

Generals Meadow Limited

Generals Meadow

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Generals Meadow is a residential care home providing personal and nursing care to 16 older people at the time of the inspection. The service can support up to 19 people in one large adapted building.

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

People told us they felt safe living at the service. Potential risks to people's health and welfare had not been consistently assessed and there was not always guidance for staff to mitigate risks. Improvements had been made to the service to keep people safe such as a new fire alarm.

Each person had a care plan, these did not always have detailed information about people's choices and preferences. However, people told us and we observed, people being supported in the way they preferred.

Medicines were not always managed safely. Checks and audits were completed on the quality of the service but had not identified the shortfalls found at this inspection. Accidents and incidents had been recorded and analysed to identify patterns and trends. Action had been taken to reduce the risk of them happening again and this had been effective.

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.

People were encouraged to develop their own care and end of life plans, and where possible were supported to write their own plan. Staff worked with the GP and district nurses to support people at the end of their lives.

Staff had been recruited safely and there enough staff to meet people's needs. Staff received training and supervision to develop their skills.

People visited the service and met with staff before they moved into the service to check that staff would be able to meet their needs. People were treated with dignity and respect. People were supported to be as independent as possible and express their opinions about the service.

People were supported to eat a balanced diet, people told us they had a choice of meals. People's health was monitored, and action taken when people's needs changed. People were referred to healthcare professionals when their needs changed.

People and relatives told us they knew how to complain; any complaints had been investigated and action taken to resolve the issues. People were given information in a way they could understand. People had access to activities they enjoyed and were supported to go on trips.

The registered managers kept up to date with developments and worked to continuously improve the service.

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

Rating at last inspection

The last rating for this service was good (published 8 December 2016). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the registration date of the new provider.

Enforcement

We have identified a breach in relation to the governance of the service at this inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective.
Details are in our effective findings below.

Good ●

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 ●

Generals Meadow

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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Generals Meadow 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.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we had received about the service. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered managers, assistant manager and

care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed comments from relatives received through our website.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service following a change to the registered provider. This key question has been rated Requires Improvement. This meant 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.

Assessing risk, safety monitoring and management

- Potential risks to people's health, welfare and safety had not been consistently assessed and guidance made available for staff. Some people were living with diabetes. There was no information about the signs and symptoms people would display when they became unwell and the action staff should take. Staff told us they would contact the GP if people appeared unwell. Some people were prescribed medicines to thin their blood. There was no guidance in place about the side effects of the medicines such as excessive bruising. Senior staff were aware of the side effects and how these would present.
- Some people required pressure relieving mattresses to help prevent skin damage. The mattress should be set at the weight of the person, to be effective. When the mattress is not set correctly there is a risk people may develop skin damage. This had been checked weekly, records showed that the setting had not been correct. Action had been taken immediately but the setting had been wrong again the next week, putting people at risk of skin damage.
- Some checks had been completed to check water temperatures were within recommended safe limits to reduce the risk of scalding. Some bedrooms did not have valves in place to control the water temperature. The water temperature had not been tested regularly in these rooms. There was a risk that the temperature would be above the safe limit. People could access the sinks in their rooms increasing the risk of scalding if the water was too hot. There were no risk assessments in place to mitigate this risk, this was an area for improvement.
- People had personal emergency evacuation plans (PEEPS) in place. However, these were kept with the care plans and would not be easily accessible in an emergency. The PEEPS were not a separate document and were not easy to identify within the care plan. We discussed with the registered managers how the plans and access to them could be improved.
- Following the inspection, the registered managers sent us risk assessments and new PEEPS which were now in place.

Using medicines safely

- Medicines were not always managed safely. When medicine directives were handwritten, they had not been consistently signed by two staff to confirm the directive was correct. Medicine records were not always accurate, such the dates when medicines had been given were not always correct.
- Some people were prescribed medicines on an 'as and when' basis such as pain relief. There was not always guidance in place for staff. When guidance was in place the guidance did not always contain enough detail. For example, about when to give the medicine, how often and what to do if it was not effective. These were areas for improvement.

- There were systems in place to order and store the medicines following national guidance. Medicines were stored at the recommended temperature to keep them effective. Bottles of liquid medicines had opening dates, so staff knew when they needed to be discarded.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and analysed. This included the date, time and type of accident. An accident investigation form was completed, with the outcome and any prevention put in place.
- There was a review of accidents each month, to identify any patterns and trends. Action taken had included the addition of bed rails, movement alert mats and using the stand aid when a person was unwell. The accidents had not happened again following the action.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. People told us, there were always staff to help them when needed. During the inspection, call bells were answered quickly and staff responded to people's needs when they asked.
- When staff were on annual leave or there was sickness, this was covered by permanent staff. Some staff could undertake two roles, such as domestic staff were also trained carers. People were supported by staff they knew and received consistent care.
- There had been no new staff recruited since the new provider had taken over the service. The registered managers understood how to recruit staff safely and the checks required.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to safeguard people from discrimination and abuse. Staff described the signs of abuse they would look for. They told us they would report any concerns to the registered managers and were confident that they would act. Staff understood they could take concerns to the local safeguarding authority if needed.
- The registered managers and the assistant manager understood their responsibilities to report concerns. The assistant manager described how they had previously raised a concern that had resulted in a positive result for the person.

