

Archangel Healthcare Ltd

# Tendring Meadows

## Inspection report

The Heath  
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Clacton on Sea  
Essex  
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18 March 2019  
22 March 2019

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## Ratings

Overall rating for this service

Requires Improvement ●

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

# Summary of findings

## Overall summary

About the service: Tendring Meadows is a residential care home for older people situated in the village of Tendring. The accommodation is located over two floors. There were 42 people living at the service on the day of inspection.

People's experience of using this service:

People's medicines were not always managed safely.

Personal emergency evacuation plans were not always detailed for staff to follow.

We have made a recommendation about personal emergency evacuation plans

Systems were in place to monitor the quality of the service; however, these were not effective and did not highlight concerns raised during the inspection

The registered manager was not aware of the legal requirement to notify the Commission of any authorised DoLs, safeguards or significant injuries to people using the service.

The environment was not always clean and required improvement. We have made a recommendation about the environment of the service.

Information was not available in other formats to aid people's understanding where required. We have made a recommendation for the service to improve knowledge of the Accessible Information Standards.

People received effective care from staff who understood how to recognise potential abuse. However not all concerns were appropriately through safeguarding procedures.

People and their relatives were complimentary about the care provided at Tendring Meadows.

People were supported by sufficient and competent staff who knew people well and cared for them according to their needs and preferences.

The registered manager and staff were encouraged to maintain and develop their knowledge and skills.

Staff respected people's privacy and dignity and interacted with people in a caring and compassionate way.

People's health was well managed and staff had positive relationships with professionals which promoted people's wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible.

People were encouraged to maintain their independence and to make their own choices about where they spent their time and how. People were offered activities which they had the opportunity to join in.

The owners of the service had a visible presence and provided good support to the registered manager.  
Rating at last inspection: Good (10 August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any information of concern, we may inspect sooner.

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

## 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 not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### 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** ●

# Tendring Meadows

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

One inspector and an assistant inspector conducted the inspection.

#### Service and service type

Tendring Meadows is a care home which is registered to provide accommodation and personal care for up to 53 older people. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced and took place on 18 March 2019 and 22 March 2019.

#### What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service. We assessed the information that providers send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection visit, we spoke with six people using the service, 12 relatives and seven staff including the registered manager, senior care workers and cleaning staff. We observed the support provided

throughout the service. We looked at records in relation to people who used the service including four care plans and 20 medication records. We looked at records relating to recruitment, training and systems for monitoring quality.

# Is the service safe?

## Our findings

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

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 always managed safely and people did not always receive their medicines as prescribed. One person's transdermal patches had not been given as prescribed. A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin. We raised this with the registered manager and asked them to investigate.
- Another person received medication for a heart condition which should not be given with a pulse of 60 or less. Records showed the medication had been given with a recorded pulse of 59. We raised this with the registered manager immediately and asked them to investigate.
- Medicines were not always kept securely and records were not always completed. A medication trolley had been left in the hall way, unlocked, with medication left on top.
- Some Medication Administration Records (MAR) had not been signed but the medication had been given and one controlled drug had not been recorded in the controlled drug register. Despite this, we completed a stock check of medicines and found that stock levels held were correct.

This was a breach of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment

- Staff told us they were trained and assessed as competent before they administered medicines and records confirmed this as accurate.
- People received medication 'as required' and staff understood when to give this. One staff member said, "If a person can tell me, I will ask them if they need any tablets for pain. If the person I am supporting can't tell me they are in pain, I will still ask them if they want tablets but will look at their movements and see if they are wincing or showing any signs of pain." Protocols were in place for all staff to follow when giving "as required" medication.

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

- The provider had not always reported abuse to the local authority or to Care Quality Commission when it was identified. One relative told us they had approached a staff member with concerns. They told us, "My (name of person) raised concerns about rough handling by staff and the way they had been spoken to. I told a staff member but it wasn't reported to anyone else, it was only when I called the manager later on, was it followed up on." We spoke to the registered manager who confirmed a safeguarding concern had not been raised. Following this, we asked the registered manager to raise a retrospective safeguard.
- Staff told us they had received safeguarding training. One staff member told us, "It was good training. It re-enforced a lot of stuff I knew."
- People were supported to understand how to keep safe and to raise concerns when abuse occurred. Information on safeguarding was available for people to access

