Meadowvale Homecare Ltd

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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

This announced inspection took place over three days. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be in the office.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger adults, working age adults and older adults living with a physical disability, mental health condition or learning disability.

At the last inspection of the service on 22 December 2016, we rated the service as Good.

At the time of this inspection, 105 people with physical and mental health conditions including people living with a dementia and learning disabilities were receiving care and support. One person received 24 hour support from a small team of staff and everyone else received a range of planned calls which included personal care, domestic care and social support.

The registered manager has been registered with the Care Quality Commission since 2 September 2016. 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.

At this inspection we found that improvements were needed to improve the quality of the service.

Core risk assessments were in place for people, such as for the environment and for falls however they had not been reviewed regularly. Risks outside of these core risk assessments such as alcohol abuse, safeguarding concerns and behaviours which challenge had not been appropriately risk assessed and information relating to these kind of risks had not been included into people's care plans. This meant we did not know how the risks to people and to staff were safely managed. We found these risks put staff and people at increased risk of potential harm.

Risks to people and staff were not appropriately assessed when candidates were recruited with previous criminal convictions. We found there was a lack of information about these convictions because accurate information had not always been shared or appropriately investigated. One criminal conviction had not been accurately recorded on an application form. Records did not show that all criminal convictions had been fully discussed during interview and no risk assessment had been carried out before an offer of employment was made.

Medicines were not managed safely. People had not always received their medicines as prescribed and records of medicines had not been kept up to date. The medicines policy did not reflect current practices in place at the service.

Staff knowledge of the Mental Capacity Act 2005 was limited. Staff assumed that people who were living with dementia did not have capacity and were not able to consent to their own care. Care records wrongly stated that people did not have capacity and relatives had been asked to sign consent records and care plans even though people had the capacity to sign these records themselves. This action meant that people were not always supported to have maximum choice and control in their lives.

Staff did not receive appropriate support to carry out their roles by way of regular reviews during induction, supervision and training. The provider and registered manager did not have robust oversight of the service. An ineffective auditing system was in place which had not identified the concerns raised during this inspection. The provider had not submitted a statutory notification when required to do so.

Staff understood their role in protecting people from abuse and safeguarding notifications had been submitted when needed. Accidents and incidents had been reported and recorded and there was evidence that lessons had been learned to minimise the risk of reoccurrence. There were sufficient staff on duty and people spoke positively about the small team of staff involved in their care. Staff had access to and followed infection prevention and control procedures.

Staff supported people with their nutritional needs and ensured people had access to snacks and drinks outside of planned calls. Staff prompted people to make healthcare appointments if they became unwell and supported people to attend their healthcare appointments.

People and their relatives told us they were happy with the care and support which they received from staff. They told us they were involved in making decisions about their care. People told us their privacy and dignity was respected and maintained.

Detailed care plans were in place which demonstrated the care and support which people needed and what people could do for themselves. Daily notes were detailed and demonstrated the kindness of staff. The provider was in the process of setting up activities groups for people to attend and had supported people to access activities in their local community. Complaints had been responded to and dealt with appropriately.

Staff worked together as a team and were supported by the provider and registered manager. All worked in line with the vision and values of the service. The service was transparent and worked alongside health and social care professionals. Feedback had been sought and was used to improve the quality of the service. The service had good links with the local community and worked in partnership with local colleges, employment support services and housing services.

We found multiple breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, safeguarding people from abuse, good governance and staffing. We also identified one breach of the Care Quality Commission (Registration) Regulations 2009 for failing to submit a notification.

This is the first time the service has been rated Requires Improvement.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People and staff were put at risk of harm and abuse because the procedures in place did not lead staff to carry out risk assessments or update care records when incidents occurred.

Robust recruitment procedures were not followed when offences were identified on disclosure and baring services certificates. Gaps in employment had not been investigated.

Medicines were not managed safely. People did not always receive their medicines as prescribed and medicine records were not up to date.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not receive regular reviews during their induction. The registered manager did not receive supervision and staff had not received training in some areas of their role.

Staff knowledge of the Mental Capacity Act 2005 was limited. This led to assumptions that people did not have capacity to make decisions.

Staff prompted people to make healthcare appointments when they became unwell and supported people to attend appointments.

Is the service caring?

Good

The service was caring.

People told us they received good care from staff and their privacy and dignity was maintained at all times.

