

Friary Meadow Limited

# Friary Meadow

## Inspection report

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Date of inspection visit:  
08 April 2022  
11 April 2022  
13 April 2022

Date of publication:  
24 May 2022

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Friary meadow is a domiciliary care agency and 'extra care' service. It is registered to provide personal care to people who live in their own apartments within a dedicated housing scheme. The complex consists of apartments, houses and bungalows privately owned. There are also some shared communal areas and facilities; such as a restaurant, café, cinema and gardens which people can access.

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 our inspection there were four people using the service.

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

There was a lack of systems and management oversight to ensure care was provided in a safe effective way. The nominated individual and manager told us there were no quality assurance systems placing people at risk due to poor governance and record keeping. Systems were not in place to identify areas for improvement and to ensure improvements were made.

Medicines were not safely managed. Medicine audits were not completed, and medicine care plans did not include all information required for staff to ensure safe management of medicines for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

People's care plans contained personalised information which detailed how they wanted their care to be delivered. Staff knew people and expressed care and affection for them when speaking with us. People were supported by kind and caring staff who worked hard to promote their independence and sense of wellbeing.

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

### Rating at last inspection

This service was registered with us on 17 February 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date the service was registered.

## Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe management of medicines and governance and quality monitoring of the service. Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Friary Meadow

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was completed by two inspectors.

#### Service and service type

Friary meadow is registered to provide care and support to people living in 'extra care' housing and is also a registered domiciliary care agency providing personal care to people living in their own homes. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 our inspection there was not a registered manager in post. The service was managed by an interim manager who is referred to as the manager in this report.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 8 April 2022 and ended on 20 April 2022. We visited the location's office on 8,

11 and 13 April 2022.

#### What we did before the inspection

Before the inspection we reviewed the information, we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who received care and four staff members, the manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including, four people's care records, staff training matrix and risk assessments. We looked at a variety of records relating to the management of the service, including, policy and procedures.

We sought clarification from the manager and nominated individual to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this registered service. This key question has been rated Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not managed safely. Some people were prescribed medicines, on an 'as required' basis (PRN). There were no guidelines in place to inform staff about when these should be offered, or how people may express their need for them. We asked the manager for people's individual PRN protocols and they told us "No, we don't do them here". This meant people may not receive as required medicines when they need them or in a consistent way.
- Medicine audits were not completed in line with the provider's policy.
- We reviewed four medicine administration records, we identified one-person's record showed there were some medicines that had not been consistently signed for, therefore we were not assured people received medicines as prescribed.
- Staff had received medicine training and their competency checked annually.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were managed safely and effectively. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management, learning lessons when things go wrong

- There was a system in place to record and report accidents and incidents, we asked the manager for records associated to accident and incidents the manager said, "I cannot find them". We later found these records stored in staff files and service user files. However, there was no records to show accidents and incidents had been analysed this meant the service was not using this information to learn lessons when things go wrong. This was discussed with the manager who agreed to review their systems.
- Risks to people's personal safety were assessed, monitored and managed. People's care plan documentation included a series of risk assessments, which had considered risks associated with the person's environment, their care and treatment and medicines.
- Staff told us they checked the risk assessments regularly and were told by the manager when changes occurred.
- The provider had a business continuity plan which described how people would continue to receive a service in the event of adverse circumstances.

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

- People told us they felt safe. One person said, "I feel safe because the carers would call and get the GP if necessary, they call me every afternoon to check I am safe and ask if I need anything."

- The provider had safeguarding policies in place. Staff knew how to report concerns externally.
- Staff had received training relating to safeguarding people. Staff could tell us what action they would take if they identified any potential abuse.

