Meadowview Care Limited

The Tidings

Inspection report

9 Brewery Drive
Halstead
Essex
CO9 1BS

Tel: 01787479244

Date of inspection visit:
17 February 2020

Date of publication:
04 March 2020

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

The Tidings is a residential care home that provides care and support for up to two people who have a learning disability. At the time of our inspection there were two people living in the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
The provider did not have effective measures in place to ensure the environment people lived in was safe. We found risks to people where they had access to unguarded hot surfaces such as scalding hot radiators. Risks to people with epilepsy who had access to unguarded hot surfaces had not been identified with action taken to reduce the risk of harm.

Not all areas of the service were clean and well maintained. Sufficient measures were not in place to prevent and control infections. We have made a recommendation regarding infection control practices.

Staff were trained, and competency assessed to administer people's medicines safely. We were unable to audit stocks of as and when required medicines (PRN) against records. This shortfall had not been identified in any of the management audits in place. We have made a recommendation regarding the need to improve the current system in place for management auditing of medicines to ensure timely monitoring of medicines errors.

Management systems in place to monitor the safety of people who used the service were not robust and did not identify the shortfalls we found at this inspection.

Staff understood how to recognise and report any concerns they had about people's safety and well-being. There was enough staff to meet people's needs at the time of our inspection.

Staff were provided with a variety of training relevant to their roles. Staff told us they were supported by the management team with their training and development needs.

Personalised care plans had been developed, which provided the staff team with guidance about the needs of people and how these needs were to be met.
Staff monitored people's weight for signs of changes and where necessary referred people for specialist advice and support.

People's records provided information reflective of their personal histories and backgrounds. This included information about people's diverse, religious and cultural needs.

People's capacity in relation to day to day decisions had been assessed. People were supported to have 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 support this practice.

The service worked with other organisations and people were supported to access a range of healthcare services. People had access to specialist advice and support to meet their health care needs.

Staff knew people well. People's communication needs were understood by staff. People were able to be involved in decisions about their day to day care. Activities were specific to people's interests.

We recommended further work be carried out to ascertain people's needs and wishes in the event of sudden death or the need for palliative care support.

The registered manager had a system for recording and managing complaints but had not received any since the last inspection.

The service consistently applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection
The last rating for this service was Good (published 30 August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to how people's safety was managed and how the quality of the service was assessed. There were shortfalls in how the registered manager and the provider assessed and monitored the service. Risks to people's safety had not been identified and action taken to reduce the risk of harm.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

The Tidings

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
The inspection was carried out by one Inspector.

Service and service type
The Tidings is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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.

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

During the inspection
Due to their complex needs, we were unable to speak with people using the service about their views and experiences. We therefore spent time observing the care and support they received.

We spoke with the registered manager and three support workers.

We looked at a range of records which included two people's care records, three staff recruitment files, training records and records in relation to the quality and safety management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We reviewed further evidence the provider sent us, along with actions they had addressed immediately following our concerns.

Requires Improvement

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 Good. At this inspection this key question has deteriorated to 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• Risks to people's safety associated with improper operation of the premises had not always been identified and action taken to reduce these risks.
• We found people were at risk of burns and scalds from exposed, unguarded scalding hot radiators throughout every room in the service. The risks to people living at the service who had a diagnosis of epilepsy and falls, who had access to hot surfaces had not been identified.
• Risk assessments detailed people's individual risks such as, mobility, accessing the community and social activities. However, risk assessments in relation to people's access to unguarded radiators had been assessed as low risk and had not considered the risks to people who experienced seizures due to epilepsy and falls.
• The registered manager told us they did not have knowledge of the Health and Safety Executive guidance for care home providers in action they should take to protect people from the risks of burns and scalds associated with access to hot water and surfaces.
• The risks to people associated with scalding from unguarded radiators had recently been identified during a CQC inspection at another of the provider's services. Learning from this identified risk had not been transferred with action taken to protect people living in other services run by the provider. Whilst the registered manager told us risks from unguarded radiators identified by inspectors had been discussed in management meetings, action had not been taken to date to reduce the risk of harm. Management audits we reviewed had not identified these shortfalls.
• A member of staff recently employed in the last three months appeared confused as to the system in place for reporting accidents and incidents. They said this guidance had not been included in their induction training. We discussed this with the registered manager who said they would rectify this immediately.

