The Meath Trustee Company Limited

The Meath Epilepsy Charity

Inspection report

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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

About the service: The Meath Epilepsy Charity is registered to provide accommodation with personal care for up to 84 adults who are living with epilepsy and may have associated learning and or physical disabilities. There are eight individual houses within the service, each of which has a manager and senior staff team. There are communal resources available to all those living at The Meath including a café, skills centre and gym. At the time of our inspection there were 79 people living at The Meath.

People's experience of using this service: People and relatives provided consistently positive feedback regarding the service provided at The Meath. Despite these comments we found some areas of the service required improvement. There was a lack of managerial oversight of the service which had led to inconsistencies in people's care. Quality audits were not effective in ensuring that people received a safe, effective and well-led service.

Where safeguarding concerns had arisen, these had not consistently been shared with the safeguarding authority or the Care Quality Commission (CQC). There was a lack of consistency regarding how risks to people's safety and well-being were managed. Records were not always updated as required and some information regarding people's care was contradictory. Staffing across the service was not centrally monitored. This meant that the management had failed to identify some houses were short staffed on a weekly basis. People's rights were not fully respected as the principles of the Mental Capacity Act 2005 were not always followed.

People lived in a caring and responsive environment. Staff supported people with kindness and knew people well. There was a relaxed atmosphere with lots of laughter between people and staff. People were encouraged to maintain and develop their independence and there was a positive attitude to risk-taking in some areas. The environment was safe and maintained to a high standard. Each house was homely and people's rooms were highly personalised.

There was a wide range of activities available to people both within The Meath and in the wider community. There was a clear focus on promoting awareness of people living with epilepsy. The service was committed to maintaining a high community presence and continued to run and take part in a number of local social enterprise schemes. Feedback was sought from people, relatives and staff on a regular basis. The outcomes of surveys were positive and regular compliments were received regarding the service provided.

Rating at last inspection: At the last inspection the service was rated Outstanding (report published on 12 September 2016)

Why we inspected: This was a planned comprehensive inspection based on our previous rating

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. We will check that the provider has made the improvements we identified as necessary

through further inspections.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

The Meath Epilepsy Charity

Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted of four inspectors, two specialist nurses, and two experts 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.

Service and service type: The Meath Epilepsy Charity is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The previous registered manager had left the service five months prior to our inspection. Two managers had recently been recruited and both planned to register with the commission. 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. We were supported by the nominated individual for the provider during our inspection.

Notice of inspection: The inspection took place on 21 February 2019 and was unannounced

What we did: Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used 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. This enabled us to ensure we were addressing potential areas of concern at our inspection

As part of our inspection we spoke with 23 people who lived at the service and observed the care and support provided to people. We also spoke with the nominated individual, 17 staff members and a visiting health care professional. We reviewed a range of documents about people's care and how the home was managed. We looked at 14 care plans, five staff files, medication administration records, risk assessments, policies and procedures and internal audits that had been completed.

Following the inspection, we spoke with nine relatives and a second health care professional. We also requested the provider forward additional information including staff training records, further audit information and complaints information.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Not all regulations were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and that staff cared for them well. One person told us, "I feel like I can speak to all the staff. They are friendly." A second person told us, "I feel safe because people look after me."
- Relatives told us they felt their family members were safe living at The Meath. One relative told us, "My daughter is, without hesitation, safe. I am regularly at The Meath so I can make that judgement wholeheartedly as I spend a great deal of time there." A second relative said, "I feel that my son is absolutely safe. He's been there since [year] and we are delighted with the care."
- Despite these comments we found that safe systems to protect people from the risk of abuse were not always followed. Safeguarding concerns were not always acted upon and were not always reported to the local authority safeguarding team. We reviewed accident and incident records in addition to people's daily records to identify any instances of potential abuse which had occurred in the service. Records highlighted occasions where people had both physically assaulted or verbally threatened other people living at The Meath. The outcomes of these incidents included people sustaining bruising and becoming emotionally distressed.
- These incidents had not been recognised as safeguarding concerns by staff or house managers. Staff had therefore not forwarded these reports to the local authority safeguarding team in order for them to monitor and investigate the action taken. This demonstrated that although staff had received safeguarding training, this had not been effective in ensuring staff fully understood their responsibilities.
- There was a lack of guidance for staff regarding how to monitor people's interactions to keep them safe. For example, there were known tensions between two people living in the same house. We observed when the two people were in the lounge together staff were not present to ensure that neither person became anxious. A tension between the two people was observed over a 10-minute period before one of the people left the area.
- Following the inspection, the nominated individual forwarded evidence that safeguarding concerns had been retrospectively reported to the safeguarding authority.