Preventing and controlling infection

- The service was clean and odour free. There were enough domestic staff to keep the service clean.
- Staff had access to personal protective equipment such as gloves and aprons. We observed staff using this appropriately.

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.

This is the first inspection for this newly registered service following a change to the registered provider. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People met with staff before they moved into the service to check staff could meet their needs. When people were interested in moving to Generals Meadows, they were invited to lunch. People spent time with other people and staff to see if they liked the service. People met with the assistant manager to discuss their needs, choices and preferences. This process was observed during the inspection, a person and their relative had a meal and spent a couple of hours in the service.
- People's health needs were assessed using recognised tools such as Waterlow to assess their skin integrity. These assessments were used to develop people's care plans and ensure people had the correct equipment to meet their needs.
- People's needs had been assessed including the protected characteristics as in the Equalities Act 2010. The information people had given relating to their sexual orientation, cultural and religious needs was recorded in the care plan.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role. Training was a mixture of online and face to face when appropriate. Topics covered safeguarding, obtaining consent and person centred approaches. Staff received training in health conditions such as diabetes and dementia. Staff told us they received training which enabled them to complete their role. People told us they thought the staff were well trained.
- There had been no new staff since the registered managers had managed the service. However, they did understand the importance of induction for new staff. This provided them with the opportunity to learn about the people living at the service.
- Staff received regular supervision. Staff told us the registered managers were approachable and supportive. Supervisions were used to help staff to identify their training needs and support their development.

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

- People were supported to eat a balanced diet. People's needs, and preferences were met. People were given a choice of meals.
- The lunch time meal was a social occasion, people were relaxed and chatting to each other. People told us they enjoyed the food and they always had enough to eat. People were offered snacks and drinks throughout the day.
- People told us they enjoyed the food. One person said, "I am asked what I want. The food is good, I am not a big eater, but enjoy it."

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

- Staff monitored people's health including their weight. People were referred to relevant healthcare professionals when their health needs changed. People had been referred to the dietician when they had lost weight.
- People were seen by the GP and district nurse when required. People were supported to attend the surgery when able. People had access to health professionals such as the dentist, optician and chiropodist.
- People were supported to remain as healthy as possible. People had an oral health care plan, with details of how staff should support people with their oral health.
- People were supported and encouraged to be as active as possible. People mobilised around the service and outside space.

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

- The service is a large adapted house, with bedrooms over two floors. There is a passenger lift between the floors, so people can independently access the floors. There is a communal dining room, lounge and conservatory on the ground floor.
- The registered managers had embarked on making improvements to all areas of the service. This included updating the bathrooms and rooms to include a shower rooms, to enable easier access for people.
- We discussed with the registered managers about signage around the building. They understood the guidance to support people living with dementia to remain as independent as possible. At the time of the inspection, there was no one with these needs. There were plans for memory boxes to be introduced outside people's rooms.

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 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.

- People's capacity to make decisions had been assessed. People were had been assessed as being able to make their own decisions and DoLS had not been applied for. People told us they were happy and understood why they were living at the service.
- People were able to express their choices and decisions. Staff understood how to support people to make choices in their daily lives. We observed people being offered choices including meals and how they spent their time.

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.

This is the first inspection for this newly registered service following a change to the registered provider. This key question has been rated 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

- People told us staff were kind and caring. One person told us, "I feel very safe, they are very kind and gentle." We observed people being supported with compassion. Staff spoke to people in a kind and gentle way, they were discreet when speaking to them privately.
- Staff knew people well and we observed people being supported in the way they preferred. Staff asked people what they wanted to do, such as going up to their room. Staff respected people's decisions and people were able to spend their time as they wished.
- People's different beliefs were supported. People were supported to attend religious services of their choice.

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

- People were encouraged to complete their own care plans giving staff information about their wishes in the way they wanted. People were supported to discuss their wishes, if unable to complete their own records. Staff responded to people's requests, such as involving the GP when people had requested not to be resuscitated. People had then discussed this with the GP and the relevant documentation completed.
 - People had signed to confirm they had been involved in developing their care plans. Staff had discussed with people about consenting to photographs, and in what circumstances. Also, who staff may discuss their care with. Relatives had been shown people's wishes and preferences, so they were aware of what their loved one wanted. They had been asked to confirm this on the records.

