

## Housing 21

# Meadow Walk

### Inspection report

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Date of inspection visit:  
24 July 2023  
08 August 2023

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25 September 2023

### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Meadow Walk is an extra care housing scheme for older people, comprising of individual flats in one large building. The scheme has some communal areas, and an onsite restaurant. People who lived at the service had a separate care and tenancy agreement. At the time of our inspection, the service supported 25 people with personal care.

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

Risks had not been assessed consistently placing people at risk of harm. Whilst people were supported by kind and caring staff, we received feedback that people did not always feel safe with the staffing levels, particularly overnight.

The provider's governance arrangements did not provide assurance the service was consistently well led. The systems and processes to oversee the quality assurance of the service were not robust and effective, as they had not identified the shortfalls we found during our inspection and regulatory requirements were not always being met.

Risk was not consistently and safely managed. Some relatives felt communication was not always effective between themselves and the management team at Meadow Walk.

Safeguarding concerns were reported to the local authority; however, improvements were needed to ensure these were always reported to CQC. Effective systems were in place to prevent and control the spread of infection.

People and their relatives told us permanent staff knew them well and were caring, kind and respectful.

Staff understood the importance of gaining consent from people and ensured people's privacy and dignity was respected. 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.

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

This service was registered with us on 13 May 2021 and this is the first inspection.

### Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

## Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan from 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 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?

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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Meadow Walk

## 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.

#### Inspection team

This inspection was undertaken by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

#### 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 not a registered manager in post. A manager had been in post since February 2023 and had submitted an application to register which CQC rejected due to incomplete information being provided and a failure to respond to communication.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection visit. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 24 July 2023 and ended on 8 August 2023. We visited the location office at Housing 21 Meadow Walk on 24 July 2023.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 6 people and 5 relatives about the service they were receiving. We visited the provider's office on 8 August 2023 and spoke with the manager, regional manager, and team leaders. We had contact with 5 care staff. We reviewed records that included 4 people's care plans, risk assessments and medicine administration records. We also looked at records relating to the management of the service, including policies and procedures, quality assurance systems, staff recruitment and training records.

# 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 of this newly registered service. 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; Staffing and recruitment

- Risk assessments were not used effectively to identify and reduce risks to people. The provider had not ensured risk assessments were in place for all identified risks. Some records did not set out enough information for staff about how to mitigate risks to people. Whilst regular staff knew people and their support needs, any new staff, including agency staff, would not have robust records to rely on to ensure risk to people was minimised
- One person was placed at risk because staff were supporting them with the preparation of their meals without knowledge of their speech and language (SALT) safe swallowing plan. This placed the person at risk of harm if the incorrect consistency of food was prepared and served to them.
- Another person had specific risks relating to their care needs. These had not been considered in determining any risk to them and the wider service.
- One person had a plan of care in place involving the use of moving and repositioning equipment. The person's care plan did not include the equipment recommended by the occupational therapist and the manager could not assure us they knew which was the correct and safe guidance.
- We had feedback about the staffing levels, particularly overnight, which made people and their relatives feel unsafe at times. One person told us, "I am vulnerable because if I am unwell after 8pm and the person on call is busy, I have been told to call an ambulance. I came here because I need support and when I need it, it may not be available." Another person's relative said, "I have serious concerns about the staffing levels. One [staff member] on after 8pm is unacceptable."
- Whilst the service had several staff on duty during the day time, only one staff member was deployed to work overnight. Due to recruitment challenges, this member of staff was always an agency worker who worked alone. This arrangement had not been risk assessed and the feedback we were given was that the agency staff were not always familiar with people's needs. Therefore, we were not assured that risks associated with the staffing levels overnight had been considered.
- Records were not routinely maintained of staff working overnight and the manager told us they did not know which agency staff member would be arriving on any given day. This meant there was a risk the staff member was not familiar with the service and people's support needs.

Individual risks to people were not consistently assessed, monitored and reviewed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A fire risk assessment had been completed in October 2022 which had highlighted some areas that

needed action to improve the safety of the building. At the time of the inspection, a number of these areas had been actioned, with plans to address the further works.

