

# Community Integrated Care Meadow Green

## Inspection report

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Date of inspection visit:  
29 June 2016  
12 July 2016

Date of publication:  
19 September 2016

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 29 June and 12 July 2016. The visit on 29 June 2016 was unannounced and the visit on 12 July 2016 was announced.

We previously inspected the service on 08 and 10 January 2016 and at that time we found the registered provider was not meeting a number of Health and social Care Act regulations relating to person centred care; consent; managing risk; managing medicines; good governance and sufficient staffing, as well as failing to notify the Care Quality Commission (CQC) of safeguarding incidents or allegations.

After the last inspection we issued a warning notice for Regulation 17, good governance and told the registered provider to make improvements. The registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this inspection we checked to see if improvements had been made.

Meadow Green is an extra care housing scheme registered to provide personal care, consisting of 53 one or two bedroom flats. People who live at Meadow Green have their own tenancies. The service also includes Meadow Green Lodge, a separate building of 10 flats which delivers specialist support to people living with Dementia. The extra care scheme has on-site care staff 24 hours a day. The building has an alarm service, lift, lounge, restaurant, garden, an activities room and hairdressing salon. The building is owned by Kirklees Council and managed by Pinnacle Housing, who were responsible for the alarm call system, cleaning, maintaining and security of the building and grounds. At the time of our inspection 29 people were receiving support with personal care.

The service did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The current manager had commenced employment with the service in April 2016 and had applied to register with CQC. At the time of this inspection the application had not been finalised.

People who lived at Meadow Green told us they felt safe and said the service had improved greatly in recent months.

The registered provider showed us they had safe recruitment and selection procedures in place and vetted staff before they commenced employment with the service. However, the registered provider had not referred two staff members who were dismissed in November 2015 to the Disclosure and Barring Service (DBS) until May 2016. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people working with vulnerable groups. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, fit and proper persons employed.

Staff had a good understanding about how to safeguard adults from abuse and who to contact if they suspected any abuse.

Individual incidents and accidents were analysed and measures put in place to reduce future risks to people. Risk assessments minimised risk whilst promoting people's independence.

There were enough suitably trained staff to meet the assessed needs of people who used the service.

Medicines were managed in a safe way for people, although some gaps in recording had not been addressed through the audit system of the service.

Staff had received an induction, supervision, appraisal and specialist training to enable them to provide support to the people who used the service. This ensured they had the knowledge and skills to support the people who lived there.

People's consent was sought when decisions needed to be made. The registered provider was seeking clarification regarding responsibilities for Mental Capacity Act (2005) assessments and showed us evidence capacity was being considered when decisions needed to be made though they had misinterpreted some aspects of the law.

People were supported to eat a good balanced diet. People were supported to access a range of healthcare professionals as the need arose.

Staff were caring and supported people in a way that maintained their dignity and privacy and people were supported to be as independent as possible throughout their daily lives.

Individual needs were assessed and met through the development of detailed personalised care plans and risk assessments, although one record we sampled had not been updated to reflect the persons current needs. People and their representatives were involved in care planning and reviews.

People told us they knew how to complain and said staff were always approachable.

The manager felt supported by the registered provider and frequent visits were made to the service by the area manager and the registered provider's quality team. The registered provider had oversight of the service. They audited and monitored the service however the system had not picked up and addressed the problems we found with gaps in recording. This was a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

The registered provider had not notified CQC of all safeguarding incidents or concerns in line with their registration responsibilities. This was a continuing breach of Regulation 18 (2) (e) of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

People who used the service, their relatives and staff told us the service was well-led and they had confidence in the new manager.

Incidents and accidents were analysed across the service for lessons learned in order to mitigate future risks to people.

The manager was visible in the service and knew the needs of the people who used the service.

The manager and the registered provider had introduced a range of quality improvement systems which had a positive impact on people, including audit and oversight of the pendant alarm system used by people living at Meadow Green to summon assistance in an emergency.

The manager held meetings with people who used the service, their relatives and staff to gain feedback about the service they provided to people.

.You can see what action we told the provider to take at the back of the full version of the report.

## 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

The registered provider had not always followed safe recruitment practices.

Staff had a good understanding of safeguarding adults from abuse

Identified risks to people were managed well.

Medicines were managed in a safe way for people, although there were gaps in recording.