The failure to ensure systems and processes were in place to protect people from potential abuse and the lack of reporting to the local safeguarding authority was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Information regarding risks to people's safety and well-being was contradictory. Risk management plans were held both on an electronic recording system and within paper files. We were told that all paper files should be up to date and contain accurate information. However, we found that paper records were not

always updated with some risk assessments dating back to 2015 and 2016. This meant there was a risk staff would not have access to the most relevant guidance relating to people's needs. The service used a number of agency and temporary staff and we were told they would access information regarding people's needs from the paper files available.

● Risk management plans were not always updated when things changed. Examples of this included one person whose health had deteriorated considerably in recent months. One person's records stated that their epilepsy was well controlled and they had not experienced a seizure for a number of years. However, the person had recently had a seizure which staff told us they believed was as a result of an event which caused them anxiety. The person's records had not been updated to reflect this and provide guidance to staff on how to support the person.

● Updated guidance was not always available to staff regarding people's anxiety and behaviours. A staff member told us that following a recent incident, there needed to be staff present when the two people involved were together.

● Accidents and incidents were not routinely reviewed and monitored to ensure that appropriate action had been taken. Accident and incident records were stored electronically with a system in place for house managers to evaluate and recommend actions. Although the immediate action taken was recorded, on-going actions to minimise the risk of accidents and incidents happening again were not always fully completed. All records were automatically sent to a senior manager for final review. We found this process had not been completed and accidents and incident reports had not been fully reviewed and signed off.

● There was no systematic review of accidents and incidents in order to identify any trends and minimise the risk of reoccurrence. We spoke to the nominated individual about this process. They told us they were aware incident forms were not being signed off and that going forward this would be the responsibility of the recently appointed managers.

● In other areas we found that risks to people's safety were managed well. Epilepsy guidance for the majority of people was reviewed regularly. Staff were aware of the individual risks this presented to people and detailed protocols were in place to guide staff on the action they should take.

● Where people experienced other significant health conditions, staff were aware of their specific needs and the support they required to remain safe and well. Examples of this included people with complex routines regarding their dietary requirements and those at risk of their skin breaking down.

● There was a positive attitude to risk taking regarding people participating in activities of their choice. Risk management plans described the level of support and any specialist equipment people required in order to take part in pursuits including horse-riding, swimming, canoeing and attending firework displays.

● Contingency plans had been developed to ensure people would continue to receive a safe service in the event of an emergency. Each person had a personal emergency evacuation plan (PEEP) which described the support they would require to leave the building. People and staff told us that fire alarm tests were completed weekly. They were all able to describe the action they needed to take and where the meeting points were.

● Regular health and safety checks were completed and a maintenance team was available to rectify any concerns promptly.

Using medicines safely

● Some aspects of people's medicines were not managed safely. Guidance for rescue medicines in relation to people's epilepsy were clear and detailed. However, other medicines prescribed for use 'as and when' required (PRN) did not always have protocols in place to guide staff when and how they should be used. One person was prescribed medicines for their anxiety. Records showed that this was used regularly throughout the day. There was no guidance available to staff regarding different approaches which could be tried to offer the person comfort and reassurance before administering medicines. We observed that when the person began to vocalise, staff immediately administered the PRN medicines. The staff member told us this

