

Meadowvale Homecare Ltd

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Inspection report

Unit 10 B Hive, Skelton Industrial Estate
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Tel: 01287653063

Date of inspection visit:
12 January 2021
13 January 2021
18 January 2021

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26 February 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Meadowvale Homecare Limited 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 43 people were receiving personal care.

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

The procedures in place to support people at risk of harm needed to be further developed. The recruitment policy had not been consistently followed. This did not support safe recruitment procedures. There were enough staff to support people safely.

The scope of auditing at the service needed to be expanded to support improvement. There were gaps in records used to monitor the quality of the service. Lessons learned analysis was not robust. Oversight of the service had not resulted in improvement.

People and relatives were extremely happy with the care provided. Relatives said, "The care is brilliant. Carers have been reliable, professional and they are a really good team. The carers turn up on time and they get in touch with me if there are any issues" and, "The care has been over and above what I would expect."

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 1 May 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection the provider remained in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan from the last inspection in March 2020 and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Meadowvale Homecare Limited on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to quality assurance, recruitment and the fitness of the provider. Please see the action we have told the provider to take at the end of this report.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Meadowvale Homecare Ltd

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.

Inspection team

One inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. 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.

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. At the time of inspection the registered manager was on long term leave. An acting manager was in place until they returned.

Notice of inspection

This inspection was unannounced. Inspection activity started on 12 January 2020 and ended on 18 January 2020. We visited the office location on 12 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the sole company director, the acting manager, an acting deputy manager, a recruitment manager, a care co-ordinator and three care workers.

We reviewed a range of records. This included five people's care records. We looked at four staff files in relation to recruitment and the training summary record for all staff. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection of the service the risks to people were not safely managed because incomplete records were in place. 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 remained in breach of regulation 17.

- There was insufficient oversight of people who displayed increasing risk. Care records did not provide staff with the information needed to support people safely. This had led to a small number of minor incidents of harm.
- Care records were not always updated when incidents occurred. Staff relied on their own knowledge of people to manage changing risk.
- There was not enough information available in the care records to support staff to manage incidents involving behaviour. For example, there were no detailed protocols in place to guide staff when people hit out or were verbally abusive.

Failure to have accurate records in place and systems to monitor and review risk has led to a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff said the introduction of an App to access care records was a step forward. One staff member said, "The information about people is on the App. It's really useful." A relative said, "I have access to the App so can see when staff have been and what they have done."

Staffing and recruitment

- Recruitment of staff was not carried out in-line with the provider's recruitment policy. There were gaps in records and in the procedures followed for an externally recruited staff member. No records were in place for two staff who were internally recruited to show they had the necessary skills and competencies to carry out new roles.
- A risk assessment for a staff member was not reviewed when their role changed. No harm had occurred. We asked the provider to review this risk assessment straight away, which they did.

Failure to follow the recruitment policy to support safe recruitment has led to a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough suitably trained staff on duty to support people. A relative said, "The care's brilliant. The girls are good. The same ones go in and this is important to [person]." One person said, "The care is very good. The carers, I can't speak highly enough of them. Their manner is really good. They go out of their way to help us."
- People said staff arrived to calls on time and stayed for the required amount of time. Staff said they had enough travel time.

Learning lessons when things go wrong

- Accidents and incidents were monitored each month. Detailed reviews had not been completed to determine any patterns and trends in the types of accidents and incidents occurring.
- Records to support a 'lessons learned' approach were not robust enough. The records did not show what the service got wrong and what action had been taken to reduce the risk of reoccurrence. In a recent medication incident, updated guidance was sent to people to reduce the risk of reoccurrence. However, records did not show what the service had got wrong so they could make improvements.

Failure to have accurate records in place and systems to monitor and review risk has led to a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding alerts had been submitted when needed. Staff had completed training in safeguarding and understood the processes which they needed to follow to raise a safeguarding alert.
- People said they felt safe during their care. One person said, "I feel really comfortable with the girls. They are pleasant, courteous, efficient and nice to be around. They know my needs well."

Using medicines safely

- People said staff supported them to take their prescribed medicines. Staff training and competency checks for dispensing medicines had been completed.
- Recording of medicines had been identified as an area for improvement during quality assurance checks by staff. This had been added to the provider's action plan. We found the quality of record keeping for medicines had improved.

Preventing and controlling infection

- Staff had access to enough stocks of personal protective equipment (PPE). People confirmed staff wore the correct PPE when attending their calls.
- There were checks in place to monitor PPE use to manage the risks of infection. All staff had completed training in infection control and donning and doffing PPE.

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. At this inspection this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last four inspections of the service, quality assurance processes had not supported the delivery of good care. 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 procedures in place to monitor the quality of the service were not effective. There was not enough information in the quality assurance records to allow detailed analysis to take place. This did not support the provider to have oversight of the running of the service.
- Provider level audits needed to cover all aspects of the service to effectively monitor the quality of care people received. Checks of accuracy within the auditing process were not consistently completed.
- Staff at all levels failed to consistently follow the policies and procedures in place to deliver a safe service. The procedures in place to ensure lessons were learned were not effective because they did not identify what went wrong and what actions were taken to make improvements.

Quality assurance systems needed to be further improved. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notifications about incidents taking place at the service have been submitted when needed.

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

- The provider has remained in breach of regulations since 2018. Insufficient action has been taken to improve the service to at least good.
- Leaders do not consistently display the knowledge, skills and experience needed to ensure safe care. Quality monitoring systems failed to consistently highlight deterioration in people's care. As a result, one person did not receive good care and some staff experienced physical and verbal abuse.

The provider has failed to demonstrate the skills and experience necessary for overseeing the running of the service and to make the required improvements. This was a breach of regulation 5 (Fit and proper persons: directors) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives were very positive about their care. The quality of care provided was highlighted by them all during inspection.

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

- Good engagement had taken place with people using the service. People and relatives said communication had improved and they felt listened to.
- A recent staff survey had been completed. Additional well-being calls with staff had been carried out in response to the survey.

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 5 HSCA RA Regulations 2014 Fit and proper persons: directors 5 (1) (3) b The provider is not demonstrating they have the qualifications, competence, skills and experience which are necessary for overseeing the running of the service.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (1) (2) (a) (b) (c) (f) Quality assurance procedures have not resulted in improvement to the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed 19 (2) (a) (b) Recruitment procedures are not in line with the provider's recruitment policy.