

# Kent County Council

# Meadowside

## Inspection report

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Date of inspection visit:  
09 January 2018

Date of publication:  
28 February 2018

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection took place on 9 January 2018 and was unannounced.

Meadowside is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Meadowside is registered to accommodate up to 20 people. It is a respite service, offering overnight stays for people with learning disabilities, who usually live with family members or carers. Meadowside provides respite support for 84 people. At the time of the inspection there were six people staying at the service, two were on long stay placement, meaning they were living at the service until a more suitable place could be found.

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve all the key questions to at least good. At the last inspection there were five breaches of regulations.

The provider had not always assessed and managed risk to people, had failed to ensure any supervision and deprivation of liberty was lawful, people were not always enabled to make choices and receive care as they preferred. The provider had not ensured there were enough staff on duty, staff did not always have appropriate supervision, support and training. The provider had failed to assess, monitor and improve the quality of the service and maintain accurate records for each person using the service. At this inspection some improvement had been made but there continued to be breaches of regulations and the action plan had not been complied with.

The service had a new registered manager in post, who had started working at the service in October 2017. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

At the previous inspection we identified that the care service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The service had been built to support up to 20 people. At this inspection, the registered manager told us that the service would now only be supporting a maximum of 12 people. The building was being redesigned to provide a more inclusive environment for people.

At our previous inspection the registered manager had told us that the provider's maintenance department

was slow to respond to requests for works to be completed. At this inspection we found that essential maintenance works to keep people safe in the event of a fire had not been completed in a timely manner. Regular checks and audits had been completed on the environment and equipment to make sure they were safe.

Previously risks to people's health and safety had not always been assessed and there was not detailed guidance in place to mitigate risks. We found that there had been no improvement. There was no detailed guidance for staff to mitigate risks when supporting people to mobilise. Staff did not consistently record or monitor people's behaviour. Staff did not complete incident forms when incidents had occurred, analysis had not been completed to reduce the risk of the incidents happening again. There was no detailed guidance for staff to follow to manage people's behaviour.

At the last inspection, staff had not received the training and support they required to complete their role effectively. Improvements had been made, however, further improvements were needed. Staff had not received training to meet people's specific needs and to provide support following current guidance. The registered manager had organised a training week to address the shortfalls in staff training. Staff now received supervision to discuss their personal development and issues they may have. There were sufficient staff on duty, who had been recruited safely.

At our previous inspection people were living at the service and their liberty was restricted but the registered manager had not applied for DoLS to ensure this restriction was lawful. At this inspection the two people living at the service had the capacity to consent to do so. Other people stayed at the service for short periods of time. The provider did not have a policy in place regarding applying for DoLS for these people, if they were unable to consent to staying. The registered manager had not applied for DoLS for these people.

Previously, staff did not always know the best way to communicate with people, which resulted in people becoming frustrated and distressed. At this inspection, some improvements had been made but further improvement was required. Some people were unable to communicate verbally and not all staff could consistently communicate with people. We have made a recommendation about staff communicating with people.

At the last inspection people's care plans had not always been updated between respite stays and the level of information contained in the plans was inconsistent. At this inspection, some improvements had been made but further improvement was required. People's care plans now contained information about the person since their last respite stay and care plans had been updated as required. However, the information in the care plans was not consistently detailed about people's choices and preferences. People were supported to take part in activities.

The registered manager had introduced a new system of managing and monitoring complaints and were aware that historically these had not always been adequately documented. Staff referred people to specialist healthcare professionals when required. People who were living at the service long term were supported to access the dentist, optician when needed. The service did not provide end of life care.

Checks had been completed on medicines and infection control by senior members of staff. The registered manager had not yet implemented a system of formal checks and audits to ensure they were complying with the expected fundamental standards. The representative of the provider told us they 'sampled' care plans and had worked shifts at the service to observe staff practice, however, these checks had also not been formalised.

People were supported to eat and drink enough to maintain a balanced diet. Staff ensured that people received specialist dietary needs, for people to eat and drink safely. People had a choice of meals. People received their medicines safely and when they needed them. People were treated with dignity and respect, Staff were discreet when providing support to people. Staff supported and encouraged people to maintain relationships with loved ones. People were encouraged to be as active as possible.