Respecting and promoting people's privacy, dignity and independence

- People told us, staff knocked on their doors and waited to be asked in. We observed staff, knocking and waiting to enter a person's room. People who wanted to spend time in their room were able to choose if their door remained open or was closed.
- People were supported to be as independent as possible. People were supported to mobilise around the service with their walking aids. Relatives told us how people's abilities had improved. When people had not been very mobile, staff had supported them to become more confident and to walk with aids.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service following a change to the registered provider. This key question has been rated 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

- Each person had a care plan. These contained varying levels of detail about people's choices and preferences. There were details about when people wanted to get up and go to bed and their food likes and dislikes. However, the information to support people with their personal hygiene was not always detailed with people's preferences. While this did not impact upon the responsiveness of people's care, we have commented on the completeness of people's care plans in the Well-Led section of this report.
- Staff knew people well. People told us staff supported them in the way they preferred. One person told us, "They know how to help me, it is there before I ask." We observed people being supported in the way they preferred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had access to information in the way they preferred. People who had difficulty hearing had a whiteboard, staff and visitors used this to communicate with them. At the time of the inspection, all the people living at the service were able to understand the written word. They told us they were happy with the way they received information.
- We discussed with the registered managers how they would support people with communication needs. They understood that information would need to put into pictorial form and other formats if needed.

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

- People were supported to maintain contact with relatives and friends. Relatives told us, they were always made to feel welcome by staff. People had internet access and had used this to keep in contact with their relatives and friends.
- People were encouraged to take part in activities they enjoyed. People told us how much they enjoyed playing Whist. They were joined by a local Whist group weekly and played for prizes. They also told us about activities such as bead work, baking, bingo and pampering. The service also had entertainment from outside performers which people told us they enjoyed. During the inspection, a singer had been present and people had joined in with the singing.
- People went out for trips to the local town. The registered managers had recently purchased a vehicle with

wheelchair access to enable more people to go out on trips.

Improving care quality in response to complaints or concerns

- The registered managers had a complaints policy, people and relatives has access to this. People told us they would go the assistant or registered managers if they had a complaint. Relatives told us, they knew how to complain. They told us, there had been minor things, but these had always been dealt with promptly and to their satisfaction.
- Complaints had been recorded and investigated following the complaints policy. The registered managers had met with complainants and the issues had been resolved. The solutions agreed had been recorded in the care plans.

End of life care and support

- People were asked their end of life wishes. Some people had completed these independently. They had included when they wanted to go to hospital and any religious requests such as a Roman Catholic priest.
- When people became frail they were referred to the GP for review. During the inspection, the GP visited to review medicines for one person who had become frail. Staff made sure that emergency medicines were in place to keep people comfortable when required.
- Staff worked with district nurses to support people at the end of their lives, to keep them as comfortable as possible.

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.

This is the first inspection for this newly registered service following a change to the registered provider. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Checks and audits had been completed on the quality of the service. However, these had not been effective at identifying the shortfalls found at this inspection including lack of guidance for staff to mitigate some risks to people's health, welfare and safety, shortfalls in medicines management and personal emergency plans.
- When shortfalls had been identified, action was taken immediately, however, there was no action to stop it happening again. For example, more frequent monitoring of mattress settings had not been implemented putting people at continued risk.
- Care plans did not always contain the detail to reflect all the care that was being given in order for the provider to be assured people's needs were being met.

The registered managers had failed to assess, monitor and improve the quality and safety of the service. And maintain complete, accurate and contemporaneous records. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was an open and transparent culture within the service. People were encouraged to develop their care plan. People told us they felt they were important. One person told us, "Very happy here, very well looked after. I feel very much wanted."
- People told us that the service had improved with the new registered managers. One person told us, "You can completely please yourself. We have much more freedom now." Relatives told us how the positive culture within the service had enabled their relative to make a new life for themselves. They told us, "He has made a new life for himself, we worried he would just be waiting for visitors, but he is not. He sees it as his home now."
- When the registered managers took over the service, they held an 'Hello' party. The party was used to get to know people and their relatives and explain the changes that would be made to the service.

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

- We observed the registered managers discussing any concerns relatives had with them. Relatives told us

the registered managers had made changes to improve the safety of the service and they had been kept informed of these changes.

- There was a definition of the duty of candour in the complaints file. Staff were reminded when recording complaints that they were required to be open and honest. Records of complaints showed when something had gone wrong this had been accepted and discussed openly with the complainant.

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

- People told us they had been asked their opinion about the service. They told us they had made suggestions about what activities they wanted to do, and these had been arranged. Changes had been made to the way meals were presented and snacks made available in the dining room, following feedback from people. The registered managers had not asked people to complete a quality assurance survey, but this was planned for the near future.

- Staff attended regular meetings. These meetings were used to discuss people's needs and any suggestions staff may have. Staff had requested some new equipment, this had been purchased. There was now a portable ramp to go up to the front door. Staff shifts and the number of staff on duty had been changed. People and staff told us this had been an improvement.

Continuous learning and improving care; Working in partnership with others

- The registered managers were working to improve the service for people. They had made improvements in the safety of the building and the way people received their care and support. The registered managers received regular updates from national organisations. Oral health care plans had been put in place following recent updates. The registered managers planned to attend local forums, we will follow this up at our next inspection.

- The registered managers had started to involve the community with the service. Children from the local school had come to see people. They had spoken to them about their childhood as part of a project about being a child.

- The registered managers worked with other agencies such as the local authority to ensure people received joined up care.

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 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance The registered managers had failed to assess, monitor and improve the quality and safety of the service. The registered managers had failed to maintain accurate, complete and contemporaneous records for each person. Regulation 17 (2)(a) (c)