

Archangel Healthcare Ltd

# Tendring Meadows

## Inspection report

The Heath  
Tendring  
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Essex  
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Date of inspection visit:  
30 August 2023  
01 September 2023

Date of publication:  
04 October 2023

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Tendring Meadows is a residential care home providing personal care and accommodation to up to 53 people. The service provides support to people with physical disabilities, sensory impairments, mental health needs and to people living with dementia. At the time of our inspection there were 16 people using the service. Tendring Meadows accommodates people in 1 adapted building over 2 floors. At the time of inspection, the top floor was closed for renovation works.

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

People's medicines were given safely and as prescribed. Risk was well managed, including for people's individual health conditions. We were assured infection prevention and control measures were effective. Staff were recruited safely, and there were sufficient numbers of staff suitably deployed to meet people's needs. Safeguarding matters were investigated fully, and lessons learned.

New directors had taken over since the last inspection, and they had invested significantly in the environment, leading to extensive improvements to the building and grounds. Staff received an induction, training, supervisions, and practical competency assessments in line with national best practice guidance. People were supported to eat a balanced diet. The service worked well with other professionals, making referrals, and acting on guidance as required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and compassionate, treating people with dignity and respect. Systems and processes were in place to support a consistently caring service. There was a calm and positive atmosphere. Equality and diversity characteristics were considered as part of the care planning process. People's views and preferences were considered and acted upon.

Care was planned and updated in response to people's changing needs. There was an effective system for monitoring and responding to complaints. Information was communicated in an accessible way. People could spend time engaging in meaningful leisure activities. The service worked with other professionals to support people reaching the end of their life.

A new registered manager and new directors were in place since the last inspection, and rapid improvements had been made. There was a positive and open culture, which impacted on staff morale. Systems and processes were in place to facilitate good governance; this now needs to be developed, embedded, and sustained. Professionals and those important to people living at Tendring Meadows gave us good feedback on partnership working with the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 3 February 2023). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Following serious concerns about the management of choking identified at an earlier inspection (published 30 March 2022), we imposed urgent conditions on the provider's registration. These conditions required the provider to report to the CQC every month on how they were keeping people safe from the risk of choking. Following this inspection, these conditions will be removed due to the improvements made.

At our last inspection we recommended staff receive regular competency assessments in alignment with national best practice guidance. At this inspection we found this had been implemented effectively.

This service has been in Special Measures since 29 March 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement

Since the last inspection we recognised that the provider (under the previous directors) had failed to ensure a registered manager was in post since 2021, without reasonable excuse. This was a breach of regulation, and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full. A registered manager was now in post to oversee the running of the service.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Tendring Meadows

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

#### Inspection team

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

#### Service and service type

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

Following the last inspection, the provider requested CQC remove the specialist service user band for supporting people with a learning disability and autistic people at Tendring Meadows. We therefore did not assess the service using this specific methodology.

#### Registered Manager

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

quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 30 August 2023 and ended on 13 September 2023. We visited the location's service on 30 August 2023 and 1 September 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 1 person and 12 people's relatives or friends to seek feedback on the care and support provided. We observed care and support in shared areas of the service. We reviewed 16 people's medicine administration records (MARs), 3 people's care plans, and multiple people's risk assessments. We spoke with 4 professionals who work with the service for their views.