- Following the inspection, the manager advised they had reviewed and updated the care plan for the person with the SALT assessment and they had obtained a copy of the guidance.
- We had mixed feedback from staff at the service who told us staffing levels were not always sufficient during the day telling us, "Overall I feel there is inadequate staff to resident ratio, and this is more apparent on afternoon / evening shifts. Another staff member commented, "The staffing levels impact [people]. It means their [care] calls get shortened or they don't receive their call at all. There are only two staff on duty from 2pm till 8pm which I don't think are enough staff. If there is an emergency, we run behind because there is no one to call or to cover us." We could not corroborate this from the records and evidence we viewed.
- Following our inspection, the provider told us that each person was provided with a pendant upon moving into Meadow Court and that they could use this to seek assistance when needed.
- Following our inspection, the manager put in place a system, so they knew which agency staff to expect on site on any given day.
- As with many adult social care services, the provider struggled when it came to staffing due to recruitment challenges. However, neither people or relatives reported any missed care visits or said this affected the level of care.
- We reviewed 2 staff files to check the provider had followed safe and effective recruitment procedures. Relevant checks had been completed before staff worked at the service. These included, application forms, copies of passports or driving licence, references, proof of address and Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Given the mixed feedback we received on staffing arrangements, we recommend provider reviews their quality assurances processes to ensure they fully assess the staffing levels during the day and night.

#### Using medicines safely

- Some areas of medicines administration and practice needed to be improved.
- We were informed by the management team on site that the agency staff working at night were not trained to administer medicines. We were informed there were 2 members of staff that lived locally that were on call who would come into the service if people required, or requested, medicines overnight. The head of extra care housing later refuted this and told us that all agency staff were trained to administer medicines.
- Some people and their relatives raised concerns about the safe administration of medicines. One person told us they requested staff dispense their nighttime medicines early and leave them for them to take later because they did not trust that the agency staff were sufficiently trained to handle their medicines.
- A relative raised concern with us that their family member, who was living with dementia, was left the whole box of their medicine which placed them at risk of harm should they have taken too many. There were no individual risk assessments for staff preparing and leaving medicines for people. Medicines administration record (MAR) charts show this practice could be for a week at a time, and it was therefore not clear from the records, whether the person was having their medicines as the prescriber intended.
- We found records were not kept of the stock of medicines once they were administered, this meant it was very difficult to establish how many medicines the person had taken versus what they should have had.

People's medicines were not consistently and safely managed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



#### Systems and processes to safeguard people from the risk of abuse

- Although the registered manager had a system in place to report safeguarding concerns to the local authority, further work was needed to ensure this was fully effective as safeguarding concerns had not always been reported appropriately to CQC.
- Staff had received training to safeguard people from abuse. Staff understood how to recognise abuse and how to report their concerns about this. A staff member told us, "Any safeguarding concerns are reported to my line manager and dealt with immediately."

#### Preventing and controlling infection

- People were protected from the risk of infection. People and relatives informed us staff wore appropriate personal protective equipment (PPE) when supporting people.
- The provider had an up-to-date infection control policy in place which provided staff guidance on how to minimise and prevent the spread of infections.

#### Learning lessons when things go

- Processes were in place for the reporting and follow up of any accidents or incidents. Appropriate action was taken when an incident occurred.

# 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. 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's needs were assessed prior to receiving care and support from the service; however, we noted some inconsistencies in information across assessments and care plans. This has been reported on in the key question of Safe.
- Staff had a good understanding of each person and knew how to deliver their care and meet their needs.

Staff support: induction, training, skills and experience

- People and their relatives felt the permanent staff had the skills and knowledge to support them. One person said, "The staff appear to be well trained, they always use equipment safely."
- Staff completed training to make sure they had the correct skills and knowledge to support people. Staff told us they worked well as a team and shared their skills and experience. One staff member said, "We may be a small team of care workers yet we all fully support each other and work very well alongside each other."
- Supervisions, appraisals and competency assessments were carried out with staff to ensure that they had the support and development they needed to care for people.

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

- Some required staff support with meal preparation. People told us staff offered them choices about what they would like to eat and drink.
- Care plans did not always reflect guidance around eating given by the speech and language therapy team as detailed in the safe section of this report.

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

- Staff and management knew people well and were able to promptly identify when people's needs changed and sought professional advice appropriately.
- People were supported to access healthcare services when they needed them. This included support from GP's and community nurses.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were supported in accordance with the MCA. Consent was sought by staff when supporting them with their care needs.
- Care records showed where people had consented to their care.

# 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. 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 and relatives, we spoke with, told us that staff were kind and caring towards them. One person's relative said, "The carers are like extended family to [family member] and [family member] in turns loves them all."
- Staff were passionate about providing people with good quality care. One staff member commented, "I would like to say [people] are happy with the care we give them, which makes us feel valued. I love caring for [people]." Another staff member told us, "[People] are very well cared for and I know they value our care. It is a happy place to work, and it is a pleasure to come in."