Staff told us they enjoyed providing good care and support to people.

People were involved in planning and reviewing their care. Feedback from relatives was sought to improve people's quality of care.

Is the service responsive?

Good

The service was responsive.

Care records contained detailed information about people's needs, their preferences and what they could do for themselves to maintain independence.

The service supported people to identify suitable activities for themselves in their local community and were in the process of setting up their own community group for people to attend.

People told us they could raise a complaint and had confidence that it would be dealt with. In the complaints reviewed, we could see that appropriate action had been taken.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance measures had not highlighted the concerns found during this inspection. The Commission had not been notified of one safeguarding incident.

An open and transparent team was in place who worked well together and in line with the vision and values of the service.

The service worked alongside education, housing and adult social care services to provide care for people, to reduce social isolation and to recruit staff.

Meadowvale Homecare Ltd

Detailed findings

Background to this inspection

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

This announced inspection was carried out over three days. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be in the office.

One adult social care inspector and one specialist advisor attended on 26 February. One adult social care inspector and one inspection manager attended for a second day of inspection on 12 March 2018 and one pharmacist technician medicines inspector attended on 13 March 2018 to review medicines at the service. Three experts by experience carried out telephone interviews with people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case, the expert by experiences had experience of working or caring for older people.

At the time of inspection there were 105 people using the service who lived in their own homes and were supported by 61 care staff. The service provided support to working age adults and older people with physical and mental health conditions and to people who were living with a learning disability.

Before our inspection we reviewed all the information we held about the service. We examined the notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We spoke with Redcar and Cleveland local authority contracts and commissioning team and Health Watch. We used this feedback as part of our inspection planning process.

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.

During the inspection we spoke with 30 people and 11 relatives over the telephone. We also spoke with the

provider, operations manager, registered manager and five staff. We spoke with four health and social care professionals via email. We also sent questionnaires out to people via post prior to the inspection.

We reviewed ten care records in detail. We reviewed six recruitment and induction records and seven supervision and appraisal records. We reviewed the training summary records for all staff. We also reviewed records relating to the day to day running of the service.

Requires Improvement

Is the service safe?

Our findings

Since the last inspection the service had grown substantially. We found that the service needed to make improvements to make sure people and staff were kept safe from the risk of potential harm.

Risk assessments for the environment, falls, choking and medicines had not always been regularly reviewed. We also identified that moving and handling risk assessments were in place for people where there was no identified needs. Risk assessments were not in place for people with behaviours which challenge. Some staff were carrying out planned calls with people whose environments were not always stable because of their life choices. The provider and registered manager had not considered the risks of verbal and physical aggression towards staff because of people's health conditions and lifestyle choices.

We spoke to staff who were involved with people who could display behaviours which challenge. We saw that staff were aware of people's behaviours, however, staff had not received up to date training in managing behaviours which challenge. We found that care records for people who displayed behaviours which challenge did not include information about the behaviours which people could display or the de-escalation strategies which staff needed to use. The care records did not show how to keep people particularly vulnerable to abuse, safe.

No risk assessment and review of planned calls had been carried out where people had caused harm to another person in the community. We found these incidents were played down by staff rather than understanding that staff themselves were at risk and drawing on their own knowledge and experience of the people and their training to manage situations effectively. Care records did not routinely reflect the knowledge staff had of people in terms of managing risk.

A small number of incidents had taken place, however care records had not been updated or risk assessments carried out. We saw that these incidents, if repeated could leave staff particularly vulnerable to harm and abuse. The provider and registered manager had not considered whether any changes were needed to people's care packages or whether staff safety needed to be reviewed. We could see that there was potential for repeat incidents caused by people to occur which would have put staff at risk of harm.

The systems in place for managing medicines did not always keep people safe. Medicine administration records (MARs) did not always contain accurate information and had not been kept up to date. For example, one person had been prescribed an intensive seven week regime of vitamins in January 2018. However this regime had not been documented within the care records and resulted in this person not receiving their treatment. Staff had administered a deviated dose of Paracetamol from the prescribed one with no record of reasoning.

Risk assessments for medicines had not been completed accurately. The risk assessments for two people stated that staff needed to administer their prescribed medicines; however MARs and daily records stated that staff left these medicines out for people to take later. The risk for this practice had not been assessed.