## Assessing risk, safety monitoring and management

- Risk assessments covering areas such as behaviour, choking and pressure ulcers were in place. However, some assessments lacked detail. For example, where a person was at risk of pressure ulcer, the risk assessment did not provide full details of the risks and the measures to reduce this.
- Risk assessments relating to the environment were not always in place or detailed to mitigate risk. This included Personal Emergency Evacuation Plans (PEEP) for use in case of an emergency. A PEEP was not in place for a person who recently moved into the service. This was brought to the attention of the registered manager on 18 March 2019 and was checked again when we returned to the service on 22 March 2019. This had been completed. Other evacuation plans were in place but did not record specific information for staff to follow in the event of an emergency.
- One person had had a fall, resulting in an injury sustained from tripping over flooring in their room. We had been told by the registered manager that this had been fixed. We visited this person's bedroom and found that the flooring remained a tripping hazard. We raised this with the registered manager and was told this would be fixed immediately.
- People told us they felt safe. One person said, "I am safe here. I am kept safe by locked doors but can come and go as I need." Another person said, "I do feel safe". A relative told us, "Yeah, my (name of person) is safe. No harm will come to them in the home."
- Maintenance checks were completed and equipment was maintained. These checks included gas safety, legionella and fire alarm system

We recommend that the service ensures people have appropriate person evacuation plans

## Preventing and controlling infection

- Relatives told us the service was not always cleaned at weekends. One relative told us, "At weekends the rooms are not cleaned as much." Another told us, "(Person) wraps things up in tissue and there's no staff to check the bins in my (person) bin, they don't have time to clean it. The home is only cleaned Monday to Friday." We raised this with the registered manager who confirmed that the service was recruiting a weekend cleaner. During inspection, one toilet was seen to have both faeces and urine in and around them. We raised this with cleaning staff immediately but this was not cleaned and we had to repeatedly ask for this to be done.
- Staff had received appropriate training in infection control and told us they knew how to prevent the spread of healthcare related infections. One staff member told us, "We have had training in this. We are always wearing our Personal Protection Equipment (PPE), we have lots of it. We are always cleaning up behind ourselves, making sure if anyone has any spreadable illness, we support them to stay in room. Maintain hand hygiene."

## Staffing and recruitment

- Recruitment processes were safe and made sure the right staff were recruited to support people.
- Most people told us they felt there was enough staff and our observations confirmed this. One person told us, "There is enough staff, they come when I call but I don't use the bell I just shout." However, another person told us, "It takes staff a while to come when I use my bell at night. At night they don't have the staff." Another person told us their requests for assistance were not always answered promptly. They told us, "I use a urine bottle and have to buzz for them to take it away, however staff don't always come quick." A relative told us, "There are enough staff to help my (name of person). Staff are very helpful they do their utmost." The staff team told us there were enough staff. One staff member said, "I would say that there is enough staff but two days are never the same so some days are manic others are not. We work well as a team."
- Processes and procedures were in place to cover shifts. The registered manager told us the service did not use bank or agency staff. The service relied on existing staff to cover any staffing gaps. Staff told us this

meant sometimes the shift ran with less staff. One member of staff told us, "Yes there are usually enough staff. Some days we have a problem with sickness and we would always like more but generally we are more than ok if only one person is off this is manageable." Another staff member told us, "If staff members are sick, we would call staff members off shift, we don't have bank or agency." The registered manager told us that that on occasions the service did run on less staff then had been assessed. They told us, "I don't like to bring in agency staff who don't know the people living here but I know I can."

#### Learning lessons when things go wrong

- Lessons were learnt in the service when issues happened. The registered manager had identified staff were not double signing the controlled drugs register correctly. Following this, measures were put into place to reduce any re-occurrence. Since then, no similar issues had been identified and our checks confirmed this.

# 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met

- 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. One person was deemed by management and staff to have full capacity. However, an incident log highlighted staff had tried to prevent the person accessing a cigarette by placing a hand in front of their mouth. The registered manager confirmed that staff had been instructed to do this. However, action had been taken to prevent further restrictive practices by staff.
- Related capacity assessments and decisions had been properly taken in line with the law and guidance
- The registered manager understood their responsibility to apply for DoLS and reapply appropriately. However, they did not understand their responsibility to inform CQC when applications had been granted.

Adapting service, design, decoration to meet people's needs

- Improvements had been made to the environment since the last inspection. However, we found some issues that needed to be addressed. This included the main bathroom having water stained walls and flooring in people's individual and communal toilets were heavily stained. We discussed these with the registered manager and provider following the inspection.
- People's rooms were personalised, accessible, comfortable and decorated with personal items. The registered manager told us people had been involved in choosing the decorations and objects in their rooms. They told us, "When people come in, they can decorate and bring whatever they want in. I don't mind because it's their bedroom and they can have what they want."

We recommend a planned maintenance schedule of works is developed for the service to improve the environment.

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

- Assessments of people's individual and diverse needs were in place prior to them moving into the service to ensure their needs could be met safely.
- Care plans contained information about people's diverse needs and included their preferences in relation to religion and food.