was on the advice of the prescribing doctor although no records were available to confirm this. There were no monitoring tools in place regarding the person's anxiety which could be shared with the prescribing doctor for advice and support.
● Where people were prescribed topical creams, there were no body maps in place to guide staff on where these should be applied. This meant there was a risk topical creams may not be applied correctly.
● Other aspects of medicines management were completed safely. Each person had a medicines administration record (MAR) which was fully completed with no gaps in administration noted. MAR charts contained an up to date photograph of the person, details of any allergies and the person's GP. Stock checks of boxed medicines were completed daily medicines were reviewed in each house during daily handovers.
● Medicines were securely stored in each house. Temperatures of storage areas were checked daily to ensure medicines were stored within a safe temperature range.
● Staff received training in the administration of medicines. Their competency was then assessed prior to them being able to administer medicines without supervision.
● Where appropriate people were supported to take responsibility for managing elements of their medicines themselves.

The failure to ensure risks to people's safety were consistently monitored, that accidents and incidents were reviewed and that robust medicines systems were in place was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
● Staffing levels across all houses within the service were not consistently monitored. Staff in four of the eight units told us they ran on less than the designated number of staff at least twice each week. Staff rotas confirmed this was the case.
● People told us that on occasions their activities were cancelled due to staff shortages. One person told us, "When there's enough staff we go out but when there isn't we can't go into town." Another person told us, "I get annoyed when there aren't enough staff to go out."
●Staff confirmed this was the case. One staff member told us, "Staffing can be a bit of an issue. There are maybe less outings so we will do the outings at weekends when some residents go home." A second staff member told us, "We're short two to three days a week. The impact is it might prevent us taking the guys shopping. It prevents us doing a little more interaction with the guys. Care can be rushed."
●The nominated individual acknowledged that staffing was a difficult issue which they were working hard to resolve. They told us that house managers were able to use agency staff when required and a number of agency staff had been recruited on fixed contracts to provide continuity to people. They said they were unaware that some houses were experiencing staff shortages to this degree and assured us this would be addressed.

The failure to ensure that sufficient staff are deployed at all times was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Recruitment processes were not always robust. Four of the five recruitment files we reviewed identified gaps in staff employment histories. There was no evidence available to show that these gaps had been discussed with the staff members concerned. One staff member had two references from previous administration roles. Although the person had previously worked in a care setting a reference from this employer had not been requested. This meant the provider was unable to fully assure themselves that all employees were suitable to work in a care setting.
● Recruitment files did include evidence that the other required checks had been completed.
● People were involved in the recruitment of staff and had received training to enable them to take an active

role in the process.

We recommend that the provider ensures robust recruitment processes are implemented in line with requirements.

Preventing and controlling infection

● Safe infection control procedures were in place.

● Staff told us they had access to personal protective equipment for use when supporting people with their personal care. One staff member told us, "It's always readily available. It's kept in the residents' bathroom and we have a spare stock cupboard.

● All areas of the service were cleaned to a high standard and there were no unpleasant odours. Where appropriate people were supported to carry out cleaning tasks and staff supported them to use appropriate infection control procedures. One person told us, "Staff can help me with my cleaning and they've told me about the different coloured mops and equipment."

● People's laundry was washed separately and staff understood how to wash soiled items safely to minimise the risk of cross infection.

Requires Improvement

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Not all regulations were met.

● Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● There was a risk that people's rights were not fully protected because staff did not always act in accordance with the MCA.
● Mental capacity assessments were not always completed regarding specific decisions. Capacity assessments and best interest decisions had not been consistently completed for areas including wearing protective headwear, wheelchair lap belts, vaccinations and constant monitoring by video surveillance in people's rooms used to monitor people's seizures.
● Decisions regarding people's care were not always made using best interest principles. These principles are designed to ensure that support is provided in the least restrictive way and the person's wishes are considered. Records for three people showed that decisions regarding their care were made directly by family members without input from the person and relevant health and social care professionals. Decisions included what people were offered to eat, flu vaccinations, how they were spoken to by staff and how they occupied their time. One person's records contained information regarding the use of a specific piece of equipment. Records showed the decision made by staff relating to this was in direct conflict to the wishes of the person and their power of attorney. No capacity assessment or best interest decision had been completed which meant that the significant restriction on the persons freedom had not been considered.
● DoLS applications were not always submitted in accordance with the principles of the MCA and were not routinely monitored. The nominated individual told us there was no central register of DoLS applications maintained. This meant the provider was unable to monitor when DoLS application had been submitted, assessed, granted or declined to ensure compliance with the MCA and that any conditions set were being met. Following the inspection, we requested information regarding the DoLS process. This showed that applications had not been submitted where restrictions on people's freedoms were in place. Records also

showed that staff had not reapplied for DoLS when they had expired.