We found no evidence that people had been harmed however, risks were not effectively assessed and monitored which placed people at potential risk of harm. The failure to assess the risks to people using the service and ensure guidance was available for staff with steps to reduce such risks demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely
• Processes were in place for the safe keeping and timely ordering and supply of medicines. Staff completed training to administer medicines and their competency was checked regularly.
• We carried out a check of stock against medicines administration records. We were unable to audit some stocks of medicines against records. Records of carry forward stocks of as and when required medicines, (PRN) had not been maintained where medicine stocks were carried forward from one cycle to the next. This

meant the provider could not be assured people had received medicines as prescribed. This shortfall had not been identified in any management audits.

We recommend further work is carried out to improve the current system in place for management auditing of medicines to ensure effective, timely monitoring of medicines errors.

Preventing and controlling infection
• Not all areas of the service were clean.
• There were cleaning schedules in place and staff had signed to say they had carried out cleaning tasks on a weekly basis. However, we found areas of the service were not clean. This included areas such as kitchen cupboards and drawers where people's food, crockery and cutlery were stored. We found the bathroom and downstairs toilet flooring was in need of replacement as there were gaps in the laminate and tiles which meant cleaning of these areas was difficult due to the lack of sealed surface. This meant people were at risk of cross infection.
• Staff had been provided with infection control training.

We recommend the provider considers current best practice in relation to infection prevention and control and takes action to update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse
• There were systems in place to ensure people were safeguarded from abuse.
• Staff were trained and both they and the registered manager demonstrated their understanding of how to raise safeguarding concerns appropriately.

Staffing and recruitment
• There were enough staff available to meet people's needs during our inspection.
• Staffing levels were based on individual needs. Staff were deployed to ensure personalised, one to one care support was provided when needed.
• Registered services are required to undertake checks to protect people from the employment of unsuitable staff.
• There were safe systems in place and followed when recruiting new staff. This included obtaining references including from the last employer and undertaking criminal checks with the Disclosure and Barring Service (DBS).

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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
- There had been no new admissions since the previous inspection. The service had an assessment process in place to identify people's needs before they started using the service. This helped to ensure people's needs and expectations could be met.
- People were supported to go on personalised holidays and take part in community activities of their choice.
- Staff worked in accordance with care plans to make sure people received care and assistance which met their individual needs.

Staff support: induction, training, skills and experience
- Staff told us they felt very supported by the registered manager . One member of staff said, "The manager is very friendly but they are also firm when they need to be. I know I can go to the manager with any concerns and they listen."
- Staff told us they received regular supervision and staff meetings where they could contribute ideas and discuss their training needs.
- Staff were provided with a variety of training relevant to their roles.

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs
- People were supported to maintain a healthy diet.
- Staff monitored people's weight for signs of changes and where necessary referred people for specialist advice and support.
- Meals were planned involving people who used the service.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
- People's healthcare needs were considered and supported by staff.
- Staff worked closely with other health professionals such as GPs, learning disability specialists as well as mental health professionals.
- People were supported to access annual health checks and flu vaccinations if they wished.
- Oral health care needs had been assessed and care plans provided some information to guide staff in how to support each person. However, further work was needed to ensure planning to enable people access to regular dental and hygienist checks.

● Each person had a health action plan. This ensured planning to meet people's health care needs and ensure regular monitoring where needed.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● The registered manager had a detailed understanding of the MCA and understood their responsibility in terms of how this legislation was applied.
● Care plans contained clear information regarding people's capacity to make decisions about their care.
● Staff had received training in understanding their roles and responsibilities in relation to the MCA.
● Where people's freedom of movement was restricted to protect them from the risk of harm, legal authorisation had been obtained.
Adapting service, design, decoration to meet people's needs
● People's rooms were decorated and furnished according to their preferences.
● Work was needed to ensure people lived in a safe, clean, well maintained environment as referred to in the safe section of this report.
● There was accessible outside space for those who enjoyed sitting in the garden and a secure courtyard. We noted areas of the garden which had not been maintained. The registered manager told us work was scheduled to improve this area in the spring of this year.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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
• People were treated with genuine care and we observed positive interactions between staff and people.
• Staff were highly motivated and passionate about the care they provided. They knew people well. Keyworkers described how they supported people to live fulfilled lives where their choice in how they wished to spend their time was respected.
• Staff interacted with people in a friendly, relaxed and sensitive manner. Our observations of care, review of records and discussion with the registered manager and staff demonstrated people were treated with kindness and respect.

