Archangel Healthcare Ltd

Tendring Meadows

Inspection report

The Heath
Tendring
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14 December 2022

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Tendring Meadows is a residential care home providing accommodation and personal care to up to 53 people. The service provides support to people with physical disabilities, sensory impairments, mental health conditions and to people living with dementia. It is also registered to provide specialist support for people with a learning disability and autistic people. At the time of our inspection there were 20 people using the service.

The care home accommodates people in one adapted building, with 4 separate wings across 2 floors. At the time of inspection, part of the ground floor was closed for renovation works.

People's experience of using this service and what we found
We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support: The model of care and setting did not always maximise people's choice, control and independence. Although renovation work had taken place, the premises was still in poor repair, and institutional rather than person-centred. There was limited evidence to show how the environment had been designed to meet people's sensory needs and preferences. The provider told us they would ensure people's choices were sought and acted on going forward, in collaboration with other stakeholders such as the local authority.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Right Care: Despite the continued failings identified, staff were kind and caring, and treated people with respect and dignity. Staff received training in how to meet people's specific health and care needs. We have made a recommendation about ensuring staff competency is regularly assessed. There had been some improvements in care plans and risk assessments to guide staff. Staffing levels and deployment had been considered and positive action taken. However, ineffective systems and processes established under the provider had prevented staff from consistently providing the right care.

Right Culture: The ethos, values, attitudes and behaviours of leaders did not ensure people could lead confident, inclusive and empowered lives. Whilst there had been some improvements since the last

inspection, the provider had failed to remedy many areas of the service which could impact on people's safety and quality of life and had a poor understanding of their legal and regulatory responsibilities. The management team based locally within the service had worked to improve morale and the culture of the service, and engage with people, staff and relatives. Systems and processes required embedding and refining to show they were effective and sustained.

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

Rating at last inspection and update
The last rating for this service was inadequate (published 30 March 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Following serious concerns about the management of choking identified at the last inspection, we imposed urgent conditions on the provider's registration. These conditions require the provider to report to the CQC every month on how they are keeping people safe from the risk of choking. Following this inspection, these conditions remain in place due to our continued concerns about safety.

At this inspection we found the provider remained in breach of some regulations but had made improvements in others.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 COVID-19 and other infection outbreaks effectively.

The inspection was also prompted in part by an incident following which a person using the service died in 2021. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of choking and identifying and mitigating risks from accidents and incidents more widely. This inspection examined those risks.

Since the last inspection the provider has made improvements to choking risk management, such as improved care plans and risk assessments as well as training and guidance for staff. However, we identified continued concerns about identifying and escalating themes and trends in incidents and accidents more widely. The provider had also not always met the conditions on their registration with the CQC. This meant people remained at the potential risk of harm.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and recommendations
We have identified continued breaches in relation to person-centred care, safe care and treatment, safeguarding people from abuse and improper treatment, maintenance of the premises and good

governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate

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 not always caring.

Details are in our caring findings below.

Requires Improvement

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate

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 (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.

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 team consisted of 3 inspectors, including 1 specialist medicines inspector. An Expert by Experience carried out telephone calls to seek feedback from people and their relatives or advocates on the care provided. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Tendring Meadows is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Tendring Meadows is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. There has been no registered manager at Tendring Meadows since July 2021.

The manager in post at the time of our last inspection had resigned. In total, there had been 4 different managers and 5 different deputy managers since the last inspection. An interim manager was in post to support the service.

During our inspection the deputy manager was promoted to home manager and told us they would submit an application to register. We will assess this application in accordance with our usual processes.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 8 December 2022 and ended on 21 December 2022. We visited the location's service on 8 December 2022, 13 December 2022 and 14 December 2022.

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 (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 3 people on site and 10 people's friends, relatives or advocates over the telephone to gain their views about the service. We observed care and support provided to people in communal areas. We spoke with 16 members of staff including care workers, senior care workers, the administrator, the chef, a laundry assistant, a domestic cleaner, the maintenance person, the new deputy manager, the new manager, the outgoing manager and the interim manager. We also met with the company director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We contacted 6 professionals who work with the service for their feedback. We reviewed a range of documents, including care plans, risk assessments, medicines records, audits, policies and procedures.