Staff knew how to recognise abuse and discrimination, they understood their responsibilities to report any concerns. Staff were confident that the registered manager would deal with any concerns. The registered manager worked closely with other agencies to ensure that people's needs were met.

The registered manager acknowledged that they were in the process of making changes to the culture of the service and were encouraging staff to be more person-centred. They told us, "I want to be encouraging people to be more independent. We should be working with people to set goals and help them achieve them."

Staff attended regular staff meetings. The registered manager had introduced new working practices for team leaders so that they were more involved with the care given to people. Some staff told us that they felt that the changes were happening very fast but agreed that the meetings had allowed them to discuss the changes. Minutes showed that a range of topics were discussed including any changes to people's needs and any potential safeguarding concerns. Staff understood their role in preventing infection.

People and their relatives had been asked for their feedback on the service via annual questionnaires. Questionnaires for people had been written in an easy to understand format, and included pictures to make it more meaningful for those using the service.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they needed to inform CQC of important events in a timely manner.

At this inspection four continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. You can see what action we have asked the provider to take at the end 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 provider had not taken action to maintain the fire system to ensure people were safe.

Potential risks to people's health and safety had not been consistently assessed. Staff did not have detailed guidance to mitigate risks.

Incidents had not been consistently reported. Analysis of any trends of patterns had not completed to prevent them from happening again.

People received their medicines safely.

There were sufficient staff on duty, who had been recruited safely.

Staff knew how to recognise and report incidents of abuse.

The service was clean and staff understood their role in preventing infection.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

The registered manager had not assessed and made DoLS applications when necessary, in line with current legislation.

Staff had not received training in learning disabilities and behaviour support to meet people's needs.

People's needs were assessed before they began to use the service.

People were supported to eat a balanced diet.

Staff referred to specialist healthcare professionals when required. People were supported to lead as healthy lives as

**Requires Improvement** ●

possible.

People were able to move freely around the building.  
Maintenance work was being completed to ensure the building met people's needs.

### **Is the service caring?**

The service was not always caring.

Staff were not always able to communicate effectively with people.

People were treated with dignity and respect.

People were supported to be actively involved in making decisions about their care.

**Requires Improvement** ●

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

The service was not always responsive.

There was not always detailed guidance for staff to support people in the way they preferred.

People were supported to take part in activities.

People knew how to complain, the registered manager had followed the provider's policy when responding to complaints.

The service did not provide end of life care.

**Requires Improvement** ●

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

The service was not always well led.

The provider had not complied with their action plan to improve the service.

Some audits had been completed; however, there was not a formal system of checks and audits by the registered manager and provider.

Staff and people were asked for their opinions and views of the service. The registered manager had recognised the shortfalls in the service and the need for improvement.

**Requires Improvement** ●

The registered manager worked with other agencies to ensure people's needs were met.

The Care Quality Commission had been informed of important events within the service, with current guidelines.

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# Meadowside

## 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 regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 9 January 2018 and was unannounced. The inspection was carried out by three inspectors.

Before the inspection we looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications we had received. Notifications are information we receive from the service when significant events happen, like serious injury.

We spoke with two people using the service, the registered manager, two team leaders and two care staff.

We looked at nine people's care plans and associated risk assessments. We looked at other records including four staff recruitment files, staff training and supervision records, staff rotas, medicine records, quality assurance surveys and audits. We observed how people were supported and the activities they were engaged in. We used the Short observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We last inspected the service in September 2016 and there were five breaches of regulation.



## Is the service safe?

### Our findings

People told us they felt safe at the service. One person feedback, 'Quite happy with the service at Meadowside and feel safe and happy there.'

At our previous inspection the registered manager had told us that the provider's maintenance department was slow to respond to requests for works to be completed. At this inspection we found that essential maintenance works to keep people safe in the event of a fire had not been completed in a timely manner. A fire risk assessment had been completed on 6 March 2017. This had identified that multiple fire doors were missing smoke seals, meaning they would not provide adequate protection in the event of a fire. Emergency lighting throughout the building was not working. The fire alarm system itself was over 10 years old and it was advised that it should be replaced as replacement parts were no longer available, due to the age of the system. The risk assessment stated, 'These issues need to be dealt with within 45 days of receiving this report.'

