read and the rear lounge was where activities were taking place. People took part in bingo on the day of our visit and people were thoroughly enjoying this. Some people remained in their rooms upstairs and said that they could join in with activities but preferred not to.

There were posters displayed in the dining room advertising a variety of upcoming activities at the service including coffee mornings once a week. One person said, "I like the bingo and I try to join in with everything, it makes the day go quicker". People spoke excitedly about the Halloween party that was being organised and Halloween decorations had been put up around the service. In the lead up to Christmas staff had planned for people to decorate mini Christmas trees, take part in a Christmas party and for a pantomime to be performed.

At the last inspection the provider had not ensured that concerns and complaints had been addressed and resolved. At this inspection systems were in place to record complaints and records showed that investigations had been carried out and people were being responded to. There was one on going complaint which the provider was in the process of resolving. People told us they were happy to discuss any issues or problems with any member of staff but some were not sure who the manager was. One person had commented at the recent quality survey in October 2017, "The service is very good, have no complaints".

Is the service well-led?

Our findings

At the recent quality survey in October 2017, people commented that the service was good, they said, "The staff are doing a good job". "I am very much satisfied with the service". "I am very happy". A relative commented that they were happy with the management of the service.

There had been some changes since our last inspection but there continued to be areas that needed improvement, there was still no registered manager and continued breaches of regulations.

A care professional commented, "The service is in a far better position that it was earlier this year". At this inspection, although improvements had been made there were mixed comments from people and their relatives about the management of the service. Recently, a lot of new staff had been recruited, including senior staff. People and relatives were concerned that some senior staff had left the service without notice and they had not been advised why. This had happened shortly before the inspection and the provider told us that a meeting would be held to discuss this with everyone concerned. A relative commented, "I am not sure why senior staff suddenly left. It does make it a little uncomfortable not knowing".

Staff felt the service had improved, they said, "Definitely it has improved. The provider says we can knock on their door at any time. They have kept us informed". "The new manager is great. They pick up on things. That is how it should be. They are firm but fair". "I would recommend it to anyone. It is a lovely home".

The management of the service had not been stable and historically there had been a lack of oversight and scrutiny. A new manager was appointed in September and left in October 2017. Another new manager was recruited and started work on 27 October 2017. A registered manager had not been in post since August 2016. Senior staff had left the service which resulted in further recruitment for senior positions. Although the service seemed to have stabilised, with the support of the local authority, a consultant employed by the provider and care home nurse advisers from the Clinical Commissioning Group, we will continue to monitor closely to ensure any improvement is sustained over time.

The provider had failed to comply with a condition applied to their registration requiring them to ensure the service is managed by an individual who is registered as a manager. This is a continued breach of Section 33 of the Health and Social Care Act 2008.

People, relatives and health care professionals had concerns that the service did not have a registered manager in post. They said this created confusion regarding who was in charge and leading the service. They were aware of the constant turnover of staff and were not aware who the new manager was. They felt that they could "not keep up with the constant change" at the service. They said, "I think it needs good leadership and I don't know what happened to the senior staff but it is vital that there is someone in charge I would have thought" and "We used to make a lot of suggestions that were ignored but it seems to have got better recently but I have no idea what the situation is since last week we are still in the dark really" and "I do get very confused with the staff turnover. I just get used to talking with someone who I think will help and then they vanish".

One health care professional voiced their concerns about the changes and the senior staff leaving the service, they said, "Previously it has been very dependent on senior staff so them leaving is a concern".

People and relatives were concerned about staff leaving. Recently, a lot of new staff had been recruited, including senior staff. People and relatives were concerned that some senior staff had left the service without notice and they had not been advised why. This had happened shortly before the inspection and the provider told us that a meeting would be held to discuss this with everyone concerned. A relative commented, "I am not sure why senior staff suddenly left. It does make it a little uncomfortable not knowing".

We discussed these issues with the provider who showed us the minutes from a resident/ staff meeting introducing a new manager in August; however by October this manager had left which resulted in another new manager being appointed. They told us a further meeting would be held to introduce the new manager and address the issues. They confirmed the new manager was experienced in the care sector and it was their intention that following a probationary period they would apply to be registered with CQC.