We requested for an action plan to be submitted on medicines safety following our feedback. We asked the service to raise a retrospective safeguard alert for 1 person following a review of accidents and incidents records. We asked the provider to submit the most recent monthly report on choking risk management as this had not been sent on time as required under the conditions on their registration.

Inadequate

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

At our last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. 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.

Using medicines safely

- Medicines management was unsafe, placing people at risk of harm. Systems, processes and oversight measures failed to identify risks. For example, gaps in medicine administration records (MAR) had not been reported as an incident, investigated or picked up on audit.
- Records were not always clear to keep people safe from harm. For example, a person was receiving penicillin where their records stated they were allergic to this medicine. Another person required a steroid cream to be applied, but body maps were not consistently completed to reflect these had been administered. This meant the provider could not show medicines were always given safely as required.
- Protocols to help staff know when to give 'as required' medicines were not always in place or contained incorrect information about the dosage to be given, including for sedative medicines. This meant we could not be assured people's behaviour was not controlled by excessive and inappropriate use of medicines.
- People were not receiving their medicines as prescribed. For example, a person had a drug stopped during their recent hospital stay, but this was still being administered, another medicine was being given at the incorrect dose and a third medicine prescribed on discharge from hospital had been omitted. This placed people at a serious risk of harm.
- Medicines were not ordered and stored safely, including controlled drugs. Medicines with expiry dates, such as eye drops were not dated on opening. People did not have the equipment they needed to use their inhalers as prescribed.

Preventing and controlling infection

- The service did not use effective infection, prevention and control measures to keep people safe. Whilst there had been improvements to the cleanliness of some areas of the service, others were still unhygienic. This placed people at the risk of infections.
- A shared bathtub had a piece of string being used as a plug chain. This was heavily soiled which could harbour bacteria. Shower chairs, including in people's en-suites had not been cleaned underneath and were visually contaminated.
- Personal protective equipment (PPE) was not always disposed of safely. Used PPE gloves and a plunger had been left in a lounge which was in use by people that day.

● Although staff had received training and supervisions in infection prevention and control, staff practice still needed to improve. Audits showed staff handwashing technique was not always effective, but no action had been taken to remedy this.

Assessing risk, safety monitoring and management
● At the last inspection the risk of choking was not well understood or managed, placing people at risk of potential harm. More thorough choking risk assessments had been developed, as well as information and guidance for staff on supporting people to eat safely. One staff member said, "We had training and we have information about what food level people have. What the symptoms are if they are choking, what we need to do."
● Additional work was needed to ensure safety concerns were identified and action taken to mitigate any risks. For example, we identified a person who did not have access to safe equipment to meet their basic care needs.
● A continued lack of effective systems for identifying, escalating and analysing themes and trends in accidents and incidents meant people were not consistently kept safe.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following the inspection, the provider submitted an action plan showing the immediate steps they had taken about medicines concerns.
● In response to our concerns about access to safe equipment the interim manager made an urgent referral to the occupational therapist.

Visiting in care homes
● People were supported to receive visits and telephone calls from friends and relatives in line with government guidance in practice. However, some COVID-19 visiting care plans contained out of date information which could cause confusion.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection systems and processes had not been established or operated effectively to protect people using the service from the risk of abuse or neglect. This placed people at risk of harm. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper 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 13.

● Systems and processes to keep people safe were not effective. Incidents and accidents were not always recorded or raised with the local authority safeguarding team for investigation or notified to the CQC as required by law.
● Although training was provided, staff did not always recognise and report potential abuse. One person had repeatedly sustained injuries causing unexplained bruising, but this had not been escalated to all the relevant external bodies. This person sustained a skin tear which was not reported to the manager and only identified once it had begun to heal.
● The management team had begun a new clinical review process, including lessons learned from incidents

and safeguards, however there was still no consistent and meaningful analysis or oversight of safeguarding themes and trends, to reduce the risk of reoccurrence, despite being raised at previous inspections.