Since the registered manager had taken post they had chased the provider's maintenance department on multiple occasions. Some of the fire doors had been serviced, but at our inspection, over 10 months after the risk assessment had been completed, these works had still not been completed. We asked the registered manager to contact the local fire office during the inspection, to discuss the safety of the building. They spoke with the fire office and were advised that the works needed to be completed as soon as possible.

The provider had not completed essential maintenance works to keep people safe in the event of a fire. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regular checks and audits had been completed on the environment and equipment to make sure they were safe. When shortfalls were identified an action plan was put in place and signed off by the maintenance person when completed.

Previously, potential risks to people's health and welfare had not been consistently assessed; staff did not have detailed guidance to mitigate the risks. People's behaviour was not always managed safely. At this inspection, some improvement had been made but further improvement was required.

The registered manager told us that they knew the care plans were not up to the required standard and that the risk assessments were not detailed. The provider was introducing a new format for care plans in April.

At the previous inspection, staff had not taken action to store thickening powder safely, to prevent people having access to it. At this inspection, the thickening powder was kept out of reach of people, staff put the tub away once it had been used.

Staff had identified some risks associated with people's care such as mobility, but the risk assessment to mitigate the risks were not always detailed. Some guidance in the risk assessments designed to mitigate the

risk posed additional risks to the person. For example, it had been identified that people might slip when getting out of the bath. Guidance stated that a towel should be placed on the floor for them to stand on. The use of a towel may cause the person to slip and fall. The guidance for staff had not reduced the risk of people slipping.

Some people displayed behaviours that may challenge. There was information about the behaviour people may display and how staff should respond. The information was not detailed, for one person the risk assessment stated that staff should be 'firm' with the person but not what that meant. The guidance did not give details about triggers for people's behaviour and how to avoid these. For another person there were incidents recorded in their daily notes of behaviour that challenged. There was very little detail about what the person had been doing before the behaviour or what action staff had taken following the behaviour. These incidents had not been reported to the registered manager, therefore, there had been no analysis to identify triggers, patterns or trends and develop guidance to mitigate risk.

The provider had failed to assess the risks to the health and safety of people and take action to mitigate the risks. This was a continued breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager understood their responsibilities to learn from incidents and accidents that happened within the service. They agreed that this had not been happening previously. The registered manager told us that they would be introducing behaviour forms, staff would then record what the person was doing before the behaviour, during the behaviour and any action taken to manage the behaviour. The registered manager said the information would be used to develop a management plan for staff to follow. We will check this at our next inspection.

At our previous inspection there was not enough staff to meet people's needs. Some people who required one to one support were left whilst staff completed domestic tasks such as cooking and cleaning. At this inspection, we found that improvements had been made.

Staff completed 'dependency assessments' to work out how much support people needed when staying at the service. These included people's healthcare needs, mobility and any behaviour that challenged. Staffing levels were determined based on people's dependency rating and could go up or down depending on which people were using the service at any one time. Although the service was registered for 20 people the registered manager told us they would never have more than 12 people present at any one time. Throughout the inspection there was enough staff to meet people's needs. Everyone went out during the morning, and people returned to the service and told us about their trip bowling. People smiled and used basic sign language to tell us what they had been doing.

The registered manager told us that they had reviewed staff roles within the service. Previously, 'team leaders' had been more office based and did not always work directly with people. They were encouraging 'team leaders' to be out on the floor with staff, providing support and role modelling to staff to show them how to provide effective support.

Staff were recruited safely. Full employment checks were carried out before staff started working with people to ensure they were suitable for the role. Everyone had a Disclosure and Barring Service (DBS) check in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

At the last inspection, medicines were not always stored safely and at the correct temperature. We found

that improvements had been made. The medicines storage room had been moved and an air conditioning unit was in operation. The temperature of the room had been recorded daily. Records showed that the temperature had been below 25 degrees the recommended safe storage temperature for medicines to remain effective.

At each shift change, medicines were checked, counted and staff signed to agree that this was correct. The medicines administration records had been signed to record that medicines had been given and the number of medicines available were correct. The provider had introduced a new medicines policy, this reflected best guidance practice about the management of medicines. Staff followed the medicines routine that people followed at home to maintain continuity for people. Staff knew people well and administered their medicines how they liked it, this had been discussed with families and carers.

