

J & K Partnership LLP

# Meadow House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Meadow House is a residential care home and was providing personal care to eight people with mental health needs at the time of the inspection.

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

Risks associated with people's care and support had either not been assessed or had not been reviewed to help ensure people were sufficiently supported to keep themselves and others safe. This included risks associated with fire, infection control, and the environment. People did not experience care in the least restrictive way possible. Records did not show people had been involved in best interest decisions to enable them to have maximum choice and control of their lives.

Ineffective provider and management level oversight of the service had impacted on the quality of care people received. The provider's systems to monitor the quality and safety of the service were not effective and their policies and procedures were not always followed. The management team had not identified the concerns that could arise through poor infection control and the lack of clear records.

People told us they felt safe and were positive about the staff. We saw people were comfortable around staff demonstrating they felt safe. Arrangements were in place for the safe recruitment of staff but not all pre-employment checks had been fully completed. Staff knew people well and knew how to support their needs. They shared mixed views about management of the home due to experiencing frequent changes in management.

We identified there were ongoing actions needed to fully comply with the conditions placed on the provider's registration. There continued to be two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment and good governance.

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 and update

The last rating for this service was Requires Improvement published (11 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made, and the provider was still in breach of regulations.

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

### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 18 March 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. This was in regard to actions to comply with Safe Care and Treatment, Good Governance and the requirement to display performance assessments (their rating).

We undertook this focused inspection to follow up on the conditions we imposed on the provider's registration, as well as, to check they had followed their action plan to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well Led which contain those requirements.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meadow House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

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 monitor the service.

We have identified breaches in regard to the management of risks associated with people's care and management oversight of the service. The provider had not ensured effective systems and processes were in place to monitor the quality and safety of the service and drive improvement.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 well-led?**

The service was not well led.

Details are in our well led findings below.

**Inadequate** ●

# Meadow House

## 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.

This was a focused inspection to check whether the provider had met the condition we imposed on their registration in May 2019 in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We needed to check risks associated with people's care and the premises, particularly those related to fire safety, were being assessed, safely managed and reviewed. We also needed to check provider and management oversight of these.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by four inspectors. Two inspectors visited the home. One inspector gathered and reviewed information from the manager via email and one inspector spoke with staff over the telephone to gather feedback on their experience of working at the service.

#### Service and service type

Meadow House 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 did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous manager deregistered on 15 June 2020. The provider had recruited a manager who

had been in post for nine days at the time of our inspection visit.

#### Notice of inspection

We gave the service 30 minutes notice of our inspection visit because the service was inspected during the coronavirus pandemic and we wanted to be sure we were informed of and followed the provider's coronavirus risk assessment for visiting professionals before we entered the building.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection, including concerns about the way the service was managed. We sought feedback from the local authority who worked with the service. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection

We spoke with three people who lived at the home and observed others to see what their experience of the care provided was like. One person had gone out. We spoke with the provider, the manager, the deputy manager, six care staff and the maintenance person.

We reviewed records about people's care and how the service was managed. This included two people's care plan records and numerous medicine records. We checked two staff personnel files to ensure staff had been recruited safely. We also looked at a range of records relating to the management of the service including policies and procedures, quality and safety audits and checks and staffing rotas.

#### After the inspection

The day after our inspection we sought immediate assurance about the action taken to mitigate the risks we identified during our inspection. We spoke with additional staff and sought clarification regarding information received.

# Is the service safe?

## Our findings

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

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

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Arrangements to manage risks associated with fire safety were not sufficient. Although the provider had replaced fire doors throughout the home since our last inspection, there were risks associated with fire safety that still required attention.
- People smoked cigarettes in their rooms despite there being a no smoking policy within the home. There were no records of when the smoke alarms had sounded to demonstrate suitable checks and actions had been taken in response to them, to keep people safe.
- There was no fire procedure on display to tell people and visitors what they should do in the event of a fire and no contingency plan stating where people could go if they were unable to re-enter the home.
- Each person had a personal emergency evacuation plan (PEEP) but these had not been reviewed since March 2019 to ensure they contained accurate information on how people would need to be supported in the event of a home emergency evacuation. We were told nobody needed to use specialist equipment to evacuate the premises at the time of our inspection.
- Risks associated with people's care were not sufficiently assessed and managed. Some people chose to make unwise decisions such as consuming harmful substances which sometimes resulted in them becoming unwell. Risk assessments were not sufficiently detailed to show the actions that could be taken by staff to reduce these risks to keep people safe.
- Risks associated with the environment had not been identified and assessed. For example, there were hot radiators around the home and a portable heater. Risks of potential burns to people had not been assessed to demonstrate they had been considered and mitigated.
- Arrangements for the prevention and control of infection were not sufficient. Some people had not been supported to have access to hand soap, sanitising gel, and hand drying facilities in their rooms or communal bathrooms. There were no dedicated areas for staff to put on and remove personal protective equipment. This included gloves, masks and aprons, to minimise the risk of spread of infection. There were no bins in people's rooms to enable them to dispose of items safely.
- There were areas of the home that were not clean and were in need of redecoration. There were stained

floors and surfaces around the home which increased the risk of spreading infection. Cleaning schedules were not consistently followed and did not demonstrate enhanced cleaning of the environment took place.