Systems and processes had not been established or operated effectively to protect people using the service from the risk of abuse or neglect. This placed people at risk of harm. This was a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of suitably qualified, competent and skilled staff were deployed to ensure safe, good quality care. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

● The service had improved staffing levels since the last inspection, by recruiting additional staff from overseas using a sponsorship licence.
● Due to refurbishment work, most people were living on 1 floor of the building. This meant staff were better deployed to respond to people's care needs.
● We received feedback staffing had improved. One person's relative told us, "Initially it didn't seem there was enough staff, I'm quite happy there is now."
● Recruitment checks were completed, including references, employment history and with the Disclosure and Barring Service (DBS). 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.

Requires Improvement

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection the provider had failed to maintain the standard of premises and equipment to ensure safety, cleanliness and suitability for use by people using the service. This was a breach of Regulation 15 (Premises and equipment) 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 15.

Adapting service, design, decoration to meet people's needs
● At the last inspection, we identified serious concerns about the environment, which was unkempt and unsafe and required extensive renovation work. Some improvements had been made. One person's relative said, "Everybody has been moved upstairs due to the downstairs refurbishment, [my person] is in a quieter room. After Christmas they are moving everybody back down." However, the provider told us the redecoration was still a work in progress.
● Not all of the building and maintenance work had been carried out to a good standard. Some furniture had been screwed to newly painted walls, despite being old, marked and damaged, using exposed metal brackets which could cause injury.
● The fence in the shared back garden was not secure enough to keep people safe, including people living with dementia who might not be able to assess risks, as this led onto a busy country road. Other external repairs were needed to rotten and ill-fitting windows, decayed cladding and blocked guttering.
● The provider told us they had sought advice from a dementia consultant about making the environment suitable for people's needs. However, we saw no evidence this had been included in refurbishment plans, or how people had been involved in decisions relating to the interior decoration and design of their home.

The provider had failed to maintain the standard of premises and equipment to ensure safety, cleanliness and suitability for use by people using the service. This was a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The service completed an audit following our concerns about the area being renovated.
● The provider told us they were committed to making improvements to the environment, including ensuring rooms were personalised when ready for people to move in to, in collaboration with people, their relatives and the local authority.

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

support: induction, training, skills and experience

At our last inspection sufficient numbers of suitably qualified, competent and skilled staff were not deployed to ensure safe, good quality care. This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

● Staff completed an assessment of each person's care and support needs, which was used to develop care plans and risk assessments. Every person's record contained a clear one-page profile with essential information and 'dos and don'ts' to ensure staff could see quickly how best to support them.
● Despite this, people did not consistently receive safe and effective care, as we identified ongoing concerns in areas such as infection prevention and control, medicines management and safeguarding. This was due to the provider's continued system failures.
● Whilst there had been a high turnover of staff, this had now begun to settle. One person's relative said, "To me there are a lot of staff changes. They are fairly on the ball now and talk to [my person] more."
● Staff received training and supervisions, including to meet people's specific health and care needs. The new deputy manager told us, "We have supported overseas staff to attend classes to improve their understanding and comprehension of the English language." Some further improvements were required to ensure staff competency was regularly assessed, including when supporting people to move.

We recommend the provider ensure staff receive regular competency assessments in alignment with national best practice guidance.

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

At our last inspection systems and processes were not effective to ensure the nutritional and hydration needs of people were met to sustain good health. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 14.

● Records were being kept of people's daily food and fluid intake, which showed people received support to eat and drink enough to maintain a balanced diet.
● Improvements had been made to mealtimes, and there were accurate menus available with visual options for people to choose what they would like to eat. One person told us, "[The chef] came to see me, and is buying in fresh meat from butchers now."
● Since the last inspection, action had also been taken to improve the kitchen, purchase new equipment and employ a new chef. This meant the food hygiene rating score had improved from 0 to the maximum of 5. This impacted positively on people's enjoyment of food and drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were referred to health care professionals to support their wellbeing. The service continued to work with other health and social care professionals to try to improve the service.

