

# Shamrock Villas Limited

## Meadow View

### Inspection report

178 Meadow Way  
Jaywick  
Clacton On Sea  
Essex  
CO15 2SF  
  
Tel: 01255431301

Date of inspection visit:  
03 December 2018  
04 December 2018

Date of publication:  
18 March 2019

### Ratings

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

# Summary of findings

## Overall summary

This unannounced comprehensive inspection took place on the 3 and 4 December 2018.

Meadow View is a residential care home providing accommodation and personal care for up to four people with mental health conditions. 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. At the time of this inspection, three people were using the service. The service is provided from a single, two storey domestic dwelling.

We previously inspected Meadow View in April 2018 where the service was given an overall rating of 'Inadequate'. We found continued breaches of Regulations 11, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Oversight and management of the service was chaotic and disorganised. There continued to be insufficient governance arrangements in the service and therefore was still not effective in mitigating the risks to people's health, welfare and safety. We found the registered manager had failed to address all the issues raised at the previous inspection in July 2017 where the service was given an overall rating of Requires Improvement as we found ineffective systems for monitoring the quality and safety of the service, insufficient numbers of suitably qualified staff, a failure to ensure people's consent to care and treatment was obtained and their capacity to make decisions appropriately assessed in accordance with the Mental Capacity Act (2005). The registered manager did not operate safe recruitment systems and train staff appropriately to meet the needs of the people who used the service. Risks to people's safety associated with improper operation of the premises had not been identified and action taken to reduce these risks.

Immediately following our April 2018 inspection, we formally notified the provider of our escalating and significant concerns and our decision under Section 31 of the Health and Social Care Act 2014, to impose conditions on their registration as a service provider in respect of the regulated activity with immediate effect to restrict further admissions to the service. We requested the provider tell us by the 23 April 2018 what actions they would take to mitigate the risks we identified at this inspection. This included the immediate risks of scalding from un-covered radiators, exposed hot water pipes, un-restricted windows, staff training and competency assessments. We found shortfalls in the provider's ability to safely meet people's specific physical and mental health needs, substance misuse and safe moving and handling. We requested an action plan to ensure dependency assessments were carried out with appropriate numbers of staff available at all times to meet people's needs. We also requested written evidence of the action taken to ensure a robust system was in place for regular maintenance of the premises.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The service has a registered manager who was also the provider and registered as manager at their other service. At the time of this inspection the registered manager was absent and not in direct day to day

management of the service. 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.

The registered manager continued not to have a clear understanding of the fundamental standards and regulations in relation to managing a care service. Since our last inspection in April 2018 the deputy manager had been promoted to acting manager. They told us the registered manager no longer directly managed the service but spoke to them on a regular basis by telephone with occasional visits. Since the acting manager had taken on this responsibility they had not been provided with a revised job description, sufficient training and were unable to demonstrate any understanding of the legal responsibilities they now held in relation to managing a care service.

At this inspection whilst we have acknowledged some areas of improvement, we found further work was needed to safeguard people from risks to their health, welfare and safety. For example, risks to people's safety associated with the operation of the premises, risks from scalding, insufficient staffing levels, the management of people's medicines and safeguarding people from abuse and improper treatment.

The leadership and governance of the service remains ineffective and unstable. Since our last inspection and in response to our concerns, support has been provided to the registered manager from the local authority quality improvement team. This support included a review of and guidance to improve care planning and safety audits. Whilst quality and safety audits had improved, it was difficult to see how these fed into the overall risk monitoring and used to drive planning for improvement in the long term.

There was a lack of effective systems in place to review concerns, safety incidents and safeguarding concerns to evidence learning from accidents and incidents and the action taken to prevent the risk of harm to people who used the service.

At our last inspection we identified people were not cared for in a clean, hygienic or well-maintained environment. The registered manager had not identified a number of infection control issues in checks and audits. Some action had been taken to improve the cleanliness and hygiene in the service, for example in people's bedrooms. However, further work was needed to ensure the premises was properly cleaned and maintained. We continued to find areas of the service, unclean with the potential for the spread of infection.

Staffing numbers were not always sufficient to meet people's needs. Staffing arrangements did not always provide sufficient staff to plan and provide access to ad hoc community activities. Further work was needed to ensure staff were recruited safely in accordance with the provider's own policy and procedure. Not all staff had received training in understanding the needs of people with mental health conditions.