There were enough suitably trained staff to meet the assessed needs of people who used the service.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People's capacity to consent was considered when decisions needed to be made, but records did not always show this in line with legislation.

Staff had received specialist training to enable them to provide support to people who used the service.

People were supported to eat and drink enough and maintain a balanced diet.

People had access to external health professionals as the need arose.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff interactions with people were supportive, caring and enabling.

**Good** ●

People were supported in a way that protected their privacy and dignity.

People were supported to be as independent as possible in their daily lives.

### **Is the service responsive?**

**Good** ●

The service was responsive

Care was planned to meet people's individual needs and preferences.

People and their representatives were involved in the development and the review of their support plans.

People told us they knew how to complain and told us staff were always approachable.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well led.

The registered provider had not notified CQC of all safeguarding incidents.

The registered provider had a system in place to assess and monitor the quality of service provided, however this had not addressed the problems we found with accurate and up to date records.

The manager was visible in the service and knew the needs of the people who used the service.

Incidents and accidents were analysed across the service for lessons learned.

The registered provider sought feedback from people who used the service, relatives and staff to improve the quality of the service provided.

# Meadow Green

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place 29 June and 12 July 2016. The visit on 29 June 2016 was unannounced and the visit on 12 July 2016 was announced.

The inspection team on the first day of our inspection consisted of two adult social care inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The area of expertise for the expert by experience on this inspection was as a family carer of a person living with dementia. On the second day one adult social care inspector visited the service.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider and feedback from the local authority safeguarding team and commissioners.

We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit information in advance about their service to inform the inspection.

We used a number of different methods to help us understand the experiences of people who used the service, including observations and speaking with people. We spoke with 15 people who used the service, two relatives, six members of staff, the manager, the operations manager and a quality manager. We looked in the flats of four people who used the service with their permission. During our visit we spent time looking at five people's care and support records. We also looked at two records relating to staff recruitment, training records, incident records, and a selection of the service's audits.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe at Meadow Green. People who used the service said, "I feel really safe - they will always come if I use my pendant", "They have never missed a call", "They are really strict when it comes to handing me my medicines - they write it all down", and, "I always get my tablets on time." One relative we spoke with said, "I can rest assured that he is safe. He has never been left waiting."

We saw from two staff files safe recruitment practices had been followed. For example, the registered manager ensured references had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people working with vulnerable groups.

However, the registered provider had not referred two staff members who were dismissed in November 2015 to the DBS until May 2016. This meant there was a risk of unsuitable people working with vulnerable groups. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had a good understanding of safeguarding and the procedures to follow to keep people safe. Staff told us they had received training in safeguarding and they were able to tell us what they would do if they had any concerns. Staff gave us a description of the different types of abuse they may come across in their work. One staff member said, "If I was concerned about any abuse I would tell the manager." Staff knew the whistleblowing procedure and said they would be confident to report any poor practice in order to ensure people's rights were protected. This showed staff were aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people using the service.

We saw safeguarding incidents had been responded to appropriately and action taken to keep people who used the service safe. We saw the service had a safeguarding policy which had been reviewed and signed as read by staff and was visible around the service. This demonstrated the service had procedures in place for identifying and following up allegations of abuse, and staff demonstrated knowledge of the procedures to follow.

At our inspection in January 2016 we found the provider was not doing all that was reasonably practicable to mitigate risks to people because incidents were not always analysed and some risk assessments did not reflect people's current needs. This was a breach of regulation, so at this inspection we checked to see if improvements had been made.

Staff told us they recorded and reported all accidents and people's individual care records were updated as necessary. The manager and staff members were able to describe the procedure to follow and explain what action had been taken following falls and incidents. We spoke with the manager about how accidents and incidents were recorded and analysed. They explained these were recorded on a computerised system. The manager then completed a report detailing possible causes of the incident and measures put in place to prevent a recurrence.



We looked in the incident log and sampled three incident reports and saw evidence each incident had been reviewed for the cause of the incident and measures put in place to reduce future risks to individuals who used the service. This showed people were protected from the risk of harm because incidents and accidents were analysed.

The members of staff we spoke with understood people's individual risks and how to ensure risks were minimised whilst promoting people's independence. We looked at five care records of people who used the service and saw risk assessments were in place for a range of issues including keeping healthy and active, emergency access to the property, choking, cooking, risks related to specific health conditions, mobility and falls. We saw these risk assessments were reviewed regularly and were up to date. These reviews helped to ensure care records were up to date and reflected people's current needs so any necessary actions could be identified at an early stage.