Staff support: induction, training, skills and experience

- People told us staff were trained and knew what they were doing. One person told us, "The staff are well trained."
- Training consisted of e-learning, DVD and face to face training. Staff told us training was effective. One member of staff told us, "The registered manager is very good at arranging training for us. Most of the training is face to face but we also have DVDs and go online if we need to. We get time off to do this on shift. For the residents we look after, we have the right training but there is always room for improvement as you can never stop learning."
- The Care Certificate had been completed by staff without prior care experience or qualification. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. One member of staff without prior experience told us, "Yes, I have completed the Care Certificate and am now doing my National Vocational Qualification (NVQ) level 2."
- An induction into the service was completed by staff. This included meeting people in the service, health and safety and fire safety. One staff member told us, "I came in for my induction and did my DVD training. I shadowed two shifts which felt this was enough. Even when I wasn't shadowing, I was on the same unit as other staff I had shadowed with, and I could always ask a question."

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

- People were offered choice with food and drink throughout the day. People were observed to be offered choice over their food and could choose different options.
- People had access to fluids throughout the home and "hydration stations" had been set up for people to access within the service. Hydration stations were tables with drinks on offer that people could access at any time during the day. The registered manager told us the service was looking to have accessible fridges in the lobby area. They told us, "I want to create a café area so that people can sit and have a drink and if people and their relatives want a drink, they can go into the fridge and get one."
- The mealtime experience was relaxed and pleasant.

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

- Staff communicated effectively with each other. One staff member told us one of the methods they used to communicate was a daily handover between staff. One staff member told us, "We have a handover 15 minutes before the start of the day shift. Night staff tell us what has happened over night. If I have been off work, I will ask the day staff if there have been any changes, doctors, hospital and then I go on the system to read any messages that have been left."

Supporting people to live healthier lives, access healthcare services and support

- People's records showed they were supported to maintain good healthcare and were referred to appropriate health professionals as needed.
- People had detailed notes in their health folders which staff and or visiting health care professionals could access information they might wish to know about the person's needs.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us staff knew their preferences and used this knowledge to care for them in the way they liked.
- People had detailed personal profiles recorded giving a life history to staff. Staff and the registered manager were able to tell us about people's life history.
- Staff supported people with compassion and in a way which suited them. Staff knew people very well and choice and encouragement was given where required.
- Staff engaged in meaningful conversation and interaction with people. We observed one person become quite anxious and upset with a member of staff. The staff member spoke to the person calmly, quietly, and supported them to do something else.
- People's spiritual and cultural needs were considered. The registered manager looked at ways they would support people to meet these needs. The service had developed links with the local church for a priest to visit regularly.

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

- Relatives told us they were involved in people's care. Where appropriate, an independent advocate was involved to ensure that the person's best interests were central to any decision making.
- Care plans showed people had given their consent and agreed to the care being provided.
- People and their relatives were asked for their views on the care informally and through residents' meetings.

Respecting and promoting people's privacy, dignity and independence

- We observed staff being kind to people. Observations showed people were involved in what they wanted to do. One person came into a lounge area and started playing the organ for people and staff. Staff kindly encouraged the person and supported them to do so. We could see from the person's demeanour, they were enjoying this.
- Staff told us they understood how to promote people's dignity and independence. One staff member told us, "If I am supporting with personal care, I make sure door, blinds and curtains are shut. I make sure I explain what I am doing and who I am supporting to do things themselves. For (name of person), I will put the soap on flannel and (person) will wash their face and underarms but I know (name of person) needs support putting their socks on." Another staff member told us, "One person I support has partial limb movement but when I give them a bed bath, I give (person) the flannel to do what they can do for themselves and I will help do the other parts "
- The service followed data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs had been assessed before they moved into the service and a detailed care plan had been developed to ensure these needs were met. People and where appropriate, their representatives, were involved in the planning and review of their care, however this was not always recorded.
- People's care plans were detailed and had clear information about their specific needs, personal preferences, routines and how staff should best support them. Care plans had been regularly reviewed. However, they had not always been updated to reflect people's changing needs but this had not impacted on the care provided as staff knew people well.
- Relatives gave us mixed feedback on activities in the service. One relative told us, "I've not seen any evidence of activities going on at weekends." Another relative told us, "I have asked my (name of person) about activities, they said there isn't always time. I've not actually seen anything going on." Another relative told us, "I think they do activities, but my (person) is not interested in things like that." Another said, "Yes, they have the activities rota that people follow."
- People were able to follow a variety of interests in the service. Posters advertised special events and a noticeboard listed daily activities. The registered manager told us, "We have butlers in the buff coming in to the home as one of our residents wanted this and we were approached by their social worker to ask if we could do this." The service actively tried to be part of the local community. The registered manager told us, "We will always try and engage with different community groups to come into the home. We do fetes throughout the year and we invite the community in but it can be difficult getting people to attend."
- People's communication needs were identified, recorded and highlighted in care plans. Staff were aware of these and had skills and resources to support people in these ways. One person communicated through Makaton. The service had developed communication boards and used these to communicate. The registered manager told us these boards were also used to communicate with people with dementia. They told us, "We used the board to help communicate not just with (name of person) but also other people. We did one board for them and some around the home. We do a makaton word of the week and are mindful of this word. We have worked with a couple of other people to teach them to use makaton to help communicate where they have communication issues."
- The registered manager was aware of the Accessible Information Standards. Information was not available in other formats to aid people's understanding where required.