The failure to ensure that care and treatment was always provided with the appropriate consent was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

● Staff told us they found the training was relevant to their role. One member of staff told us, "They're one of the best with their training. We have epilepsy training, emergency medicines training, autism. We had one a while ago where we had a Virtual Reality headset where it puts you in the perspective of someone who was just about to have a seizure and just coming out of it. Supervisions are every month and we have appraisals."

● However, we found that training was not effectively provided across the service. Significant gaps in the training of all staff across the service were identified. Of 207 staff employed, 137 were up to date with safeguarding training, 94 with MCA and DoLS, 119 with fire safety and only 7 staff had completed equality, diversity and human rights training. This meant the provider could not assure themselves that all staff had the up to date knowledge and skills to provide an effective and safe service.

● Staff were not always supported within their roles. The provider's policy stated that staff should receive supervision every two months and an appraisal on an annual basis. However, records showed that less than 50% of staff had received supervision within the last three months or an appraisal within the last year.

● Staff told us they received a good induction into the service when they first started. One staff member told us, "I've been able to shadow staff for the last couple of weeks to get to know everybody. I've done my health and safety training and I've been booked on different courses over the past few weeks."

The failure to ensure staff had the training, skills and supervision to support them in their roles was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● People told us they had a choice of food and were involved in menu planning. One person told us, "In our residents' meeting I discuss what I like to eat." Another person told us, "I can have whatever I like."

● Staff were aware of people's food preferences and records contained details of people's likes and dislikes. Some people chose to have their meals in the on-site café so they were able to socialise with friends.

● People's dietary needs were known to staff. Where people required support to eat this was provided in a dignified manner and at the persons pace. There was information available to staff for those people who required their food to be prepared to a soft consistency. Staff were knowledgeable in supporting people who received their nutrition through percutaneous endoscopic gastrostomies (PEG), a tube placed directly into the person's stomach through the abdominal wall. Detailed guidance was available for staff and we observed this was followed.

● People were weighed regularly and any significant variances were acted upon by referring people to their GP or other relevant healthcare professionals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

● With the exception of risks identified within the safe area of this report we found people received the support they required to monitor their health.

● People were supported to access healthcare professionals. The Meath employed a number of healthcare professionals to support people's well-being. Two nurses, one of whom was a specialist epilepsy nurse, were available to provide advice with regards to people's epilepsy and other conditions. In addition, a physiotherapist and a team of occupational therapists were available to support people with their on-going

health assessments. This included support to maintain mobility and skin integrity.
● The Meath held a clinic run by a hospital neurology department on a bi-monthly basis which enabled some people to access specialist support without undertaking lengthy journeys.
● The GP for the service made weekly visits to review people's healthcare needs. Records evidenced that appropriate referrals to healthcare professionals were made as required. The local Community Team for People with Learning Disabilities was involved in people's care when required.
● We spoke with two healthcare professionals who visited the service regularly. Both told us they were impressed with the care provided to people and the in-depth knowledge staff had of people's needs. They told us that staff were friendly and that any advice provided was followed.