We saw a clear protocol was in place regarding action required in the event of a missed care call. In addition, any care calls which were half an hour or more late were recorded as a missed call and an analysis was completed in order to improve quality in the service. We saw there had been no missed calls at the service and one call had been recorded as missed due to being half an hour late. This incident had been investigated and action taken to prevent recurrence. This showed an effective system was in place to protect people from the risk of harm due to missed care calls.

However in one of the support plans we sampled for a person using The Lodge dated 07 March 2016 we saw two care calls a day were allocated to the person but staff told us the person's care plan had changed and they now received four calls a day for staff to administer medicines. Additionally we saw one of the calls had not been recorded on the daily call list used by care staff to schedule care calls. This presented a risk of the call being missed and the risk of harm to the person. Staff members we spoke with who worked at The Lodge were aware this person was allocated four calls a day, however, as the call was not recorded on the call schedule list there was a risk unfamiliar staff would not know to attend the flat and the call could be missed. We addressed this with the manager who immediately took action to update the care call schedule and care plan.

At our last inspection we found people were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to administer medicines. This was a breach of Regulation so at this inspection we checked to see if improvements had been made.

We saw administration of medicines had improved as detailed care plans and Medicines Administration Records (MAR) were in place in the care records we sampled where people required assistance with the administration of their medicines. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

Care plans contained detailed information about medicines and how the person liked to take them, including an individual PRN (as and when required) medication protocol for the person. Having a PRN protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner. The level of support required by each person had been assessed and appropriate records put in place to record the administration of medicines.

We checked medicines for two people in their flats. In one person's flat we saw a monitored dosage system (MDS) was used for the majority of medicines with others supplied in boxes or bottles. We looked at the person's MARs. The medicines we checked could be accurately reconciled with the amounts recorded as received and administered for seven medicines, however, there were a number of missed signatures on the

MAR for the person's eye drops on 20, 23 and 24 June 2016.

We observed a carer administering medicines in a person's flat. The staff member checked they were administering the right medicine to the right person, at the right time and in the right way. They also counted the number of medicines remaining. We saw the person's morning and lunch time medicines from 20 June 2016 were not in the blister pack and there was no signature on the MAR chart, which indicated the medicines had been administered, but not signed for by staff. The person's PRN eye drops were opened and out of date, however there was no record of them being used recently. The date of opening was recorded on the eye drops. We discussed the above issues with the manager. The manager told us staff should report any gaps in recording of the administration of medicines and said they would address this with the staff concerned to improve practice.

The above issues meant there was a risk of unsafe or inappropriate care being delivered due to inaccurate or incomplete records. The above issue combined with the out of date care plan above evidenced a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because accurate records were not always kept and gaps in recording had not been picked up and addressed.

The manager told us all staff completed training in safe administration of medicines every year and we saw certificates to confirm this. Competence assessments had been undertaken on staff administering medicines and we saw any issues raised had been addressed. This meant people received their medicines from people who had the appropriate knowledge and skills.

People stored their medicines in their own flats. Where staff administered medicines for a person with a cognitive impairment we saw these were kept in a locked cupboard.

We saw the manager had introduced more frequent medicines audits to be completed by team leaders and the manager completed a log of audits and checked a random sample of these. We saw any issues had been followed up with the appropriate staff member with supervision and further training and support. The manager intended to continue to increase auditing and spot checks to improve the quality of medicines administration.

At our last inspection we found people who used the service did not always receive care in line with their assessed needs because sufficient numbers of suitably qualified, competent, skilled and experienced staff were not deployed to meet their needs. This was a breach of Regulation so at this inspection we checked to see if improvements had been made.

People who used the service told us there were enough staff to support them. People said, "There are enough people come - I need two people to support me - they have been from an agency in the past, this has got better recently", and, "They have never missed a call." Another person told us, "They always call and apologise if they are getting behind with the work - it can't be helped", and a fourth person told us, "They never rush, if I need them a little bit longer they are happy to help, this makes me feel better."

At the time of this inspection the service was providing personal care to 29 people. We asked the manager how the service was staffed. They said the number of care staff was dependent upon the needs of the tenants in the flats. Two members of care staff were on shift 24 hours a day and other staff hours were allocated according to the assessed needs of people who used the service. Some people who used the service had additional support from external agencies.