One person was prescribed Paracetamol tablets for pain relief. To avoid Paracetamol toxicity the interval between doses should be a minimum of four hours. For this person on a number of occasions the time interval between doses recorded on the medicine administration record was less than four hours.

Topical creams were not always applied as prescribed. Care records did not include information about the application of these topical creams. Prescription labels on topical medicines did not always match the MAR. For example, one person was prescribed a pain relieving gel which was to be applied on a when required basis however this had been transcribed on to the MAR 'to be applied three times per day.

Some staff dispensed medicines to people via a percutaneous endoscopic gastrostomy (PEG). This is a way of giving medicines directly through the abdominal wall for people who have difficulties with swallowing. No records of PEG training were available during inspection.

One person received twenty-four hour care from staff, yet staff had not undertaken any planned fire drills at the person's home to make sure they could safely evacuate themselves and the person in an emergency. An emergency evacuation assessment had been completed, but not reviewed for over one year. The record stated that annual reviews must be carried out.

Safe bathing temperature limits indicate that people should bathe in water between 38 and 43 degrees Celsius. The bathing records stated the person should not be bathed above 38 degrees Celsius. No bathing temperature records were available during inspection. This meant there was a risk of the person being bathed in water temperatures which were unsafe. We spoke with the registered manager about these and immediate action was taken to address these.

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. The provider had included these checks before offers of employment were made to candidates. However we found that appropriate action had not been taken when convictions were highlighted on these checks.

We identified two records where robust procedures had not been followed to determine whether staff were safe to work with vulnerable people using the service. In one record, we found that an incident had not been accurately described on the application record and did not match the offence recorded on the DBS certificate. There was no evidence of any discussion about the incident during the interview process or action taken by the provider when the actual offence came to light when the DBS certificate was received. In another record we saw that offences had been accurately recorded and there was evidence that a discussion had taken place with the provider who had been happy to offer employment. However the registered manager and operations manager were unable to provide any information about these offences during inspection or answer our questions about these. In both cases no risk assessment had been carried out to examine any risks to people using the service or staff.

We asked the registered manager to review the DBS certificates of all staff employed at the service. They identified one candidate currently going through the recruitment process who had participated in an interview and had declared their criminal convictions. We were told that this person would not be offered employment until a DBS check had been received. However, the records showed this candidate had signed a contract of employment despite a reference being returned uncompleted stating the person was unknown. Gaps in their employment history had not been explored. We also found this staff member had been issued with a uniform and had undertaken training. We determined that this candidate had been offered and had accepted employment with the service.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not followed its own recruitment policy because staff had been offered positions without the necessary checks being carried out in-line with their own recruitment policy. The recruitment policy stated that, 'In no circumstances should a position be offered to a candidate unless the DBS check is satisfactory. Where an issue was identified, then an assessment within the 'individual applicant pack' needed to be completed to make an assessment about the possible implications of employing candidates and exposing vulnerable people to them.' The policy also stated that, 'No exceptions may be made if a person is listed on the DBS register.'

Quality assurance procedures had not identified that ineffective recruitment procedures were in place and this had not allowed effective risk assessment and monitoring to take place. The systems in place meant that the registered manager had not been informed of staff taken on with convictions. This meant they had not been able to appropriately assess and monitor the risks to people and to staff.

Audits of MARs had been completed; however audit records were not routinely completed. This limited the scope for identifying patterns and trends. Completed audits had not identified the concerns during this inspection with medicines. The medicine policy was limited in scope and did not cover core processes relating to administration of medicines. The policy also contained references to other supporting documents that were not yet in circulation. This meant we could not be assured what policies care staff were working in line with.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and staff told us there were enough staff on duty to carry out planned calls to people. Staff told us that they contacted the office if they were going to be late for a planned call and people confirmed they were made aware. One person told us, "They [staff] always come. They have never missed [a planned call] and if they [staff] are going to be late, they ring me first." Another person told us, "I rang to change the times. The [registered] manager said 'Leave it with me, I will look at the rotas.' Within 20 minutes, [registered manager] rang back to say she could change the times. They are marvellous." A relative told us, "I asked them [staff] to change the night time call, now they come earlier as that suits us better. They are very flexible and adaptable."

People told us they felt safe when they received care and support from staff. One person told us, "I am safe. They [staff] are efficient and respectful." Another person told us, "I do very much so [feel safe]. They [staff] are of good quality and I feel comfortable with them." A relative told us, "I do feel safe. We are quite pleased with the help we have had from them [staff]."