We recommend the registered manager further develops their knowledge of the Accessible Information Standards.

Improving care quality in response to complaints or concerns

- At the time of inspection, no complaints had been received since the last inspection. A complaints system was in place and displayed in the service for people and relatives to follow.

- People told us they had no concerns, knew how to make a complaint and felt concerns would be addressed and resolved.

#### End of life care and support

- At the time of inspection, no-one was receiving end of life care. The management team knew how to access support from other healthcare professionals. The service had good relationships with the local GP and district nurse team. The registered manager told us, "We work with our local GP, they support us with people who are end of life and get the right paperwork and medication in place."
- Staff told us they had received end of life training. One staff member told us, "Yes I have had training. I had never done care before my first or second shift someone passed. It hit me hard but I understand a bit more what end of life care is and the training helped me as well."
- Documents to record the arrangements, choice and wishes people may have for their end of life care were in place to ensure peoples final wishes were met.

# 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

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

- The registered manager was not aware of the legal requirement to notify the Commission of any authorised DoLs, safeguards or significant injuries to people using the service. Notifications had not been sent to us in relation to this. We raised this with the registered manager and asked for these to be submitted after the inspection.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (part 4).

- Quality assurance processes were not effective. The lack of robust quality assurance meant people were at risk of receiving poor care. Concerns raised during the inspection had not been picked up by the provider's systems.
- The registered manager had oversight of what was happening on a day to day basis. However, they lacked an oversight of the service in terms of regulation.

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

- The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- There was a positive management structure in place which was open and transparent and available to staff when needed. One staff member told us, "The manager is fair and approachable. She will listen and is brutally honest with you. We don't always agree on everything but I know I can talk to her when we don't agree and we come to a compromise for what is best for people living here." Another staff member told us, "The manager treats everyone equally and has no favourites."

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

- The registered manager and the staff team knew people and their families well which enabled positive relationships and good outcomes for people using the service.
- Relatives had completed a survey of their views on the service. Feedback was collated and an overview produced by the registered manager but was not shared with relatives. Surveys were not in place for people living in the service but regular meetings took place where people were able to provide feedback.

- Staff told us they received supervision of their performance and attended regular team meetings. They said they could feedback their views and suggestions for improvement which were considered and acted upon by the management team. One staff member told us, "The registered manager and I had an idea for a sensory garden within the home. So, we worked together to do this and sort the garden. If I have an idea, the manager is good at listening and saying whether its do able or not but she will always listen." Another staff member told us, "I have not had to suggest anything as everything is in place I feel I need and people need. However, I know if I needed to, I would happily do it and the manager would listen to me."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their relatives were positive about the service. Comments included, "I am happy living here. I can go and smoke whenever I want."
- The provider visited regularly and provided support for the registered manager. The registered manager told us, "My owners are very supportive and embrace change. They are fantastic because they have care homes because they care! The ethos is whatever people want, they will get. I have budgets but I can waiver from this and get anything I need. They say I know what works, so just get it as you know what works. They are approachable and talk to all of the staff."

Continuous learning and improving care

- There was a strong focus on continuous improvement with the service. The registered manager told us how the service was looking to continually improve.

Working in partnership with others

- The service was connected to the local authority's provider forums. The registered manager had attended a local managers forum to share best practice. They had also supported the activities coordinator to attend a similar forum to work in partnership with others.
- The service was connected to the local authority's training programmes. The registered manager told us, "We are actively involved with the local authorities Prosper and Quality Improvement Team. We embrace change and their new ideas. I encourage my staff to come on new training the local authority is putting on so they learn and can embrace this too." Prosper is an initiative aimed at improving safety and reducing the risk of harm to vulnerable people. The registered manager told us they were supported by the provider to engage in such activities. They told us, "My owners are very supportive and embrace change. They are supportive of me getting involved in projects."
- The service was part of the 'Red bag scheme.' This is a collaboration between care homes and the NHS to share vital information about people's health and to improve the transition process between services. Staff understood the scheme and their responsibilities for it.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider had not notified CQC of all incidents that affect the health, safety and welfare of people who use services. Regulation 18: (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not safely managed in the service. Regulation 12: (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The systems in place to assess monitor and improve the quality and safety of the service did not work effectively. Regulation 17: (2) (a)