Deployment of the management team had changed since our last inspection so there was now one

manager and two full time team leaders working shifts across seven days, rather than during office hours. The management team took turns to be on call overnight. This meant management support was now more available out of office hours to support care staff in their role. A shift leader was also now on duty for each shift to provide support and direction if required. The staff we spoke with told us there were enough staff on duty to meet people's needs and they were happy with the improved staffing arrangements.

We saw appropriate staffing levels on the day of our inspection which meant people's needs were met promptly and people received sufficient support.

The manager told us the service was now fully staffed and agency staff were rarely used. The service also had its own bank of staff to cover for staff absence. This showed the service had contingency plans in place to enable it to respond to unexpected changes in staff availability and meant the service to people using it could be maintained.

# Is the service effective?

## Our findings

Most people we spoke with told us staff were able to support them well. People said, "They do the job very well - very professional and efficient" and, "They really seem to know what they are doing." A third person told us, "There is a carer who is marvellous - he got me to go outside into the fresh air for the first time in two years. I told the manager how good he was" And a fourth person said, "Some just stand there and don't look like they know what they're are doing, maybe they are learning."

Staff were provided with training to ensure they were able to meet people's needs effectively. Staff told us they completed an induction including some formal training and between three and six days shadowing more experienced staff before working alone with people at the service. Staff recruitment and training records confirmed this to be the case.

We saw evidence in staff files and training records staff regularly undertook training to enhance their role and maintain their knowledge and skills relevant to the people they supported. Staff told us and we saw from training records staff had completed training in areas including moving and handling, first aid, fire safety, health and safety, the Mental Capacity Act 2005 (MCA), safeguarding, infection control, medicines management and dementia awareness. Training was a mixture of computer based and practical face to face training.

Staff we spoke with told us they felt appropriately supported by the management team and said they had supervision every few months, an annual appraisal and regular staff meetings. The manager gave positive feedback and rewards to staff, such as gift vouchers for good work and an employee of the month was nominated from the staff team. This contributed towards staff feeling valued and supported. We saw the new management team had been catching up with staff supervisions and a system was in place to ensure regular staff supervision was implemented.

We saw regular staff meetings had been held to discuss topics such as pendant alarm call procedures, medicines competence, Deprivation of Liberty Safeguards (DoLS) and MCA, employee of the month, communication, catheter care, health and safety and staff training. Staff meetings are an important part of a registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and treatment.

Staff told us communication within the team was good. The registered provider's quality team had introduced handover sheets which included sections on missed calls, missed medicines, accidents, incidents, hospital discharge or admission, and the functioning of pendant alarm call handsets held by staff.

At our last inspection we found there was a breach of Regulation because there was no evidence in care records people's capacity had been considered when decisions needed to be made in line with the MCA. We checked to see if improvements had been made.

The registered provider had policies in place in relation to the MCA. The 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. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

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

Staff at the service had completed training and had an understanding of the MCA. One staff member said, "People can lack capacity, but they must still be involved in decisions. We offer options and encourage people to make choices. For major decision we need professional input, where there is a risk to self or others." We asked the manager about the MCA and they were able to describe to us the procedure they would follow to ensure people's rights were protected.

The quality manager we spoke with was consulting with the local authority and felt the local authority were responsible for assessing capacity where they had commissioned a care package. We saw copies of mental capacity assessments completed by the local authority for some people.

The quality manager had contacted the local authority to request capacity assessments be completed for some people using the service because restrictions were in place, such as door sensors and electronic locking systems to see whether these people needed to be referred to the Court of Protection for authorisation of any deprivation of liberty that may be occurring in their best interests.

We saw in the care files we sampled consent had been sought in relation to the use of key safes and consent to care plans and risk assessments, however there was limited information in the two care records we sampled for people who were living with dementia and lacked capacity to make important decisions. Consent forms regarding use of a door sensor had been left blank pending a decision on who was responsible for completing mental capacity assessments for people using the service. The provider had made improvements in their approach to compliance with the Mental Capacity Act but they had misinterpreted some aspects of the law in respect of completion of documentation. The provider has been in dialogue with the Commission so that they understand fully their responsibilities under the act.