Supporting people to express their views and be involved in making decisions about their care
• People were supported to express their views and choices as to their daily routines and decisions about their care and support.
• People were involved where possible, in decisions regarding their care and support. When this was not possible, relatives and advocacy support was sought and provided.
• Regular meetings took place between people and their keyworkers where they were supported to express their views and assess their wellbeing.

Respecting and promoting people's privacy, dignity and independence
• Staff knew people well including their preferences for care and their personal histories.
• Staff were respectful when they spoke about people and were sensitive in their communication when supporting with their care support.
• People were supported as individuals to enhance their quality of life, this included respecting their age.
• Care plans provided information as to people's choices and described how they wanted staff to care for them and encourage their wellbeing and independence.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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

- There had been no new admissions since the last inspection.
- Before people came to live at the service a full assessment was completed to ensure their needs could be met.
- Care plans were person centred and included information on people's background, interests, likes and dislikes and preferences on how they wished to receive their care and support.
- Care plans were regularly reviewed to ensure staff had the most up to date and relevant information to support them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed. Where needed, staff accessed specialist support and advice from occupational therapists and learning disability specialists for advice and support to enable people to express their needs and wishes.
- People using the service had limited verbal communication skills and some had complex health care needs. Staff described how they recognised certain body language to interpret people's likes, dislikes and when assessing if someone was in pain.

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

- Staff were aware of what activities people enjoyed taking part in. People accessed the community on a regular basis with shopping trips, swimming, bowling and meals out.
- People were supported by staff to go on holidays.
- Care plans documented how people were supported to maintain contact with family and friends. This included access and support to visit relatives.
- People's cultural and religious needs had been assessed. Care plans described planning and steps staff should take to meet these needs.

Improving care quality in response to complaints or concerns

- There was a system in place to respond to complaints. There had been no complaints since the last inspection.

● People and their representatives were provided with opportunities to attend regular reviews of their care. This system enabled people's care to be reviewed and any concerns to be discussed.
● Satisfaction surveys were carried out with people who used the service and their relatives.

End of life care and support
● At the time of the inspection, there was no one receiving end of life care.
● People using the service were older adults. There was limited information to evidence people's preferences and choices had been explored in relation to their end of life and ensure their cultural and spiritual needs would be met.

We recommend further work be carried out to ascertain people's needs and wishes in the event of sudden death or the need for palliative care support.

Requires Improvement

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 Good. At this inspection this key question has deteriorated to 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.

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

● Risks to people's safety were not consistently managed, and lessons were not always learned when things had gone wrong.

● The registered manager and provider conducted audits to assess the quality and safety of the service. However, these were not robust enough to ensure areas of improvement referred to in the safe section of this report had been identified and action taken to address these shortfalls.

● Improvements to the environment were needed to ensure people were protected from the risks of burns, scalding and cross infection.

● Where risks to people's safety had been identified in the provider's other services, action had not been taken to transfer learning to The Tidings and protect people from the risk of harm. The registered manager agreed auditing processes needed to be more robust.

The failure to ensure systems were in place to identify and act on identified shortfalls to the quality and safety of the care provided demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

• There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service

• Staff spoke with pride about working at The Tidings. Staff were motivated and passionate about providing quality care.

• One member of staff said, "I wasn't sure I would take to this type of work but I love it. I love making a difference and seeing what I do benefits the life of the people who live here." Another said, "We are a good team. I like working here we are like family. The manager is supportive and caring. They always say to us, 'it's about the people who live here' and keeps us in line and focussed on what is important."

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

• People, their representatives and staff were encouraged to contribute their views on an ongoing basis.

Where people made suggestions to improve the quality of care in keyworker meetings, surveys and care reviews.
• The provider and service manager visited regularly to carry out quality and safety monitoring which involved talking to people who used the service to gain their feedback.
• Staff told us they were fully informed of changes and, encouraged to share ideas to improve team working and people's experience of the care and support provided.
• There was a system to ensure feedback from staff was received.
• People had regular access to the local community.

Working in partnership with others; Continuous learning and improving care
• The registered manager worked in partnership with health and social care professionals to ensure the needs of people were being met.
• The registered manager worked with other organisations and professionals to ensure people's care and support was provided in line with best practice. They told us this included gaining further knowledge and sharing reflective practice with other service providers in homes managers forums.

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 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that care and treatment was provided in a safe way. They had not assessed all risks to people's safety or taken appropriate actions to mitigate these risks. Regulation 12 (1) and (2) (a) (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good Governance Systems were not always effective at identifying shortfalls to the quality of the care provided. Regulation 17 (1) and (2) (a) (b) (c)