Staff told us they had access to the equipment and resources needed to carry out care and support to people. Prior to inspection, we were made aware that two staff had not carried out safe infection control and prevention procedures and had carried out unsafe practices with people. We contacted the provider and they took immediate action to deal with these concerns. We also raised a safeguarding alert which was upheld for abuse. The provider acted quickly to safeguard people. Disciplinary records showed the provider had dealt with other incidents appropriately. Each of the records held details of the investigation, evidence and outcomes of the investigation. In each of these incidents, there was evidence that lessons had been learned and new procedures put in place to minimise the risk of these types of incidents from reoccurring.

Requires Improvement

Is the service effective?

Our findings

We reviewed the support staff received to carry out their role and determined that improvements needed to be made. From our review of staff records, we found that four staff currently in their probation period had not received regular reviews and competency checks. Five staff who had completed their probationary period had not received their reviews (during their probationary period) in line with the provider's statement of purpose. This meant staff had received reviews earlier or later than expected. The provider's statement of purpose indicated that staff would participate in a one-to-one review which would include a work based observation at two, four and eight weeks with sign off from their probationary period at 12 weeks. The records showed that this practice was not carried out.

The registered manager had not received supervision from the provider. An appraisal was in place but had no date of completion. It had been signed by the registered manager but not by the provider as the appraiser. We reviewed an appraisal record for one staff member and found the summary record was incomplete but had been signed as complete by the appraiser. This meant we could not be sure if the staff member had received a full appraisal.

We also identified that staff training was not up to date. For example, staff were supporting people who lived with a learning disability, displayed challenging behaviours or were receiving care towards the end of their life from staff who had not undertaken training.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not have an induction policy in place which identified the activities which staff needed to undertake and the reviews they needed to participate in to determine whether any further support was needed. This had not been highlighted during their own review of policies and procedures.

There were systems in place which showed when reviews, supervision and competency checks of staff were due; however we found these were not used to their full capability because they had not identified gaps in supervision, probationary reviews and competency checks. The roles and responsibilities of some staff was unclear.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

The MCA (2005) is limited to care homes and hospitals. In the community where people live in their own homes, people are subject to a court of protection authorisation. This is a superior court record created under the MCA (2005) and gives an appointed person jurisdiction over the property, financial affairs and personal welfare of people who lack mental capacity to make decisions for themselves.

We spoke with the provider, registered manager and staff about the MCA and found their knowledge was extremely limited, despite training carried out. The registered manager told us that refresher training in the MCA would be arranged for staff.

Staff had not worked in line with the Mental Capacity Act 2005 which assumes that a person has capacity unless it is proved otherwise. Only one person using the service did not have capacity, yet staff had wrongly assumed that people living with dementia did not have capacity. The care records which we reviewed stated that people did not have capacity, for example, personal detail records stated, "Under the Mental Capacity Act 2005, I have been assessed a lacking capacity." In another record it stated, "[Person] lacks capacity when under the influence of alcohol."

Where people had been assumed to lack capacity by staff, relatives had signed care records and consent records without the legal authority to do so. For example, an emergency evacuation plan had been signed by a relative and stated the person was, "Unable to sign due to limited capacity." Staff told us that relatives acted as advocates when people lived with dementia. This goes against the principles of advocacy. Advocacy is a process of accessing independent advice and support with decision making.

A court of protection order was in place for one person who received twenty four hour care from staff in their own home. The deputy appointed to act on this person's behalf had been involved in the person's care and had reviewed and signed care plans and consent records. The provider, registered manager and staff involved in this person's care lacked knowledge about this type of order and what this entailed. Care records did not embed the principles of the court of protection order to keep this person safe.

This was a breach of regulation 13 (Safeguarding service users from improper and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the first day of inspection, the operations manager told us they had accepted a referral for one person who had a valid deprivation of liberty safeguard (DoLS) authorisation in place. They failed to recognise that DoLS were not valid once the person had left the care home or hospital but accepted the referral. The operations manager had not recognised that they should have asked for information about the person's capacity and whether a court of protection arrangement was in place.