- Staff were not fully aware of the government guidelines regarding the management of risks associated with COVID-19. For example, temperature testing of people twice a day to check for COVID-19 symptoms was being completed once a day. There were no risk management plans in place to follow Government guidance on self-isolation should a person test positive for COVID-19.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider responded to our immediate concerns after the inspection visit. They confirmed actions taken to devise and implement risk assessments related to smoking, substance misuse, and actions to address hot surfaces within the home. They made arrangements to appoint new staff to help enable enhanced cleaning of the home to take place as well as to support improvements needed.
- People told us they would leave the home if the fire alarm went off. One person told us, "I would go outside and stand at the front, the alarm went off the other day and we all went outside." They told us this did not concern or frighten them and were confident they knew what to do.
- Staff and people were completing COVID-19 testing to check for any positive results. Staff wore PPE and knew to self-isolate in the event they had symptoms or a positive COVID-19 test. At the time of our inspection, there were no visitors permitted into the home.
- Action had been taken to monitor water temperatures to comply with the risk assessment for Legionella Disease to mitigate any risks.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of different types of abuse and knew to report any concerns to the manager. One staff member told us, "I would tell the manager straight away. If the manager was not available, I would go to the next most senior person." However, staff had not recognised that restrictive practices within the home could constitute abuse if not effectively managed.
- People told us they felt safe living at the home. One person told us they had, "No issues" with the service and stated they had lived there for some time. We noted people were subject to restrictions in relation to their care which staff described was in their best interests. However, it was not evident these restrictions had been discussed with each person as part of any best interest meeting to ensure they understood and agreed to these actions. This included management of people's cigarettes and some food items.

Staffing and recruitment

- Staff said there were enough of them to support people's needs. We saw sufficient numbers of staff to support people were available on the day of our inspection.
- Recruitment records showed checks of staff, such as police checks (for any convictions), were completed prior to them working at the home. However, there were gaps in staff employment histories which had not been explored to ensure these were not due to employment related or other concerns. This was an issue identified at the previous inspection which meant the provider could not demonstrate any potential risks were identified, assessed and minimised.

Using medicines safely

- People received their medicines as required. People's prescribed medicines were recorded on Medicine Administration Records (MAR's). Records did not always show the amount of medicines received to enable checks to be made that medicines have been administered as prescribed. We were told this would be



addressed.

- Protocols were in place for those medicines prescribed 'as required' to ensure these were managed safely and people did not receive too much medicine.

Learning lessons when things go wrong

- Actions taken following the last inspection had resulted in some improvements to fire safety which showed some lessons had been learnt.

We could not improve the rating for Safe from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider had failed to ensure there were effective systems and processes in place to monitor and improve the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider's oversight of the service was not sufficient to drive improvement and ensure compliance with the regulations. Systems and processes for governance and quality assurance failed to adequately assess, monitor and improve the quality of care being provided or mitigate the risk of harm to people living at the service.
- The provider's audit checks failed to identify areas of risk. For example, records such as recruitment records did not always demonstrate potential risks were mitigated. Audits failed to identify unsafe food storage or environmental risks.
- The provider failed to maintain accurate and up-to-date records. Care records were not always dated or clear which posed the risk of inconsistent or unsafe support.
- The provider's policies and procedures were either not up-to-date or were not consistently followed by staff. This included procedures in relation to complaints, fire, infection control, and health and safety procedures. A fire safety policy and procedure stated Meadow House must display fire evacuation notices. The provider's audit checks had failed to recognise these were not in place. Records of fire drills did not detail night staff attendance in accordance with the fire policy.
- During the inspection we requested to view the quality assurance questionnaire, analysis and action plan completed by the provider. This was not made available to confirm people's views of the service had been sought.

The provider failed to ensure effective systems and processes were in place to demonstrate people's safety was effectively managed. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- At the last inspection the provider was in breach of Regulation 20 A (Requirement as to display performance assessments). At this inspection the location's CQC rating was displayed in the home and on the provider's website which meant they were no longer in breach of this regulation.

- Staff told us they had group staff meetings and also had individual supervision meetings with their manager where they discussed issues relating to the management of the home.
- The provider's fire risk assessment had not been followed regarding the provision of two trained fire marshals. This training had not taken place at the time of our inspection, this has since been organised.
- The provider responded to our immediate concerns after the inspection visit. They confirmed actions taken to devise and implement risk assessments that impacted on people's health and safety. We will check the effectiveness of these in our future inspection activity with the service.

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

- Care records were not always dated or clear to identify people's current needs and to support staff in meeting their needs. However, due to their being a small staff team, they knew about people's needs and preferences.
- The provider told us about new policies and procedures and an electronic care planning system they were planning to implement imminently. Staff told us information they needed to know about the home was shared with them using a communication App on their phones.
- Staff gave mixed views about the management team being supportive and approachable due to frequent changes in management. The manager told us of plans to work with staff to ensure they shared information about people and ways they could improve the quality and safety of service provided.

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; Working in partnership with others

- The provider understood the need to be open and honest when things went wrong. Though when issues had been identified to them, this had not always resulted in sufficient action being taken to make the required improvements.
- The provider worked with healthcare professionals and organisations involved in people's care so they could support people's mental health and physical needs as required.

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

- People were involved in some decisions about their care such as how they spent their day. Some people independently went out of the home on a regular basis. Those that chose to stay at the home were smiling and relaxed in the company of staff.
- Staff told us how they supported people's independence. One staff member told us, "Some will be in their room doing their own thing. Most like having their own space. Staff will do activities with them like drawing and jigsaws, especially around holiday times." Another told us, "The staff and residents get along and we all work as a family, and as a team, and make sure we meet the people's needs."
- We saw some people were in their rooms and in communal areas. People had meals at different times of the day demonstrating choices were considered.

We could not improve the rating for Well Led from the previous rating of Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not adequately assess and manage risks associated with people's health and safety. This included risks associated with infection control.  Regulation 12 (1) (2) (a) (b) (d)(h)

### The enforcement action we took:

Continue Imposed condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not effective in assessing, monitoring and improving the quality and safety of the service.  Regulation 17 (1) (a) (b) (c)

### The enforcement action we took:

Continue Imposed condition