We last inspected Meadow Dean in May 2017 when several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified and the overall rating was inadequate. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. Although some improvements had been made there remained ongoing breaches of regulations. The provider said they were committed to continuing to improve and to maintain the improvements made so far.

Previously, we asked the provider to take action to ensure that suitable systems and procedures were in place to assess, monitor and drive improvement in the quality and safety of the service. Since the last inspection the provider had sent CQC regular action plans identifying the improvements made to the service. Some improvements had been made to the checks and audits of the service; however, these were still not effective, as they did not identify the continuing shortfalls found at this inspection.

Accident and incident forms had been completed each time a person fell or slipped, however these were not recorded on the monthly audit form to look for patterns and trends to reduce the risk of further events. There was a nil return audit for accidents/incidents in August when records clearly showed that at least three people had fallen. The provider was not aware of these shortfalls.

There remained issues with records that had not been picked up by the provider's audits. People's care plans had been checked but there was still a lack of detail in the risk assessments and areas of person centred care planning which had not been identified and actioned. Although we observed one person being moved safely, risks had not always been mitigated to ensure people were safe whilst being supported with their mobility. People's health care needs were not always responded to in a timely manner and mental capacity assessments were not accurate. Although some further detail had been added to the risk assessments for the use of oxygen, such as to make sure the wires were tucked away safely, the assessments were not detailed to show staff how to manage the risks and store the oxygen safely.

The provider had not ensured that staff were recruited safely and had not audited the staff files. Staff were not receiving regular supervision and an appraisal for their ongoing development in the service. Records did not confirm that staff training was being monitored to evidence the training being provided. The systems in place to assess, monitor and drive improvement in the quality and safety of the service were not effective. The provider had failed to mitigate the risks relating to the health, safety and well-being of people. The provider had failed to keep an accurate, complete and contemporaneous record in respect of each person and staff member. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008

The provider had asked for feedback from people, their relatives and other stakeholders. These surveys were in the process of being collated to summarise the outcomes. The surveys were mostly positive and comments about the service were as follows, "The service is very good, I have no complaints". "The staff do a good job". "Yes I am very much satisfied with the service".

Staff commented, "I am very happy with my job, the management and staff are all very nice and made me very welcome". "The managers are approachable". "I feel I can go to the manager with any concerns".

Staff spoken with had a good understanding of their roles and responsibilities. They understood the visions and values of the organisation. They said, "The provider says they want this to be a happy home for everyone. They talked about equality, person centred care, respect and dignity".

There had been a number of changes and improvements. A resident/relatives meeting had been held in August 2017 and staff meetings in August and September 2017. Minutes of the meetings indicated that people and their relatives felt the service was improving and they were satisfied with the food and had no complaints. Other items discussed were the response times from staff when people needed support and it was noted that this had improved since the last inspection.

The staff meeting in September highlight the need for improvement in the service and the importance of team work and providing good quality of care to people living at Meadow Dean. The provider told us how they had improved their knowledge and said they were participating in local forums to further increase their knowledge about the care sector.

The provider had now recruited enough staff to ensure that people received the care they needed; they had increased activities and sought people's views to improve the service. The conservatory was being refurbished for people to use and cooked breakfasts were routinely offered in line with people's wishes.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the entrance hall and on their website. The provider had notified the Care Quality Commission of important events as required.

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>Section 33 HSCA Failure to comply with a condition</p> <p>The provider had failed to comply with a condition applied to their registration requiring them to ensure that the service is managed by an individual who is registered as a manager.</p> <p>This is a continued breach of Section 33 of the Health and Social Care Act 2008.</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 mobility.</p> <p>The provider had failed to ensure that people received safe support with their healthcare needs.</p> <p>This was a continued breach of Regulation 12 of the Health and Social Care Act 2008. (Regulated Activities) Regulation 2014.</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.</p> <p>The provider had failed to mitigate the risks</p>

relating to the health, safety and well-being of people.

The provider had failed to keep an accurate, complete and contemporaneous record in respect of each service user.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider had failed to carry out the relevant recruitment checks to ensure that staff were suitable to work at the service.

This was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.