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.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● For people the service assessed as lacking mental capacity for certain decisions, staff recorded assessments and any best interest decisions. However, these mental capacity assessments were not always regularly reviewed, and care plan information on DoLs was not always up to date.
● Care plans clearly recorded where a people had capacity to make decisions, and it was underpinned throughout that staff must respect their choices and ask for their consent.
● One staff member told us, "I had training on MCA. We must always ask for consent. People with capacity will ask for what they want. For people without capacity, sometimes we need to make a decision, but we are always going to ask them first. We can't make any decisions by ourselves."

Requires Improvement

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

At our last inspection the provider had failed to support people in a way that ensured their privacy, dignity, autonomy and independence. This was a continued breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

Ensuring people are well treated and supported; respecting equality and diversity
- At the last inspection, people's possessions were not valued, and their belongings and clothing were frequently damaged or lost.
- Feedback showed some improvement in this area. One person's relative said, "No belongings lost. Clothing is looked after, nothing goes missing." However, another person's relative told us, "[My person] has lost glasses, clothing and pictures, they are never found. I find [my person] wearing different shoes all the time, I haven't mentioned it."
- We observed staff members showed warmth and respect when interacting with people. One person told us, "Staff are kind, everyone is alright here, it's fine, it's okay." Another person said, "Staff do everything possible to make my life as easy as can be."
- Whilst staff were observed to be kind and caring towards people, the provider had not implemented effective systems to support staff to provide a consistently caring service. For example, improvements were still needed to ensure people had access to a clean and comfortable home environment and safe care.

Supporting people to express their views and be involved in making decisions about their care
- Opportunities for people to share their views about the service had been introduced. However, it was not always recorded how changes were made and reviewed as a result.
- Staff supported people to maintain links with those important to them. One person's relative said, "There are no visit restrictions we go once a month." Another relative said, "'I live a long way away, so I don't go as often as I'd like. We ring [my person] every week for a chat."

Respecting and promoting people's privacy, dignity and independence
- Staff had received training in dignity and respect. One person's relative said, "It has got a lot better in the last three months, I wasn't being listened to, but I am now. When [my person] first went in, for 4-6 months they looked unkempt. In June, they started to look nice; it's changed since the interim manager came in." Another relative said, "I was going in every day initially because I didn't trust them, now I go in once a week."

● People did not always have plans in place which identified target goals and aspirations and supported them to achieve greater confidence and independence in areas important to them.
● Staff knew when people needed their space and privacy and respected this. One staff member told us when supporting people with personal care, "The door should be closed, and privacy should be maintained." We observed staff knocking on people's bedroom doors and introducing themselves before entering their private space.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

At the last inspection people were not supported in a way that was personalised and specifically tailored to meet their needs. This was a breach of Regulation 9 (Person-centred care) 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 9 .

● People's relatives told us they still did not always feel fully involved in care planning and reviews to ensure personalised care, with 8 of the 10 relatives we spoke with expressing this view. One person's relative told us, "I haven't seen a care plan for nine months it's just verbal. No official review just verbal updates." This was a continued concern from the last inspection which still had not been resolved.
● Whilst some events had taken place such as parties and day trips, people were not always supported to participate in their chosen social and leisure interests on a day to day basis. One person's relative said, "We've never seen activities tailored to [person]. There were none going on yesterday."
● Specialist equipment was not always available to enable people to live a fulfilled life, engaging in things they would enjoy.
● Daily care notes recorded support provided to people, but were task orientated and did not discuss how any of people's wider social and emotional needs had been considered and met to promote good outcomes.

People were not supported in a way that was personalised and specifically tailored to meet their needs. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● During the inspection, a new activities coordinator was employed to improve access to social and leisure opportunities for people's wellbeing and quality of life. This needs to be assessed on an ongoing basis to determine whether there are positive outcomes for people as a result.
● Improved staffing levels and deployment allowed staff more time to share conversations with people, helping to reduce feelings of loneliness and isolation. The provider agreed to review staffing levels once people are living on both floors, following the completion of renovation works.