The provider and registered manager had not identified the omissions in the records relating to the MCA. Although training had taken place, no competency checks had been carried out. Policies relating to the MCA and DoLS were in place but required review. The policies did not lead staff to understand that DoLS are not valid for people in their own homes and that people would be subject to a court of protection arrangement.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements were needed to the assessment process when referrals for care and support for people were accepted. Although detailed care plans were in place they did not provide detailed information in relation to people's mental health needs and lifestyle choices. This meant the records did not demonstrate how staff were providing people with the care and support they needed at all times. Care records were not always

clear in determining whether monitoring was in place because of a health condition. For example, one person's relative had requested staff keep a food diary because the person who lived with dementia was not eating regularly. The care records stated that the person required support with eating but was not specific about what this support included. The food records showed that staff prepared meals for the person. The records consistently showed that the person was eating the meal when staff left. This meant staff could not record how much of the meal had been eaten. The operations manager said that staff would check at the next call; however records were not updated once the checks had been carried out. This process did not allow staff or the relative to monitor the dietary intake of the person.

Care records included information about the foods people liked to eat and the support needed. For example, one person was supported to eat, however staff found that they needed support with meals requiring cutlery but could eat more independently with finger foods. Staff provided a mix of these meal types to ensure the person received the diet needed but also provided variation to maintain their independence.

People told us staff assisted them with the preparation and cooking of food. One person told us, "I sometimes can start it off, and they [staff] can do a bit more. When they [staff] came today I had a wonderful meal. I love my food, I am happy with them [staff]." A second person told us, "I make the choice; they [staff] cook it for me." A third person told us, "One carer does a marvellous bacon and egg sandwich."

Some people told us their diet was limited because of the skills of staff. We discussed this with the registered manager and they took immediate action to source training for staff who needed to improve their food preparation and cooking skills.

People told us staff encouraged them to make healthcare appointments when they became unwell. Staff supported some people to attend their appointments in the local community or further afield to the hospital. One person told us, "The staff will ring the GP for me and try and help if I am not well."

Good

Is the service caring?

Our findings

People told us they were happy with the care and support they received from staff. One person told us, "Staff are all very good. Very caring and very helpful." Another person told us, "They [staff] do what we want them to do. They [staff] do their job and ask if they can do anything else. They [staff] even bring my newspapers. The level of care is conducive to me being well looked after. It is a joy to be looked after by them [staff]. I hold them [staff] in high regard." In a questionnaire received prior to inspection, one person told us, "The care we have had from Meadowvale Homecare has been exceptional. We have one care worker only, who comes in twice daily. This care worker is an absolutely gem and is very professional. Ten out of ten."

Relatives confirmed the comments which we received from people about the quality of care and the support their loved ones received from staff. One relative told us, "I've got peace of mind because I know [person is] being looked after." Another relative told us, "The carers are invaluable. They're kind. They are gentle and have the skills [person] needs. [Person] is fine with them and I know they are safe."

All staff spoke positively about their roles and the care and support they provided to people. One staff member told us, "I absolutely love everything about my job. I like working in the community, its different every day. If someone is down and I make them smile, then it makes my day." Another staff member told us, "I enjoy meeting different people and making client's lives better." A third staff member told us, "I love my job, taking [person] out. Seeing them smile and making them happy."

People told us that staff didn't rush their calls and carried out the duties they needed them to. One person told us, "All the staff are very caring. They stay extra time if needed." A second person told us, "They [staff] couldn't be any better. They [staff] even go to the shop for my paper and bread." A third person told us they had times when a staff member had stayed longer than the agreed time to make sure the person had everything they needed prior to them leaving."

People told us that staff had time to spend with them and to talk about different things. People told us this was important to them and made them feel valued. One person told us, "Staff are nice people. We have a chat and a laugh. Another person told us, "Staff are helpful and efficient." One relative told us, "The staff treat [person] with respect and they have a laugh together." Another relative told us, "The staff look after [person] and show them kindness."

Staff empowered and encouraged people to be independent. One relative told us "Well [person] can do more now than they used to because they [staff] encourage them." One person told us when they were out shopping with staff in the community, staff, "Help me walk and let me push the trolley." A second person told us, "They try and get me go to the day centre. I have been a couple of times." A third person told us, "The company sorted out an evening class for me and someone will take me. I am really looking forward to going." A relative told us, "The staff let [person] do what they want. When they [staff] take them out, they encourage them to walk beside the wheelchair."