Adapting service, design, decoration to meet people's needs
● The style of accommodation available to people varied but was of a good standard. Some houses were within listed buildings whilst others were purpose built. All accommodation was either at ground level or had lift access. Corridors and doors were wide to allow people using wheelchairs full access to all areas. Adapted bathrooms were available to people where required.
● Technology had been installed to support people's independence in the new-build areas of the service. This meant people were able to control the lighting, open their door and draw their curtains using an electronic tablet device.
● All areas of the service felt homely and were decorated to a good standard.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed prior to them moving into The Meath to ensure their needs could be met. The assessment period included a number of visits to give staff the opportunity to get to know people well. The nominated individual told us that people were placed in the house where it was felt they would fit in best with others. However, where people expressed a wish to move to a different house within the service this was supported wherever possible. Records showed that people, their relatives and professionals were all able to contribute to the assessment process as appropriate.
● Information gathered during the assessment period was used when completing people's care plans.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the people we spoke with told us that staff treated them with kindness. One person told us, "The staff ask me how I am and whenever I'm upset, they care." Another person told us, "The staff here are really, really nice."
- Relatives told us they felt the staff team at The Meath supported people well. One relative told us, "All the staff are very kind and caring and they are great with her. When she comes home she is happy and when she goes back she is happy and that's all we can really ask for." Another relative said, "All the staff, right up to the CEO, are caring and responsive."
- Staff were caring in their interactions with people. There was a relaxed atmosphere throughout the service and people and staff chatted together easily. Staff talked to people about the things they had done, their families and future plans which demonstrated they knew people well. We observed staff sitting playing board games and doing craft work with people in different houses. There was lots of laughter and shared jokes between people and staff.
- Staff from all departments took time to stop and speak to people when walking around the site. People greeted staff warmly when they visited individual houses and staff took time to enquire how they were. One person stopped a member of the management team to say they would email them later to arrange a meeting for coffee. They told us this was a regular arrangement they had together.
- No one living at The Meath at the time of our inspection had expressed a wish to receive support in practicing their religion. We were assured that should this be the case, they would be fully supported by staff.

Supporting people to express their views and be involved in making decisions about their care

- People told us that staff discussed their day to day support with them and sought their consent before providing care. One person told us, "They ask me before doing anything." A second person told us, "I get to tell staff what I like and don't like." We observed staff discussing options with people regarding activities and food choices.
- People and their relatives were involved in the care planning process. One person told us, "My keyworker does all the paperwork and we talk about things." One relative told us, "They consult with me a lot about my son's care. We principally use emails but I can phone anytime and of course they will contact us straight away if the need arises."
- Staff demonstrated an understanding of people's individual communication needs. People used a variety of different communication methods including pictures, IT applications and Makaton [a form of sign language]. We observed staff showed patience and understanding when listening to people. When one staff member was struggling to understand someone, they suggested using pictures which helped them to communicate with the person.

Respecting and promoting people's privacy, dignity and independence

● People told us that staff respected their dignity and privacy. Comments included, "Staff knock on my door before entering. The staff let me be one my own whenever I want to.", "Whenever I'm in my bedroom staff knock on my door before entering and whenever I want to go to the toilet staff make sure I get my privacy." And, "They cover me up when I go to the bathroom."

● People's bedrooms were highly personalised through the service. Each room was different and contained personal items such as photographs, pictures, rugs and ornaments which reflected people's individual tastes.

● People were supported to maintain and develop their independence. We observed people involved in cooking and household tasks throughout the service. People told us they valued the way in which staff supported them to gain skills. One person told us, "I prepare my own meals and I go shopping with staff." Another person said, "I have an iPad that allows me to open my curtains and turn the lights on and off which gives me some independence back." Where safe to do so people were able to move around the site freely and told us they enjoyed this aspect of living at The Meath. One person told us, "I like the fact that I have my friends around me and I can do what I want to do and go and see other people in other units." Care records included plans for people to access the local community independently where appropriate.

● Staff told us they understood the importance of developing people's independence and demonstrated this in the way they encouraged people. One staff member told us, "We try to encourage people to do as much as they can. We want people to gain skills rather than lose them." We observed lunch preparation in one house where staff encouraged everyone in the kitchen to be involved in making their meal.