#### Preventing and controlling infection

- People were protected against the spread of infection.
- People told us staff washed their hands and used personal protective equipment (PPE) such as gloves, when providing care. One staff member said, "We get everything we need."
- The manager ensured staff had enough stocks of PPE. Staff had been trained in infection control and demonstrated an understanding of how to support people safely.
- We were assured the provider was accessing testing for people using the service and staff following current guidance.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Staffing and recruitment

- People received care and support from adequate numbers of suitable staff to keep them safe.
- Each person using the service had a care plan detailing the level of support required, the number of staff required to provide support and the length of time for each visit.
- The duty manager prepared the staff rota in advance to ensure people received appropriate support.
- The provider had robust pre-employment checks in place. Staff employment files showed suitable references, photographic identification and a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were enthusiastic about their roles and told us they liked their job. One staff member said, "I love my job, I enjoy coming to work, love talking to people and supporting them."



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- When people started using the service their needs were assessed to determine if the service was suitable for them.
- People's current needs were regularly assessed to ensure they continued to receive the correct level of support.

Staff support: induction, training, skills and experience

- Staff underwent induction training upon commencement of the role, which followed the Care Certificate standards. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- A member of staff said, "When I first started, I shadowed another carer for my first week this helped me to get to know the people I would be caring for".
- Records showed training provided included, safeguarding, medicines management, fire safety, infection prevention, first aid and equality and diversity.
- Staff told us they received ongoing support from the management team and reflected on their working practices through regular supervisions. Comments included, "Yes, I have regular supervisions, and I'm consistently speaking to the manager about work and issues and "I feel happy I'm very well supported."

Supporting people to eat and drink enough to maintain a balanced diet

- Where required staff ensured people were supported to have good levels of hydration and nutrition.
- Care plans described the level of support people required in relation to eating and drinking.
- People told us they were happy with the arrangements in place to support them with food and drinks.

Staff working with other agencies to provide consistent, effective, timely care and to supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives through access to health care professionals such as their GP's, district nurses, speech and language therapist (SALT).
- Where appropriate, reviews of people's care involved relevant healthcare professionals. Guidance and advice from healthcare professionals was incorporated into people's care plans. One person had been seen by [SALT], the care plan had been updated but the report was not in the care file for staff to read. We spoke to the manager who told us she would follow this up to ensure guidance from professionals is in the care file.

- People are supported to attend medical appointments, a member staff said, "we organise a taxi and go to the appointment when people ask us to."

#### Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People consented to the care and support they received from staff and this was recorded in care plans.
- People told us staff were respectful of their decisions and they could make choices about all aspects of their lives.
- Staff understood their responsibilities in line with the MCA. One staff member told us, "[MCA] is about people having the ability to make their own decisions and their right to do so."
- At the time of this inspection there had been no application to deprive a person of their liberty.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Assessments and care plans were completed for people in consultation with themselves and their family. These assessments then formed the basis of people's care plans which were personalised and gave staff guidance on how people preferred their care and support to be delivered.
- The diverse needs of people using the service were met. This included individual needs relating to disability, gender and ethnicity.
- Staff talked about people with real consideration and kindness they spoke fondly and respectfully about the people they supported. They emphasised their desire to be kind and compassionate in the support they provided. One staff member said, "I like making a difference to people's lives".

Supporting people to express their views and be involved in making decisions about their care

- People were given the opportunity to express their views about their care on an ongoing basis with monthly care reviews completed with people. This ensured they were fully involved in decisions about their care and support.
- People were provided with information about the service, we spoke to the manager who told us they were in the process of further developing the service users guide. This also included information on how to raise concerns or make a complaint.
- People and their relatives had not been invited to complete a questionnaire about the service they were receiving in the past year, the manager told us quality assurance questionnaires will be sent out to people and staff in May 2022.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, language used in care plans was respectful. Staff told us people's privacy was respected.
- A relative said, "Staff respect privacy and dignity and they make [person] laugh, and the atmosphere is good. They are punctual, respectful and always ask if there is anything, they can do for me.
- The provider ensured people's confidentiality was respected. Records containing people's personal information was kept in the office which were locked when unoccupied and only accessible to authorised persons.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