Staff respected and maintained people's dignity during all aspects of the care and support which people

received. One person told us, "They treat me with discretion." Another person told us, "They respect me, as I respect them." A relative told us, "When they [staff] come in, in the morning, they always say good morning to [person]. This is before they speak to me. I like this as it shows them that they have come to see them."

People and their relatives spoke positively about the level of communication from the service. One person told us, "Communication is good. They [staff] usually answer [the telephone] straight away. I never have to wait for a call back." Another person told us staff at the service, "Keep you informed." A relative told us, "They [staff] are good and always answer the telephone. Communication with the carers is good. It goes in the book and they [staff] communicate with the office. Another relative told us, "It is nice to know there is someone to ring if I need help. It is important to know there is someone there if I need help."

We spoke with one person who had a visual impairment. They told us they were provided with information about which staff would be visiting them, but found large print records were not beneficial so staff reminded them at each visit of who to expect at the next visit.

People had participated in reviews of their own care. Health professionals and relatives had been involved in these reviews and feedback had been obtained from people during these reviews. One relative told us, "We have a care plan and we have regular reviews." We reviewed a letter from one relative who wasn't able to attend a review but wanted their voice to be heard. The letter stated, "Smooth running of care package. Looks well cared for. House kept to a high standard." We saw staff had included this information into the person's review.

Good

Is the service responsive?

Our findings

Person-centred care records were in place which detailed the general care and support which people needed. Care records included people's personal preferences and the activities they could carry out themselves to maintain their independence. Care records detailed the support staff needed to provide at each planned call. One person had a very detailed plan for moving and handling.

Detailed daily records were in place which demonstrated a personalised approach to care and included references to on-going dialogue with people. The records also showed the flexibility of the service in meeting people's individual needs.

Staff we spoke with demonstrated good knowledge about the care and support people needed. Staff talked about the increased support people needed when they were having a bad day. This included checking to make sure people responsible for managing their own medicines had taken them and challenging any negative thoughts about taking their medicines.

Staff were responsive when people's needs changed. One staff member told us they noticed one person was experiencing difficulties when they were providing care and support to them. The operations manager had visited this person and had observed staff supporting them. As a result two staff members were allocated to provide support to this person because their needs had changed.

Staff supported one person living with a learning disability who displayed difficulties with their communication. Care records gave examples of non-verbal cues and their meaning. The records also showed how staff could tell if this person was happy or unhappy, for example, the person could smile and look comfortable or might sit with their fingers in their ears and rock backwards and forwards. Activities records for this person were in place; however they needed to be more consistently completed.

The service supported other people to access and attend activities in their local community. For example, staff identified a local art group which one person now attended. Another person was a farmer before their retirement and the service identified seven local agricultural shows and the person chose to attend all of them.

Everyone we spoke with on the telephone was aware of how to raise concerns and make a complaint if they needed to. One person told us, "I would contact the service if I needed to. I have not had any need to complain." Another person told us, "I would get on to the supervisor first. If there was no joy, then I would go to the [registered] manager. I have not made a complaint. They have quite good record as far as I am concerned." Relatives also knew how to make complaint.

A small number of complaints had been made by people using the service. Records available showed these complaints had been dealt with quickly and improvements had been made as a result. In one case we found that the service had been proactive as a result and had taken action to recruit an additional member of staff which would allow one person more consistent care.

The service provided care and support to people receiving end of life care. Records were in place which reflected the support which people needed, as well as their personal preferences.

Requires Improvement

Is the service well-led?

Our findings

The arrangements in place at the service led to a lack of robust oversight by the provider and registered manager. The provider did not carry out their own quality monitoring of the service and the auditing system in place at the service was ineffective. Where audits had been carried out, they had not highlighted any of the concerns found during this inspection. Audits completed were limited in their scope.

Quality assurance procedures had not identified that key risks had not been included into care plans and risk assessments had not been completed. This meant that the provider and registered manager had not recognised that people and staff had been put at risk of potential harm. Audits of daily records did not show if people were receiving care and support which was outlined in their care plans. We also found gaps in the types of audits carried out. The roles and responsibilities of some staff was unclear. This had led to the ineffective monitoring in all areas, such as risk, care plans, quality assurance and recruitment.