People made choices about what they wanted to eat and meals were individually planned. People who used the service said, "I have a list of things I like to eat and the staff work with that", "They always leave me a nice meal, they write down on the kitchen blackboard so I know what I am looking for later", and, "They made a plan with me about the food I like, they do very well for me."

We asked the manager how people were supported to eat and drink. They said people who used the service, or their relatives, were responsible for their own grocery shopping unless it was part of their care package. They told us if people were assessed as requiring support with preparing food or drinks, staff would prepare a meal of the person's choice from the food that was available in the person's kitchen. The manager said people could also choose to have a meal at the restaurant which was located in the reception area.

Relatives said, "They get straight on to the district nurse if they are concerned about [my relative]", and, "They support [my relative] to make all his own phone calls to the health centre, he never did that before he came to live here. They have made him more independent."

We asked the manager what support staff offered to people who may require medical advice. They said it was up to the individual person or their families, where appropriate, to make appointments with relevant healthcare professionals. They explained that if staff thought someone's health needs had changed they would prompt them to call the doctor or would contact the person's family and pass on their concerns to them. We saw from records concerns about a person's health had been passed on to the relevant health professional or family member when people were not able to do this themselves. This showed people using the service received additional support, when required, to access community health care services.

## Is the service caring?

### Our findings

The service was caring. People told us they liked the staff and we saw there were good relationships between staff and the people who used the service. People said, "They are willing to go just that bit further - they will nip out and do little jobs for me", and, "They have been kindness itself - nothing is too much trouble." Another person told us, "I can have a real laugh with the staff - they are so friendly", and a fourth said, "They are so caring and polite - they cheer me up every day."

Staff told us they enjoyed working with people who used the service. One staff member said, "I love the job. Helping the people I care for." Another said, "I really love my job. It is fulfilling knowing I have helped people to stay independent."

The management team had a good knowledge of people who used the service and spent time with people in their flats if there were any concerns about their health or wellbeing. We saw the manager took time to talk with people who used the service and was friendly and approachable.

Staff we spoke with had a good knowledge of people's individual needs, their preferences and their personalities and they used this knowledge to engage people in meaningful ways. For example, we heard staff chatting to a person who used the service about their family and their previous career. Staff told us they spoke to the person or family members about their likes or dislikes. We saw care files and profiles contained detailed information about the tastes and preferences of people who used the service, including a personal history of the person. This gave staff a rounded picture of the person and their life before using the service.

Staff worked in a supportive way with people and we saw kind and caring interactions that were respectful of people's rights and needs. We observed staff supporting one person in their flat with moving and positioning and saw staff interacted with the person throughout, gaining consent and chatting in a friendly and respectful manner. We saw one staff member run the tap until the water was cold when supported a person with medicines, as they liked their drinking water to be cold.

People who used the service had been consulted about the care provided for them. One relative said, "I cannot fault the support that [my relative] receives - I think it's because they involve him in all the decisions." People told us they made decisions about their care and were involved in planning their own support. We saw from care records this was the case.

Staff promoted people's independence. One person who used the service told us, "They work hard to make sure I don't lose my independence." People were supported to remain as independent as possible in their daily lives and we saw they were encouraged to do what they could for themselves, for example, managing their own medicines, household tasks and going out for walks.

One person who used the service told us, "Before they do anything personal for me they always ask permission, they are always asking if it's alright if they use the hoist to lift me." Another person said, "Everyone, without fail, knocks on my flat door and call out before coming in."

The members of staff we spoke with were aware of how to promote the dignity and privacy of people who used the service. We saw staff knocked on people's doors and asked permission to enter. We saw from records staff practice was observed by managers during spot checks to ensure they promoted dignity by, for example, covering a person with a towel during personal care.

Staff were aware of how to access advocacy services for people if the need arose and we saw from care records people could record their end of life wishes if they wished to do so.



## Is the service responsive?

### Our findings

At the last inspection in January 2016 we found the registered provider was not meeting the regulations relating to person centred care because people did not always receive care that was planned to meet their individual needs and preferences. On this inspection we checked to see if improvements had been made.

People who used the service said, "The staff do all the paperwork with me to make sure they know what I need doing", "I have a file in the kitchen and this contains all the things I want. They update it from time-to-time", "The manager asked me lots of questions before I came here. She even asked me what I would like to be called", "They had to change all my care when I came out of hospital - they have been smashing", and, "I usually know the carers that come to me."