● People were supported to maintain contact with those who were important to them. Relatives told us that staff were good at communicating information and keeping in touch. They told us they were able to visit without any restrictions. One relative told us that due to health issues their family member was unable to come to the family home for Christmas. Staff had therefore supported the person to host the family Christmas gathering at The Meath. They told us this had been a very important event for the whole family. We observed one person ask if they could phone their partner. Staff supported them to use the telephone and then left the area so they could speak privately.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People told us they felt staff understood their care needs and knew how they liked to be supported. One person told us, "They know my needs like they know me." Another person said, "My keyworker talked to me about my dreams, wishes and goals." A third person told us, "I like it here and I like all the staff. They know how to look after me and they know about epilepsy."

● All the relatives we spoke with commented that their family members had benefitted from living at The Meath. One relative told us, "My brother is happier and healthier at The Meath than he has ever been in his life. I find them very proactive at giving all the residents time and attention." Relatives also told us the service responded well when their family member's needs changed. One relative told us, "It's been a long haul but The Meath have, and continue to support her unbelievably well. Physically, physiologically and emotionally."

● Staff knew people's needs and personalities well and support was tailored to suit individuals. Staff we spoke with were able to describe what was important to the people they supported and knew about their preferences.

● People had access to a wide range of activities which were planned around their interests and preferences. In each house people had personal activities available to them such as their favourite games, DVDs, tablet devices, crafts and music. Staff used people's preferences to engage them in conversation.

● There was a skills centre on-site which offered a range of activities for people to be involved in, including different art and craft projects, music and games. People told us they also enjoyed using the on-site gym.

● People's involvement in community activities was wide-ranging, which reflected their individual interests. This included access to college courses, performing arts, badminton, swimming, cinema and arts projects. People were also supported to find volunteering and employment opportunities. One person told us, "I like to do my job on a Wednesday. I work in the shop as a cashier. Its good fun."

● People were also involved in the running of a social enterprise scheme from a shop in the centre of the town. 'Changing Perceptions' takes old furniture and upcycles this for sale in the shop. There is also a café which is widely used by the community. A number of people from The Meath also attended ARTHOUSE Unlimited which originated as a social enterprise scheme from The Meath but has since grown into an independent charity.

Improving care quality in response to complaints or concerns

● People and their relatives told us they knew how to raise any concerns and felt confident they would be acted upon. One person told us, "We have a complaints diary. I would ask a member of staff if I can write in it." A relative told us, "I have complained in the past, but it is more bugbears. It is always dealt with to our satisfaction."

● Each house had a complaints book where people could raise their concerns with staff or the house manager. Where these issues could be dealt with in the house, this was done and the complainant informed

of the action taken. Where concerns were of a more serious nature, this was passed to the management team to investigate and resolve.

● Compliments were also recorded and shared in the complaints and compliments book with people and staff. Compliments seen included acknowledgements of the support people had received to achieve their goals and the way in which staff supported people in a caring manner.

End of life care and support

● At the time of this inspection no one living at The Meath was receiving end of life care. However, care planning and assessment processes were in place and would be used to support people when needed.

Requires Improvement

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Not all regulations were met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives told us they felt the service was managed well and provided a positive experience for people. One relative told us, "I've always found the management approachable and we can pick up the phone at any time. They listen and do their best at all times." Another relative told us, "The managers are approachable and we are happy that [family member] is in an environment where he is safe and cared for by a committed staff team."
- Despite these comments we found there was a lack of managerial oversight of the service. Systems and processes were not consistently applied and monitored throughout the service. This meant the standard of care and support people received varied across the different houses.
- There had been no registered manager in post for five months prior to the inspection. The nominated individual had taken on this role in addition to their own workload. They told us other key management roles had also proved difficult to recruit to, which had led to increased pressures across the service. The nominated individual had recognised the complexity of the registered manager role due to the size and diverse nature of the service. The management structure had therefore changed and two managers had recently been appointed with a view to both registering with the CQC. The nominated individual believed this would provide a more supportive and responsive management team.
- Records were not always up to date and information was not always consistent. As reported, care records in people's paper files were out of date in some houses which meant staff may not be using the most up to date information available. This was of particular concern due to agency staff being used in most of the houses.