The provider's statement of purpose and policies needed to be reviewed to make sure they were relevant to the service. When we reviewed these, we found they did not match the current practices taking place at the service. The provider had started to review this following our feedback during inspection.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Services that provide health and social care to people are required to inform the CQC of deaths and other important events that happen in the service in the form of a 'notification'. The provider had not informed CQC of a safeguarding incident. This meant we could not always check that appropriate action had been taken.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We will take action outside of this inspection to address this. We will report on any actions once they have been completed.

The provider, registered manager and staff understood and followed the visions and values of the service, with their focus on 'Your care, your choices.' All were open and transparent throughout the inspection. People told us they were happy with the care and support they received from staff and this reflected the work the provider carried out to ensure the visions and values were implemented. The registered manager carried out announced spot checks of staff where they were measured against the vision and values of the service.

Staff told us they received support from the registered manager and operations manager. All staff were aware of the provider and told us they saw them throughout the year.

The people who used the service and their relatives were complimentary when they were asked what they thought about the staff and the manager. One person told us, "The [registered] manager is very nice. I don't

see the [registered] manager, but I can ask to see them whenever I want to." Another person told us, "The [registered] manager and owner [provider] are wonderful as is the ethos is around the client. Sometimes if they are short staffed, the [registered] manager keeps her hands in. [Registered manager] will do anything the girls [staff] will do. There is respect all the way."

Relatives were also complimentary of the registered manager. One relative told us, "The [registered] manager is good." Another relative told us, "[Registered manager] is good. On a couple of occasions, when there has been a bit of a problem, [registered manager] came out and dealt it with herself. [Registered manager] is very good."

People and their relatives told us all staff at the service worked together as a team to deliver good care and support to people. One person told us, I think they do [provide good care]. I think they are the best care company going." One relative told us, "Together, they [staff] all see that everything is fine. They [staff] can't do enough for you."

Staff attended regular meetings where they were kept up to date with changes occurring at the service. We could see safeguarding, complaints, medicines and training had been discussed. The management team also carried out their own meetings to discuss particular aspects of the service.

Feedback had been sought and was used to improve the quality of the service. From the feedback obtained we could see that positive feedback had been obtained regarding job satisfaction and quality of care. An action plan was in place. Feedback obtained stated, "No complaints at all. They [staff] are perfect for the job. They see that I am safe." And, "I can't praise the staff and management enough."

In questionnaires received from health and social care professionals prior to inspection, one professional told us, "Overall I feel that Meadowvale provides a good service and look to work in partnership with myself to resolve any issues." Another professional told us, "Meadowvale have maintained good contact with the commissioning team. They have been very responsive to changes in service user's condition and presentation. Feedback from service users has been universally positive over a consistent period of time."

People told us they had been invited to events run by the service. One person told us, "They [provider and registered manager] are arranging a forum with the staff, [registered] manager and supervisors to get together in April. I like that idea; it is a good step forward. Getting people together from the top to the bottom." A relative told us, "They do a coffee morning now and again. We meet everyone at the coffee morning two or three times a year. It is nice play bingo and meet the other people, members of staff and the [registered] manager."

A concierge service was available to people. This service was designed to decrease social isolation for people. People received one hour's free care on their birthday to 'do something different.' The provider told us a common requested use of this time was to support people to the coast in Saltburn for fish and chips.

The service had developed good links with their local community. The service worked alongside the local authority and local colleges and had recently recruited three care staff via these links. The service acknowledged that there were many young people who were carers to family members and wanted to draw on this knowledge and experience. A recruitment strategy was in place to target working age adults who had recently left work or had retired on either a paid or voluntary basis.

The service attended an employment hub in a local village to recruit suitable candidates. This process encouraged the local community to talk to staff and gather further information about the roles available.

They also worked with a local housing provider who supported tenants with employment in a local village and town near the provider's office. The provider was able to consider employment for people via traineeships and apprenticeships. The service regularly attended coffee mornings within a local town to create links and to support people to reduce social isolation.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment (1) The provider had not ensured that risks to people and staff had been appropriately assessed and monitored. Medicines were not managed effectively.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment (1) Staff did not understand or work within the principles of the Mental Capacity Act 2005.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (1) There was a lack of oversight in place. Quality assurance systems were ineffective.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing (2) Staff did not received regular reviews during their induction. The registered manager had not received supervision. There were gaps in supervision and appraisal records. Staff training was not up to date.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not informed the Commission of a safeguarding incident by way of a notification when required to do so.

The enforcement action we took:

A fixed penalty notice was issued.