Staff received training and knew how to recognise signs of abuse and discrimination. Staff told us how they would recognise signs of abuse and what they would do if they suspected abuse. Staff told us that they were confident that the registered manager would ensure any concerns would be dealt with appropriately. The registered manager had introduced records for staff to complete each time people came into the service, noting any marks that people had and how these happened. This is so that staff could easily identify any new concerns while people were at the service and any patterns of concerns while people were at home. The registered manager understood their responsibility to report safeguarding concerns to the local authority and discussing if safeguarding alerts need to be raised. An incident had been raised by staff with the registered manager by staff and appropriate action had been taken.

Staff accompanied people out into the community, staff knew that they needed to challenge people who may discriminate against the people they support. Staff told us that people's experiences had been positive while out in the community but knew this might not always be the situation.

The building was clean and hygienic. There was enough domestic staff to ensure that all areas of the building remained clean. Staff understood their responsibility to reduce the risk of infection. Care staff wore gloves and aprons when appropriate and ensured soiled linen was managed to minimise the risk of infection. Infection control audits were completed and issues were recorded. The issues identified in December 2017 had been rectified at the time of the inspection.



## Is the service effective?

### Our findings

At our previous inspection training was out of date and staff had not received training in positive behaviour support or how to deal with behaviours that challenged. Staff had not been receiving regular supervisions. At this inspection improvements had not been made.

Training certificates were held in individual staff member's files but there was no current system of overview. This meant the registered manager did not have oversight of training that staff had completed. Staff that administered medicines had still not received training or had their competency assessed regarding medicines administration since 2015, an issue we identified at our previous inspection. Some people were living with epilepsy and required emergency medicine in the event of a seizure. Staff had not received training in epilepsy or how to administer their emergency medicines. The registered manager told us that some staff had been trained to administer the medicine during a first aid course however, certificates were unavailable to confirm this. The registered manager told us the provider was in the process of introducing new medicines training for all staff, however, this had not yet been implemented. Following the inspection, the registered manager found on the provider main database, that staff had received training in the administration of emergency epilepsy medicines, in August 2017.

Staff had not received training in best practice relating to supporting people with learning disabilities. They had not received training in person centred planning (a way of helping a person to plan their life), positive behaviour support (a way of understanding why a person may display behaviour that can be challenging behaviour, and addressing the issues that trigger the behaviour) or person centred active support (a way of supporting people to be as independent as possible.) Throughout the inspection we observed staff doing things for people, rather than with them. The registered manager told us that they were prompting staff to encourage people to do more for themselves. However, some of the staff we spoke to did not have an understanding that this was part of their role.

The provider had failed to ensure staff received appropriate training and professional development to enable them to carry out their duties. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had introduced a training week for staff, where people would not be receiving a service so staff could focus on their professional development. Sessions on mental capacity, autism and team teach (a model of behaviour support that focuses on de-escalation) had all been arranged.

Staff were now receiving regular supervisions from a named member of staff. However, the registered manager told us that the staff members completing supervisions had not received adequate training in how to reflect on practice and support staff. They told us they were in the process of arranging this training to ensure staff were supported appropriately. They were also in the process of organising annual appraisals for each member of staff to allow them identify any training needs or areas of development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

At our previous inspection people were living at the service and their liberty was restricted but the registered manager had not applied for DoLS to ensure this restriction was lawful. At this inspection the two people living at the service had the capacity to consent to do so. Other people stayed at the service for short periods of time. The provider did not have a policy in place regarding applying for DoLS for these people, if they were unable to consent to staying. The registered manager had not applied for DoLS for these people. We discussed this with the registered manager and they stated they believed there needed to be a policy in place to provide consistency.

After the inspection they emailed us to confirm they had spoken with a representative of the provider. They had said that in terms of DOLS applications they will be applied for as and when required rather than sending applications on "mass". Applications had not been made as required.