We spoke with 13 members of staff including care workers, senior care workers, the HR administrator, a laundry assistant, a domestic cleaner, the maintenance person, the activities coordinator, the deputy manager, the registered manager, and the corporate compliance manager. We also met with company directors and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of documents relating to the governance and oversight of the service such as audits, policies, and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed in relation to medicines, infection control and safety risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- People received their medicines safely and as prescribed. Medicines were stored securely.
  - Staff understood the needs and preferences of people when taking their medicines. Information was available to staff to tell them how people liked to receive their medicines, and staff were proactive in checking for consent from people before supporting them.
  - The service had a good auditing system in place that was helping to provide assurances that people were getting their medicines as prescribed. Errors and near misses were reported, investigated and lessons learned from these.
  - PRN ('when required') medicines protocols were in place for all medicines. This helped to support staff to know when and how to administer these medicines to people safely. However, some lacked person centred information that could support staff to better understand how to effectively use these medicines for the individual. The management team confirmed this would be put in place following our feedback.
  - Risk assessments were in place to provide guidance to staff on how to keep people safe, including in areas such as choking, falls, catheter care and specific health conditions. Records were kept on support given with repositioning for people at risk of pressure ulcers.
  - We identified 1 person where records did not tally for their fluid intake and catheter output. The Registered Manager was aware of the reasons behind this and completed an updated risk assessment during the inspection to ensure staff awareness.
  - Staff were knowledgeable about potential risks to people and how to reduce them. A senior care worker told us, "We encourage all people at risk of choking to eat in the dining room, so we can monitor them whilst eating to ensure their safety."
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- We were assured that the provider was preventing visitors from catching and spreading infections.
  - We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date. We have also signposted the provider to resources to develop their approach .

#### Visiting in care homes

- People were free to receive visitors in line with government guidance. A person's relative told us, "I go and see [my person] every week."

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

At our last inspection systems and processes had not been established or operated effectively to protect people using the service from the risk of abuse or neglect. This placed people at risk of harm. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- Safeguarding matters were robustly investigated and reported to the local authority safeguarding team and the CQC as required. Lessons were identified, and learning shared with the staff team to reduce the risk of reoccurrence.
- People and their relatives told us they felt the service was safe. A person's relative told us, "I trust [staff] as they always contact me. The quality has improved."
- Analysis work had been carried out to identify basic themes and trends in safeguarding issues raised. The registered manager told us they would continue to refine and embed these processes to show long-term strategic oversight of incidents, accidents, and safeguarding matters at the service.

#### Staffing and recruitment

- Safe recruitment checks were completed, including references, employment history and with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Observations showed there were sufficient staff suitably deployed to meet people's care and support needs in a timely way. The registered manager told us they would also develop a dependency tool to calculate staffing levels going forwards.
- A person's relative told us, "There's always loads of staff when I go, morning or afternoon, always someone on reception. I always get offered a cup of tea." Another relative said, "[Tendring Meadows] do have plenty of staff on, and all the staff are friendly and polite."



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

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

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15.

- There had been significant improvement works to the building under the new directors. This included exterior maintenance and repairs such as new cladding, landscaping of gardens, installing new secure fences, and a new car park and gate. There had also been a comprehensive renovation inside, including new flooring, bathrooms, heating, and redecoration.
- The maintenance person told us, "The new directors are much better, they are spending so much money. I used to have to mix, match and mend things, now they just tell me to get new."
- People's individual needs were met by the adaptation, design, and decoration of the premises, promoting better outcomes for people and an improved quality of life. A professional who works with the service told us, "It's like a different home to be honest."
- A person's relative said, "Overall the change in company has made a lot of difference and there is still more ongoing work. [Person] now has a nice big telly mounted on their wall and has pictures on the wall. It's more personalised and homelier now... All the different things that other company was failing on, this company seems to do it easy, like emptying bins. My [person's] room was very dark and dismal and now they are downstairs and it's bright and airy."
- There was a commitment at provider level to adapt the service for the benefit of people living there. The nominated individual told us, "The investment and renovations have been part of a long-term contingency and vision for the service. We want the service kept as part of the local community."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

At the last inspection we recommended the provider ensure staff received regular competency assessments in alignment with national best practice guidance. The provider had made improvements.

- Staff received an induction, supervisions, and training to support them to carry out their role.
- Competency assessments were carried out with all staff to assess their practice in supporting people to move safely, including with specialist equipment.
- We received feedback there was a well-trained and consistent staff team who understood people's needs. A person's relative said, "You normally see the same staff. The majority I have seen a good while. To be honest they seem to get it right."