One relative told us, "The manager is always keeping up to date with [my relative's] needs, we write it down in a file in his flat, [the manager] always includes [my relative] in this."

The staff we spoke with had a good awareness of the support needs and preferences of people who used the service. Care plans were available in people's flats and copies were kept in the office. They included personal information, such as the name the person liked to be known as and details of people's preferences such as, 'Especially likes eggs in a morning'. This is important as some people who used the service had memory impairment and were not always able to communicate their preferences.

The staffing structure at Meadow Green had been reviewed by the provider and we saw there was a small team of staff working more closely with people who lived in The Lodge, many of whom were living with dementia, alongside two teams of staff to support other tenants at Meadow Green. This provided more continuity of care for people who used the service.

Through speaking with people who used the service and staff we felt confident people's views were taken into account and they were involved in planning their care. Care plans contained detailed person centred information in areas such as nutrition, sleep, medication, mobility, personal care and emotional and social needs. Care plans contained detailed information to enable staff to deliver person centred care. All care plans had been reviewed recently and a schedule was in place to ensure they were kept up to date. These reviews helped to monitor whether care records were up to date and reflected people's current needs so any necessary changes could be identified at an early stage.

Staff we spoke with knew what mattered to people and spoke about people's abilities and talents. The service provided a communal lounge and an activity room. In the communal lounge there was a piano, a table with jigsaws as well as a choice of music CDs. The manager told us part of their contract with the local authority included a set number of hours per week dedicated to the provision of social activity. There was also an activity room where educational and craft activities took place and a consulting room with a physiotherapy bed, for use by people who used the service. People who used the service told us there was a tenants committee who raised money and organised their own activities, using the facilities provided.

On the second day of our inspection we saw a weekly coffee morning and art and craft session was held in The Lodge. We saw people were proud of the work they had created and told us they enjoyed one another's company.

One staff member said, "We had a sing along and a buffet last week. People came down to that who don't usually join in." Another told us they supported people to go for walks, play bingo and enjoyed using memory boxes and reading books with people in The Lodge. This meant staff supported people with their social needs if required.

People told us they would feel comfortable raising issues and concerns with any of the staff and they knew how to complain. People who used the service said, "The manager is always asking me if I need to share any concerns - she is always available", and, "They are more than happy to encourage us to speak out if there are any problems."

Relatives we spoke with said, "I have every confidence in the managers and the staff. They follow-up any concerns I raise", and, "We have a leaflet that explains how to make a complaint. I have never used it." Another relative told us "[Name of manager] responds immediately if I ever raise a concern. I have never had to complain. It never comes to that."

The service had a complaints procedure which was visible in the building. People were given a copy of the complaints procedure in their tenants' handbook, when they started using the service. Staff we spoke with said if a person wished to make a complaint they would facilitate this. We saw where people had raised concerns these were documented and responded to appropriately. There had been no complaints recently. Compliments were also recorded and available for staff to read. This demonstrated people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

## Is the service well-led?

### Our findings

At our inspection in January 2016 we found the provider was failing to monitor and improve the quality and safety of the service. At this inspection we checked to see if improvements had been made.

People who used the service said, "[Name of manager] has made a big difference since [they] came - it somehow feels better." Another person said, "We have regular meetings where they ask us how everything is", and a third person told us, "[Name of manager] helps me out as much as [they] possibly can." A fourth person said, "I am very lucky to be here - this is a fantastic place."

Relatives we spoke with said, "[Name of manager] has made a big difference here", and, "The manager has been very open about the outcome from the last inspection – [they] made sure we were aware of the report and pointed out where we could see a copy, [they] even put one on display downstairs." Other relatives said, "The manager has worked so hard to make a difference, I could not be happier", and, "All care should be offered like it is in this place, they should build them all over the country."

The registered manager had left the service in January 2016 and two temporary managers had been in place from February until the new manager was appointed. The new manager had commenced employment with the service in April 2016 and had applied to register with CQC. At the time of this inspection the application had not been finalised.

We looked at systems in place to assess and monitor the quality and safety of the service provided. The registered manager told us they completed audits of people's support records and their medicines. We saw documented evidence of the checks which were made on people's medicines records and actions that were followed up. As noted earlier in this report, medicines audits were in the process of improving the quality of medicines management, however gaps in recording were still evident.