The provider failed to ensure constant supervision and any deprivation of liberty was lawful. This was a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection, the service had not offered a placement for respite to any new people. The registered manager told us that previously the service had taken emergency respite placements and this had not always been successful. The registered manager showed us communication with people's care managers requesting information about people who had been referred to the service. Once the information, including assessment of support needed, dependency and how many nights a year the person required, the registered manager met with the person. The registered manager would invite people and their family to visit the service and stay for a meal and then for a day or overnight. The registered manager told us that during this period, the person would be assessed to see if the service could meet their needs. When the person was offered respite there would be a trial period and a review to ensure that the person's needs have been met.

The registered manager told us that part of the trial period was used to ensure that people were comfortable with each other. As the service was respite and short stay, people staying at the service changed constantly and consideration needed to be given to the personalities of people and who would get on well together.

The registered manager spoke to people and their representatives about the support they needed. The assessment ensured that people's cultural and religious beliefs are recorded and met. The registered manager was aware of guidance to promote good practice in the assessment of support for people with learning disability. However, at the time of the inspection, the guidance had not been used to assess and plan people's support.

We recommend that the provider uses best practice guidelines to assess the needs of people using the

service.

At the last inspection people were not enabled to make choices about what they ate. At this inspection improvements had been made. People were supported to eat and drink enough to maintain a balanced diet. People were given a choice of meals. When people were unable to make or communicate their choice, staff used their knowledge of what people liked, to help them decide what the person may like. For example, one person was offered their favourite pudding of yoghurt and jelly. The registered manager told us that menus were now decided weekly so that the people that were staying had the opportunity to decide what they would like to eat.

Staff supported people to eat their meals. People had equipment in place to help them remain independent such as non slip mats to keep their bowls and plates still. People were encouraged to take their plates back to the kitchen when they had finished. Staff knew if people required a special diet such as pureed food or thickened fluids. We observed staff ensuring that people had meals and drinks in the consistency required. One member of staff stayed in the dining room at all times to ensure that people remained safe while eating. People were not rushed when having their meals, staff gave people time to eat their meals. People were offered drinks and snacks throughout the day.

The registered manager and staff worked with healthcare professionals to ensure that people received effective care. Staff liaised with care manager's involved with people's care in the community to ensure that any changes were reported. Staff provided updates and feedback to people's carers at the end of each stay. People's carers and representatives were asked for information each time people came to stay at the service. Staff completed a form with any updated information, including any changes in support and skin damage such as bruises. Staff used this information to alter and record, if needed, the support that people received.

People were supported to lead as healthy lives as possible while at the service. Staff accompanied people to activities such as bowling. People were encouraged to join in activities to promote exercise and wellbeing. Staff told us that if people became unwell while they were staying at the service they would call the appropriate healthcare professional. People who were living long term at the service were receiving support from district nurses to meet their healthcare needs and had access to opticians, dentists and chiropodists.

The service was in the process of being updated and modernised. Since our previous inspection a smaller dining area had been created, which had a homely feel. The lounge had also been redecorated. The registered manager had arranged for bedrooms to be painted and there were plans to change the layout of the building to make the environment more homely. The corridors were wide and clear from obstruction, people were able to be independent in their wheelchairs. There were pictorial signs around the building to show where specific rooms were. People were observed moving freely around the building during the inspection.





## Is the service caring?

### Our findings

People told us that the staff were kind and compassionate. One person told us, "They help me and I am able to talk to them about things that upset me." Other people who were not able to verbally communicate appeared relaxed and comfortable in the company of staff.

Previously, staff did not always know the best way to communicate with people, which resulted in people becoming frustrated and distressed. At this inspection, some improvements had been made but further improvement was required.

People who were unable to communicate verbally, had their communication books with them. The communication books were used by people to communicate what they had done that morning. There were occasions when people used sign language, staff did not always understand what people were trying to say. Staff told us people used their own signs, but there was no guidance for staff about signs that may be specific to the person. Some staff had to request assistance from other staff to see if they were able to understand what the person wanted. The person then took the member of staff to dining room to show them what they wanted.

We recommend that the service seek advice and training from a reputable source about communicating effectively with people who are unable to verbally communicate.

There was a board with photos of all the staff that worked at the service in the front entrance. There were photos of the staff on duty so that people knew who was supporting them. People were able to bring in things to help them feel comfortable, for example films and books. Staff tried to ensure that people had the same bedroom each time they stayed at the service.