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

- People were supported to eat a balanced diet, and records kept. A person's relative told us, "[Staff] make sure [my person's] food and drink levels are up, so they don't get dehydrated."
- There had been improvements to the mealtime experience. The nominated individual told us, "My background is hospitality, and we improved the quality of the food. People have been putting on weight. Presentation is key to encouraging people to eat. Food has to be presentable, therefore I have removed existing limitations on food budgets, staff can buy what they need to provide real choice for people, it's their home."
- A person's relative told us, "[My person] does enjoy the food, they have a choice...there is always someone knocking on the door asking if [my person] wants a drink, fruit and biscuits."

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

- The service made appropriate and timely referrals to other agencies and acted on any guidance provided to support people's health and wellbeing.
- A professional who works with the service told us, "[Registered manager] and [deputy manager] are responsive to emails and calls and seem keen to implement changes and recommendations as required." Another professional said, "Communication is good, if I ask for help, [staff] help, it's one of the nicer homes in Tendring West."

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations had been made to the local authority to deprive a person of their liberty.
- Decision specific mental capacity assessments had been completed for people who might not be able to consent to all aspects of their care and support. The registered manager told us this would be reviewed on a monthly basis going forwards.
- New CCTV had been installed to ensure the security of the building and to review any incidents or

accidents in shared spaces. The registered manager confirmed mental capacity assessments would be completed for people to reflect this change, and privacy notices shared on the new website.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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

- Staff were seen to be consistently caring and kind, treating people with courtesy and respect. This created a calm and positive atmosphere.
- A person's relative said, "[Person] has a lovely room, the staff seem friendly and when we go, they always ask if we want tea, coffee, or juice. If [person] needs clothes or money [staff] phone up and we get it for them."
- There was a clear ethos of caring and compassion modelled by leaders. The nominated individual told us, "I worked my way up, starting as a carer, and I like my senior staff to do the same. All senior staff need to have started as a carer, as caring is the roots to the job."
- Systems and resources were now in place to enable staff to carry out their roles effectively. A senior care worker said, "Everything has changed, we are so happy now. I oversee the ground floor, it is better as all residents are close to the kitchen and gardens. Residents do appear happier."
- Equality and diversity characteristics were considered as part of the care planning process, and staff received training in this area. Some legacy documentation required review to ensure all language used was consistently person-centred. The registered manager told us they would act on our feedback.

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

- Staff supported people to maintain relationships with those important to them. A person's relative told us, "I send photographs of [person's] son and daughter and grandchildren and [staff] show them to [person]."
- Another person's relative said, "[Tendring Meadows] actually do ring quite often or if I'm up there they ask questions. If I want any information on [my person's] care, they will give it to me."
- People's views were sought and acted upon, including through formal surveys. People were being invited to choose paint colours for their bedrooms at the time of inspection, and bedrooms were personalised and warm.
- A person's relative said, "I always ask [my person] if they are all right, is everyone nice to them. [My person] always says, 'Yes, I eat my dinner, [staff] are nice.' [My person] seems to like it there and [staff] are all very nice in there and polite."

Respecting and promoting people's privacy, dignity and independence

- Improvements had been made to the care taken with people's possessions. A person's relative said, "They never used to be, but [my person's] belongings are always in their room. When [my person] first went there, things used to go missing, but not now." Another relative said, "90% of [person's] clothes are there and just the odd thing I don't recognise. I don't make a fuss; but I think they look after [person] very well."