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

- Quality assurance systems were not effective in ensuring high standards were maintained throughout the service. House managers were required to complete self-assessment audits which were then periodically checked by the provider's quality assurance team. However, this process had failed to identify the inconsistencies within each house such as records management and staffing levels. Where shortfalls in individual houses had been identified, action plans were not routinely reviewed in order to drive improvements.
- Quality monitoring processes had also failed to identify systematic concerns which effected the whole service. These included the lack of reporting of safeguarding concerns, shortfalls in training and supervision and the failure to protect people's rights in line with the MCA. The nominated individual told us they were looking to change the way in which quality was monitored throughout the service with increased training

planned for house managers. They told us the recently appointed managers would also have increased responsibilities in supporting the quality assurance process.
● There was no effective central process in place to monitor accidents and incidents and complaints in order to identify trends and share good practice.
● In other areas audits were effective in ensuring safe practices were followed. Health and safety, housekeeping and infection control audits showed that where concerns were identified these were addressed promptly.

The lack of management oversight and effective quality assurance systems was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had not notified CQC of all significant events that had happened in the service. Services that provide health and social care to people are required to inform the CQC of important events. As reported, we identified a number of safeguarding concerns during the inspection which the provider had failed to notify us of. This meant we were unable to effectively monitor the service provided. Following our inspection retrospective notifications regarding the incidents were forwarded to CQC.

Failing to submit statutory notifications was a breach of Regulation 18 of the of the Care Quality Commission (Registration) Regulations 2009.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People, relatives and staff were encouraged to contribute to the running of the service.
● Each house had resident meetings where subjects including communal living, food and staff were discussed. Minutes showed that people were involved in discussions and able to contribute ideas.
● Relative forums were held on a quarterly basis. Meetings were well attended with over 30 relatives attending the last meeting. The meeting was used to update families on any developments within The Meath and to give the opportunity to ask questions of senior managers. Meeting minutes reflected this was an open meeting and that relatives felt able to ask questions and make suggestions. Family events were held periodically both on a house by house basis and as a whole service.
● Staff meetings were held both in individual houses and departments to give the opportunity to discuss team issues in more detail. Staff told us they found these meetings useful and were able to discuss ideas. In addition, staff forums had recently been re-introduced. This gave staff the opportunity to meet as a whole team and share information regarding employment, developments and training. Staff told us they found the meetings useful and felt they were listened to. One staff member told us, "We have meetings every couple of months. I find them useful as you know you can raise general questions. Everyone is on the same page following this."
● Annual surveys were distributed to gain the views of people, relatives and staff on the service provided at the Meath. There was a good response rate to surveys and the vast majority of comments were positive. Comments received were responded to and where action was required, this was carried out.
● The service produced a regular magazine which the nominated individual told us was shared with everyone at The Meath and their supporters. Meath Matters shared stories of people's achievements, developments at the service and community events they had been involved in.
● People told us of a number of events they were involved in as part of Epilepsy Awareness Day. This included two people being interviewed by the media to promote awareness.

Working in partnership with others
● The service had established a positive presence in the local community with the Changing Perceptions

shop being based in the town high street. The Café at The Meath was also open to the public. The service worked with the local council the previous year to make and distribute bird boxes for the area.

● People told us, and records confirmed, that they frequently used local amenities such as pubs, cafes, leisure centre and a number of adult education classes. People representing The Meath recently won a local award from the Godalming Angling Society.

● Links had been established with various organisations including the National Citizen Service and local schools. People had also been involved in local theatre productions and had items displayed in Arts Centres. There were plans to develop relationships with various other community organisations going forward.

● The service worked closely with local health and social care professionals and had developed positive relationships with a number of national specialist hospital departments supporting people with epilepsy.

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 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure that care and treatment was always provided with the appropriate consent.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure risks to people's safety were consistently monitored, that accidents and incidents were reviewed and that robust medicines systems were in place

Regulated activity	Regulation
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 systems and processes were in place to protect people from potential abuse and that concerns were forwarded to the local safeguarding authority

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure robust management oversight and that effective quality assurance systems were in place.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure that sufficient staff are deployed at all times and that staff had the training, skills and supervision to support them in their roles.