Staff spoke to people in a discreet way. Staff asked a person if they would like to use the bathroom, in a quiet voice and supported the person. When the person came back to the lounge, staff asked if they were happy and the person kissed the member of staff on the cheek and smiled.

Staff encouraged people to take part in activities such as board games and drawing. People talked to staff about their families and what they liked to do. Staff knew people well and were able to talk to people about people they cared about.

People were encouraged to form relationships, people told us about their friends and loved ones. Staff supported people to go out with friends for meals and evenings out. People had been supported to buy presents for loved ones.

The registered manager had spent time with people who were able to express themselves verbally to establish what goals they wanted to achieve. The registered manager had taken action to ensure that they were able to achieve their goals of living in the community.

Some people were unable to express their views about their care, so staff ensured that decisions were made involving people who were important to them. Some people had nominated a person to represent them, however, some people had not. When this was the case, staff knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or speaking on their behalf.

## Is the service responsive?

### Our findings

People told us that staff supported them when they needed it. One person told us, "I do as much as I can, I call staff when I need them." Another person told us, "Staff are supporting me to move on from here, which is great."

At the last inspection people's care plans had not always been updated between respite stays and the level of information contained in the plans was inconsistent. At this inspection, some improvements had been made but further improvement was required.

Some care plans had information about people's preferences such as what time they liked to go to bed and what they liked to do before going to sleep, for example watch their favourite films. Other plans included details about the diet people required and how their drinks needed to be prepared. However, there was no information about their choices and preferences about the food they like to eat. Care plans contained outlines of what people could do independently and what they required staff to support them with. There was no detailed guidance for staff about how to support people. For example, one care plan stated the person required physical and verbal prompts with washing, there was no guidance about what staff needed to do to provide that support. Some care plans stated to help the person with their shave, but there was no detail about how the person liked to shave and what to do if they refused to shave consistently. Some people's care plans stated that they should be checked regularly overnight, there was no information about the frequency of the checks. The care plans did not always reflect the care that people were receiving.

People who were able to speak to us, told us that staff supported them in the way they preferred and knew them well.

The provider had failed to maintain accurate, complete and contemporaneous records in respect of the care and treatment provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had introduced new forms for staff to complete when people arrived for their respite stay. The staff spoke with people's families and carers and recorded what had happened since they last stayed at the service. The information included any accidents, health issues or health professional appointments. All the care plans we reviewed had the forms completed and where required plans had been updated. Staff also completed a body map when people arrived at the service. This was so that staff were aware of any bruises or marks, could recognise any new marks while people were at the service and any patterns when at home and take appropriate action.

Some people had been living at the service for a long period of time. The registered manager had recognised that the service was not meeting their social needs and was not enabling them to be as independent as possible. The registered manager had identified new accommodation that would enable people to live as independently as possible. During the inspection, people received confirmation that they would be able to move to their new accommodation. Previous manager's had not responded to people's

needs and this impacted on their lives.

Previously people told us that they were not always able to go out as much as they wanted. The registered manager had identified that people had not always been supported to attend activities in the community during their respite stays. The registered manager had encouraged people, with staff support, to attend day centres and take trips into the community for meals and activities. When people returned from a trip bowling during the inspection, they were smiling and wanted the inspectors to know about their trip. Some people told us how much they enjoyed the trip.

The registered manager had introduced a system of tracking and recording complaints. Since they had started they had received one complaint regarding the external lighting of the building. This had been clearly recorded and appropriate action had been taken to resolve the issue.

The registered manager told us about other complaints that they were aware of, that had been made before they had taken up post. There was no record of these complaints and the action taken. Following the inspection, the registered manager had been unable to find records of the complaint.

People told us that if they had any concerns or problems they would talk to the staff. The registered manager displayed the complaints procedure in the entrance hall of the service. An easy read leaflet was available, that was written in a format people understood so they had information on how to make a complaint if necessary.

The service provides short stay and respite. The service did not support people at the end of their lives.



## Is the service well-led?

### Our findings

We last inspected Meadowside in September 2016 when five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. We identified breaches relating to safe care and treatment, safeguarding, person-centred care, staffing and good governance. We asked the provider to take action and the provider sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. The action plan stated that the service would be compliant by November 2017. At this inspection, we found four continued breaches of the regulations. The provider had not complied with their action plan.