Consent forms regarding use of a door sensor had been left blank pending a decision on who was responsible for completing mental capacity assessments for people using the service. The registered provider had made improvements in their approach to compliance with the Mental Capacity Act but they had misinterpreted some aspects of the law in respect of completion of documentation. The provider has been in dialogue with the Commission so that they understand fully their responsibilities under the act.

The manager told us they felt supported by the registered provider. We found the registered provider's quality team and area manager had made regular visits to the service to support the management and staff team. The registered provider had improved their overview of the service. They audited and monitored the service to ensure the needs of the people were met and the service provided was of a high standard, however gaps in recording were still evident and one care plan we sampled had not been updated to reflect the person's current needs. This meant there was a risk of unsafe or inappropriate care being delivered due to inaccurate or incomplete records. The above three paragraphs evidenced a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because accurate records were not always kept and gaps in recording had not been picked up and addressed

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit statutory notifications to the Care Quality Commission (CQC) when certain incidents happen. Prior to our last inspection in January 2016 we found the registered provider had not notified CQC of two safeguarding incidents in line with legislation. We checked to see if improvements had been made.

We found prior to this inspection the registered provider had again not notified CQC of a safeguarding incident in line with legislation. This was a continuing breach of Regulation 18 (2) (e) of the Care Quality Commission (Registration) Regulations 2009 (Part 4) but had occurred prior to the current manager coming into post.

The manager and registered provider had due regard for the duty of candour, which meant they acted in an open and transparent way. There is a requirement for the registered provider to display ratings of their most recent inspection. The most recent CQC inspection ratings were displayed and shared on the noticeboard in the foyer for anyone who wished to see them.

The manager was visible in the service and knew the needs of the people who used the service. Staff told us they were encouraged to raise any concerns with the manager and they felt confident to do so. Staff we spoke with told us the service was well-led and they felt supported. One staff member said, "I can't believe how it has improved 100%. It has been turned around. We are fully staffed, there is more planning in place and training. The manager is very fair and approachable."

We asked the manager about the culture of the service. They told us it was all about promoting independence and enabling people who used the service to continue to do as much as possible for themselves for as long as possible. Staff and people who used the service confirmed this. We saw this was also discussed in staff meetings and communications from the registered provider.

The manager told us their priority was listening to people who used the service. Tenants' meetings were held regularly and attended by the manager. They discussed issues such as the pendant alarm call system, safety and security, feedback and any complaints, social activities and events. We saw any issues had been addressed by the relevant person following meetings.

A pendant alarm call system was in place at Meadow Green, whereby people were able to summon assistance from carers on site in an emergency by pressing the alarm call pendant. An assistive technology protocol was in place telling staff how to answer the calls, along with guidance on how to use the handsets. The system was managed by Pinnacle housing.

At our inspection in January 2016 we found the oversight and management of the pendant alarm call system was not always effective and did not always mitigate risks to people who used the service. We checked to see if improvements had been made.

At this inspection we found the manager had introduced a system of rating pendant alarm calls according to risk and they were supporting staff to use this system. The staff we spoke with understood how the system worked. We saw details of which staff answered calls and what action was taken were now recorded by care staff and a system of auditing and monitoring of call responses had been introduced by the manager. The manager also showed us records of random alarm call tests, where they had activated alarms at different times of the day and recorded response information. We saw from these records staff were responding appropriately to alarm calls. Pinnacle Housing had also improved the electronic system so staff answering each call could be easily identified. This meant improved systems were now in place to monitor and mitigate risk to people using the service.

The manager said they completed a report each month and submitted this to the regional manager. We saw the headings on this report included staff supervisions, sickness, medication training, complaints, and accidents and reported safeguarding incidents. We saw from weekly progress monitoring records over recent months' staff training and supervision had gradually increased and staff sickness and use of agency staff had gradually decreased.

The provider carried out its own quality assessment of the service through stakeholder, relative and client questionnaires. An additional local survey had recently been sent out to people to gain their views about the service. The results of these had not been compiled at the time of our inspection. This showed people who used the service, their relatives and staff were asked for their views about their care and feedback was acted upon.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered provider did not notify CQC of any abuse or allegation of abuse in relation to a service user.  18 (2) (e)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered provider did not always maintain an accurate, complete and contemporaneous record in respect of each person who used the service. 17 (2)(c)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The registered provider had failed to refer staff who were unsuitable to work with vulnerable groups to the DBS. 19 (2) (a)