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 service ensured people had access to information in formats they could understand, including 'Easy read' documents.
● Care plans gave information to staff on how to support people to express their views, using their preferred method of communication. This including the approach to use for different situations.

At the last inspection effective systems had not been established for identifying, receiving, recording, handling and responding to complaints. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 16.

Improving care quality in response to complaints or concerns
● People, and those important to them, could raise concerns and complaints and staff supported them to do so. One person's relative said, "I have complained, it's been recognised and dealt with. The new manager has sorted them out."
● The interim manager told us they had dealt with a number of complaints and took an open and transparent approach to this. The service had also received some compliments.
● Records showed complaints were being logged and responded to. However, there was still no analysis of themes and trends to identify any patterns in complaints made to continuously improve the service in response to people's feedback.

End of life care and support
● Staff received training in death, dying and bereavement. The service liaised with other professionals such as the district nursing team and Single Point when supporting people reaching the end of their life.

Inadequate

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 our last inspection we rated this key question inadequate. The rating for this key question has remained 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.

At our last inspection the provider had failed to ensure there were effective systems in place to assess, monitor and improve the quality and safety of the service. This was a continued 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.

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

- There had been no registered manager in post since July 2021, and the provider had not taken satisfactory steps to remedy this within a reasonable timeframe. One person's relative said 'Well managed, no. It's the third manager. I think it's [Name] but she might have gone." Another relative told us, "The management changes all the time."
- In the absence of a registered manager, the provider was solely responsible for the service. However, changes were not communicated well with other stakeholders, including the CQC. One healthcare professional told us, "No one tells us about management changes. I go in and there is someone else gone" and, "There's no stability there."
- The provider did not always comply with the conditions on their registration with the CQC, including through poor handovers by the provider to new managers about the requirements in place.
- Governance processes were not effective in holding staff to account, in order to keep people safe, protect people's rights and provide good quality care and support. Whilst audits were being carried out at the service, some were high-level, did not identify concerns or had no action plan attached. The provider had not identified this, nor ensured analysis work was being consistently completed to show longer term oversight of the safety and quality of the service. This included checks on whether new systems had been effectively established and embedded to show the sustainability of changes made.

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

- There was a lack of understanding about the CQC's Right Support, Right Care, Right Culture guidance at management level, despite being registered for the specialist service user band for supporting people with a learning disability and autistic people. This had the potential to impact on people's care.
- Not all incidents and accidents had been accurately reported and investigated. This meant the provider

could not always meet their duty of candour responsibilities to apologise when things went wrong. Safeguarding concerns were still not always being identified and shared with the local authority and CQC as required.

Continuous learning and improving care; Working in partnership with others

● Lessons had not been learned and robustly acted upon by the provider. This placed people at continued risk of receiving poor or unsafe care.

● The provider had only made limited overall progress on improvement work and was still in breach of multiple regulations. This was despite intensive support and guidance provided by multiple external stakeholders, including the speech and language therapy team (SALT), district nurses, the local authority, the fire service and environmental health.

● As there was no up-to-date overarching service improvement plan, the provider could not demonstrate a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

The provider had failed to ensure there were effective systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider told us they would develop a service improvement plan, for all issues, concerns and outcomes of internal audits to feed into. The director told us, "That will give us oversight to continue to monitor the service, so we can see what requires improvement and what has been done."

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

● Much of the improvement work had been driven at local level by the interim manager, who had worked hard to engage with people and their relatives through meetings and newsletters. One person's relative told us, "I wouldn't take my kids there initially, it didn't smell nice and it was a bad environment. It's improved a lot with the interim manager." Despite this, continued failings at provider level, as well as concerns about sustainability and the volume of further improvement work required meant the service was still inadequate.

● At the last inspection there were multiple indicators of a closed and poor culture, which increases the risk of people receiving poor care. The interim manager was alert to the culture within the service and spent time with staff discussing behaviours and values. They told us, "The culture of this home needed changing. It has changed from task orientated to a person-centred approach."

● Staff told us they felt supported by management and able to raise suggestions openly. One staff member told us, "Tendring Meadows is a very friendly premises and they give me a lot of support."