Since our last inspection a new registered manager had been appointed and they had been in post since October 2017. The registered manager was skilled and experienced at managing respite services and working with people with learning disabilities. They had previously managed children's services for the provider and had ensured they were compliant with all legislation associated with running these services.

Checks had been completed on medicines and infection control by senior members of staff. After identifying an issue regarding action taken due to unexplained bruising the registered manager also now reviewed each body map completed by staff to ensure appropriate action had been taken. However, the registered manager had not yet implemented a system of formal checks and audits to ensure they were complying with the expected fundamental standards. The representative of the provider told us they 'sampled' care plans and had worked shifts at the service to observe staff practice, however, these checks had also not been formalised. The provider had an action plan relating to improvements they wanted to make within all of their respite services, and implementing these formal checks had already been identified as an area for improvement.

The registered manager acknowledged and was aware of the shortfalls we found relating to the quality of information in people's care plans and the lack of action by the provider relating to fire safety. They had introduced a new system of managing and monitoring complaints and were aware that historically these had not always been adequately documented.

The provider and registered manager had failed to establish and operate systems to assess, monitor and improve the quality and safety of the services provided and failed to maintain accurate and complete records. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Both the registered manager and a representative of the provider told us about their vision for the service. They were working much closer with children's services run by the provider to achieve a, "Seamless transition from children to adult services." The registered manager acknowledged that they were in the process of making changes to the culture of the service and were encouraging staff to be more person-centred. They told us, "I want to be encouraging people to be more independent. We should be working with people to set goals and help them achieve them." They said, "In the short time I have been here I feel we have had some successes" and gave us examples of people choosing and making drinks for themselves for

the first time.

The registered manager had recognised that staff needed to be supported to develop their skills and knowledge with regards to up to date guidance for supporting people with a learning disability. Staff told us their vision for the service was for people to be happy and enjoy their time at the service. However, they recognised that they needed to help people to set goals and help them to be more independent.

The registered manager worked closely with other professionals to ensure people received effective care. In order to use the service people had to be referred by their care manager. The registered manager and provider had introduced a new referrals process to ensure that people's needs could be met by the service.

People and their relatives had been asked for their feedback on the service via annual questionnaires. Questionnaires for people had been written in an easy to understand format, and included pictures to make it more meaningful for those using the service. The registered manager had sent out questionnaires in November and the responses were in the process of being collated and analysed. Feedback we saw was positive and comments included, 'Quite happy with the service at Meadowside and feel safe and happy there' and, '[My loved one] is always happy to be at Meadowside and gets a welcome from staff and clients on arrival.'

Verbal feedback that people's carers or family members gave when they dropped off or collected people were written on a whiteboard, so that all staff knew what was said. On the day of the inspection there was a message from one person's relative which stated, "Happy New Year and Thanks for all the support."

The registered manager had introduced weekly staff meetings at the service. They told us they wanted to increase their oversight of the staff team and give staff an opportunity to feedback their ideas and be involved in the changes they were implementing. The registered manager had introduced new working practices for team leaders so that they were more involved with the care given to people. Some staff told us that they felt that the changes were happening very fast but agreed that the meetings had allowed them to discuss the changes. Minutes showed that a range of topics were discussed including any changes to people's needs and any potential safeguarding concerns.

When people used or were living at the service they were encouraged to be active members of the local community. On the day of the inspection one person spoke about their evening plans to have dinner with a group of their friends who lived at another service close by. They joked with the registered manager that they would be back 'late' and that staff, 'should not wait up' for them.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the entrance hall of the service and on their website.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.





This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to assess the risks to the health and safety of people and take action to mitigate the risks. The provider had not completed essential maintenance works to keep people safe in the event of a fire.
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider failed to ensure constant supervision and any deprivation of liberty was lawful.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to maintain accurate, complete and contemporaneous records in respect of the care and treatment provided. The provider and registered manager had failed to establish and operate systems to assess, monitor and improve the quality and safety of the services provided.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure staff received appropriate training and professional

development to enable them to carry out their duties.