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

- People's care and support were personalised to suit their needs. The manager had completed an assessment of people's needs, choices and preferences with the involvement of the person using the service and / or their relatives.
- Care plans we viewed demonstrated people were involved in making decisions about their own care and support needs.
- People's care plans informed staff about the support people needed to meet their needs. There was clear information about how to support people with daily routines in line with their preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager confirmed that they were able to tailor information in accordance with people's individual needs and in different formats if needed. Documents such as care plans and policies could be offered in larger print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service aimed to help prevent social isolation for people living in Friary Meadow retirement village. People were invited to activities within Friary Meadow. Additionally, outings were arranged for people living at Friary meadow.
- People's care visits were planned in accordance with their social needs, for example, the time of care visits would be changed to allow people to attend social events if required, one relative told us staff were flexible and sat with their family member to allow her [relative] to go out for a short time.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint and felt any concerns would be listened to and acted upon by the management team. One person said, " Yes, I know who to contact if I want to raise a concern." A relative said, "I have spoken with the manager and the manager responded in an email about my issue."
- We reviewed the complaints register. The last complaint recorded was 20/12/2020. The registered manager at the time had investigate the complaint. There were no further complaints recorded even though

people told us they had spoken to the manager about issues. We spoke to the manager who told us that most of the issues were related to housing rather than care issues.

- We asked the manager about monitoring complaints and concerns, she told us there was a complaints procedure however, analysis of complaints had not been carried out as they had not received any complaints in the last year.

#### End of life care and support

- Staff understood people's needs and were aware of good practice and guidance in end of life care. Staff respected people's religious beliefs and preferences.

- At the time of our inspection no one was receiving end of life care. However, records confirmed that staff had received appropriate training in End of life care.

- The manager told us when needed, they would involve professionals to ensure people have a dignified and a pain free death.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Robust quality assurance systems were not in place to ensure shortfalls were identified and prompt action taken to ensure people received safe and effective care at all times.
- Audits were not carried out on aspects of the services, which included medicines, care plans and risk assessments. There was a compliance quality assurance audit which had been started on 21 November 2021 however, this was not completed.
- We identified gaps on medicine administration records. The provider was not aware of this due to the lack of medicine audits. This showed the provider had not adequately assessed, monitored and improved the quality and safety of the service provided.
- The manager and nominated individual did not have oversight due to the lack of audits. Robust processes were not in place to monitor the quality of the service, risks to people's safety and maintain complete and up to date records.

We found no evidence people had been harmed however, we could not be assured the provider's governance arrangements were robust and effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager and nominated individual knew how to share information with relevant parties, when appropriate. They understood their role in terms of regulatory requirements. They were aware of their responsibility to notify CQC of any events, such as safeguarding and serious incidents as required by law.
- The service did not have a manager registered with the Care Quality Commission (CQC) and CQC had not received an application at the time of this inspection, the nominated individual and manager had recently recruited a manager who will join the service in first week of May 2022 and submit an application to be registered manager for this service.

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

- The provider did not have arrangements in place for gathering people's views of the service and those of people acting on their behalf. This meant the provider was not considering people's views on the service.
- Staff were encouraged to contribute to the development of the service through meetings and

supervisions.

- Staff told us they felt valued and listened to. The manager told us there was a comments box outside in reception where staff could contribute anonymously.
- Appropriate and up to date policies were in place to ensure peoples diverse needs were considered and supported.
- We observed people and staff were treated fairly and individually respected. People and staff confirmed this.

We recommend the provider seeks current guidance on effectively engaging and involving people using the service

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

- There was a positive relationship between the manager and staff.
- Staff were able to engage with the service through regular supervision and staff meetings. Supervisions provided the opportunity for staff to discuss matters they wanted in a one to one setting with the nominated individual or manager. Recent meeting topics of discussion included, but were not limited to, staff rota, safeguarding, Covid 19.
- Staff told us they felt happy working at the service. Records confirmed that staff had regular team meetings that allowed them the opportunity to input suggestions regarding the service.

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

- The manager understood the duty of candour and their duty to be open and honest about any concerns raised relating to the domiciliary care service.

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  The provider failed to ensure there were effective systems in place for the safe management of medicines.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured there were systems and processes in place to assess, monitor and improve the quality of the service provided.