- Staff respected people's privacy and dignity, and this had been considered as part of the renovations. A person's relative said, "I was concerned that people would be able to see in [my person's] room from the garden, but that's not happened. You can't see into [person's] room because I have checked, but [person] can see out."
- There was a new salon space for hair styling and nail care. A person's relative said, "[My person] always looks well, clean and their hair is cut."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection people were not supported in a way that was personalised and specifically tailored to meet their needs. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- Staff responded to people's changing needs well, promoting personalised care and support. This included engaging with people, their relatives and/or professionals, where appropriate.
- Adaptations were made to the environment to promote choice and independence. For example, a specialist ensuite bathroom was being installed for 1 person to meet their specific and individual needs.
- A person's relative said, "I was contacted because [staff] were concerned [my person] would fall out of bed. [Staff] resolved it by putting a (sensor alarm) mat down and they phoned me to inform me." Another relative said, "Before we didn't really have the rapport with [staff] letting us know if [person] was unwell, but now they tell us straight away."
- A professional who works with the service told us how staff ensured a smooth transition for a person who chose to move to a different care home. The professional told us, "I have not had the same collaboration from other care homes in the past and [management] did go above and beyond."
- The activities coordinator was proactive and thoughtful in supporting people to take part in meaningful social and leisure activities within their home and community. This included visiting a local dementia-friendly cinema and the circus. The provider was also planning a garden party.
- A person's relative said, "I was involved in so far as what activities [my person] liked. The fact that [person] was a music teacher, [person] gets involved in the singing." Another relative said, "[Staff] know [my person] was a dog walker and they take [person] down to the river for a walk. Seeing the ducks and swans, [person] does enjoy it."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

- Information was available for people in accessible formats. People's care plans recorded any aids they needed to support effective communication, such as glasses or hearing aids.

Improving care quality in response to complaints or concerns

- There was a clear system for recording complaints, including responses, action taken and outcomes. Further work was required to build on this through analysis of themes and trends in complaints to demonstrate continuous improvement.
- A person's relative said, "I have the paperwork if I want to complain. [Management] are really open, they don't hide anything. I've had no issues with them."
- The service had received a number of compliments and positive reviews.

End of life care and support

- Staff supported people reaching the end of their lives and worked with other healthcare professionals such as district nurses and Single Point. This is a service which provides assessment and support in one place, reducing unnecessary admissions into hospital.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Working in partnership with others

- Under the previous directors there had been no registered manager overseeing the service since 2021. The CQC issued a fixed penalty notice for this breach, which was paid in full. Since then, a new registered manager was in post and working in collaboration with new directors, who had purchased Tendring Meadows 4 months prior to this inspection.
- The new directors had invested significantly in the environment to drive rapid improvement and had a clear ambition for future development and sustainability, including the use of solar panels. A person's relative said, "The difference in the last 4 months, more has been done in the 4 months than was done in the time before."
- The registered manager understood their legal and regulatory responsibility to submit notifications to the CQC of events such as any injuries or safeguarding matters. The provider also had access to its own corporate compliance team as well as arranging external consultants to audit the service as part of an ongoing plan for quality assurance.
- Improvements to governance systems needed to be developed, embedded, and sustained by the new management team, who told us they were committed to doing so. The nominated individual told us, "I am open and transparent and want to work with CQC and other professionals, to have open dialogues about what further improvements we can make. We encourage people, families, and staff to speak up, encourage them to report issues, if I don't know about them, I can't fix them. Ultimately, I am the person responsible."
- A person's relative said, "There are more staff, more support for the staff and better leadership. Under the previous provider staff lacked support, and there was a lack of funding."
- The registered manager was in the process of completing a recognised management and leadership



qualification to support their continuous development. The registered manager told us, "We have so much support compared to previously."

- The service worked well in partnership with other agencies. A professional told us, "The owners have been in regular contact, as have the management team in the home as advice or guidance has been needed. Most importantly, residents look well, have given really good feedback about the changes in the home, and we can see that the service is now working proactively with all professionals."

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

- Meetings took place to share information and seek feedback. The registered manager recorded how views had been considered and acted on, using a 'You said, we did' format.

- Staff morale had improved, and staff were now provided with the resources they needed to successfully carry out their roles. A staff member said, "We did our best to improve before, but with the new provider, and new managers who listen to us, improvements to the environment and recruitment of new staff, everything has improved."

- A person's relative said, "Overall, we are happy, we can see the ongoing development of the service, [our person] is getting good care, the food is better, we can now sleep at night...[Tendring Meadows] has vastly improved. So much has been done and is still being done, it was long overdue."