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

- Staff knew what mattered and what was important to people. One staff member said, "All opinions matter and every voice is listened to."
- The service understood their role in supporting people to make decisions about their healthcare options. People and their representatives were involved in these decisions as far as possible.
- People's views were reflected and detailed in their care plans, and they had signed these in agreement to their plan of care and support, where they had the capacity to do so.

Respecting and promoting people's privacy, dignity and independence

- People and family members all told us care staff ensured their dignity and privacy when providing personal care.
- Staff we had contact with knew about the people they supported, this included their background and any preferences they had.
- Staff supported people to be as independent as possible. Care records were clear about the parts of people's daily routines they could carry out independently. This reduced the risk of people being over supported.
- People's confidentiality was maintained in the way information was handled. Personal information was stored securely.

# 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. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Some people's care plans did not always fully reflect needs associated with their care, as reported in the Safe section of this report.
- At the time of our inspection the care plans were being reviewed and updated. Several staff told us they found people's care plans helpful when supporting people with their care but some also commented on a rushed approach to updating the records.
- Following our inspection visit, the provider told us that people's care plans were updated by the management team and that this process involved people as well as relevant professionals.

Improving care quality in response to complaints or concerns

- There was a suitable complaints procedure and policy in place which people were aware of. This meant people and their relatives had access to information about how to make a complaint should they have had one.
- As reported on in the 'Well-led' section of this report, people and their relatives did not always feel there was responsive communication in place and therefore some told us they didn't see the value in raising concerns with the manager. We signposted people and their relatives to raise any concerns with the provider.

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.

- People's care records gave guidance about how they communicated.
- When people had sensory needs, staff supported them. For example, if people had aids to support with their hearing or glasses to aid their vision.

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

- Systems were in place to monitor the quality and standards but had not enabled the provider to identify the concerns found on this inspection.
- We were provided with misleading and conflicting information during this inspection which delayed the process and resulted in us needing to seek further assurances and clarification. We were not assured that all members of the management team were clear about their roles and regulatory requirements.
- Assessment of risk was not suitably robust as reported in the Safe section of this inspection report. The systems in place had failed to ensure known risks associated with people's care, support and mental health needs had been effectively assessed, recorded and control measures introduced to mitigate these. This placed people and others at increased risk of harm.
- People and relatives gave mixed reviews about their experience of engaging with the office and management team. For example, some people told us they were not always responded to in an understanding or helpful manner when they contacted the office with concerns. One relative told us, "It is a shame that the head office and local management team are not as committed as the other staff because the care is good and location brilliant."
- An external healthcare professional also told us of communication challenges with the management team saying, "Their communication appears to be a problem. A [healthcare professional] had been trying to contact them over several days via email and telephone with no luck."
- The management team identified and raised any safeguarding matters for investigation by the local authority. However, these incidents were not always notified to the CQC as required by law. Whilst initial action had been taken to keep people safe through the referral to the local authority safeguarding team, we requested these notifications were made retrospectively to CQC.
- It is a condition of the provider's CQC registration that all locations have a registered manager. There was a new manager in post who had applied to register with CQC but who had also failed to respond to multiple requests for information by our registration team, so their application was rejected. We were not assured that satisfactory steps had been taken to ensure a CQC registered manager was in post at the earliest opportunity.

Systems and processes were ineffective and not robust enough to maintain oversight of the service. This

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

- Following our inspection, the provider told us that there were several channels of communication available to external professionals including telephone and email. They also confirmed that emails have been responded to as required.

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

- A formal survey looking at people's views on the service had been completed, however, we received feedback that there were no updates of changes as a result. One relative told us, "Questionnaires were given out and [people] and their relatives completed them, but it was a waste of time. Nothing changed."
- People and their relatives told us that they had good and effective communication between themselves and the care staff supporting them. One person said, "If my [family member] is unwell I get called thanks to the care staff."
- Whilst we had mixed feedback from people, relatives and staff about communication, some staff were positive about the interactions they received from the management team. One staff member said, "All opinions matter and every voice is listened to. We have a great team and management are amazing, lovely place to work."

Continuous learning and improving care; Working in partnership with others

- Systems were in place to monitor and evaluate care provided to people. Any incidents or accidents and notifications were reviewed by the provider's senior management team. This was to analyse and identify trends and risks, to prevent re-occurrence and improve quality.