Improvements were needed to ensure people's medicines were managed safely. Staff did not always follow people's care plans for dispensing medicines. For example, where people were prescribed antipsychotic medicines.

We have made a recommendation a review of care and support plans is carried out to ensure that people's autonomy and opportunities to enhance their life skills and personal development are clearly reflected and monitored.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The registered and acting manager did

not fully understand their role and responsibilities. Support and risk management plans indicated that each person had capacity to make decisions. We have made a recommendation that further consideration is needed as to potential fluctuating capacity for people to make decisions when heavily intoxicated under the influence of alcohol or illicit drugs.

People had good access to healthcare support, and information in their care records reflected their care, treatment and support was being delivered in line with expert professional advice.

There were improved systems for assessing people's views as to the quality of the service they received with satisfaction surveys carried out. However, further work was needed in response to complaints to ensure clarity was provided as to how the complaint had been resolved and if the complainant was satisfied with the outcome.

During this inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of this report and one breach of Regulation 14 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

The overall rating for this service is 'Inadequate' and the service therefore remains in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not, enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Further work was needed to ensure risks were effectively monitored, managed and mitigated to ensure people's safety and wellbeing.

There was a lack of systems in place to ensure sufficient numbers of suitable staff to support people to stay safe and meet their needs.

Suitable procedures were not fully in place regarding the administration of anti-psychotic medicines.

Staff including the acting manager lacked understanding of when to raise a safeguarding alert with the local safeguarding authority when needed.

Further work was needed to ensure people were cared for in a clean, hygienic and well-maintained environment.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Not all staff had received training in understanding the needs of people with mental health conditions.

We recommended further consideration was needed to consider potential fluctuating capacity for people to make decisions when heavily intoxicated under the influence of alcohol or illicit drugs.

People were not always encouraged to eat a healthy balanced diet because options were limited, and not all the food provided appropriate to maintain good health.

People had access to appropriate services to ensure they received ongoing healthcare support.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

The failure to maintain a clean and well-maintained environment did not promote the dignity of and respect for people living in the service.

People were supported by staff who they described as kind.

People were not supported consistently to maintain and develop life skills and their independence.

### **Is the service responsive?**

The service was not consistently responsive.

Not all staff had received training in understanding the needs of people with mental health conditions.

Care plans were more reflective of people's needs.

There was minimal evidence in peoples care plans to reflect any discussions with people as to their views, decisions and wishes for the end of their life.

**Requires Improvement** 

### **Is the service well-led?**

The service was not well led.

The leadership and governance of the service remains ineffective and unstable.

The registered manager continued not have a clear understanding of the fundamental standards and regulations in relation to the regulated activity.

There was a failure to display the most recent rating for people and their relatives and visitors to review as required by law.

Further work was needed when working with other organisations when people transitioned from one service to another.

**Inadequate** 

# Meadow View

## **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 was planned to check 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 inspection took place on the 3 and 4 December 2018 and was unannounced.

The membership of the inspection team consisted of three Inspectors.

Prior to our inspection we reviewed notifications we received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information to assist us with the planning of the inspection.

We spoke with three people who used the service. We also spoke with two care staff and the acting manager.

We reviewed the care records of three people. We also looked at records relating to the overall quality and safety management of the service, three staff recruitment files, medicines management, staff meeting minutes and staff training.

# Is the service safe?

## Our findings

At the last inspection in April 2018 this key question was rated as 'Inadequate'. At this inspection we have judged that the rating remains 'Inadequate'.

At our last inspection we found risks were not suitably monitored, managed or mitigated to ensure people's safety and wellbeing. At this inspection whilst we recognised there had been some improvement in managing risks to people's safety, there were risks that had not been identified and managed effectively. Weekly water temperature audits recorded temperatures, between 42 degrees and 44 degrees. We carried out a check of water temperatures from the bath and bedroom tap outlets and these were recording 55.6 degrees. The water was scalding to touch and exceeded the recommended maximum safe temperature of 43 degrees. There were no risk assessments of action to take if water exceeded safe limits, the need to state the location of and ensure regular service of water temperature valves. This meant people were exposed to the risk of burns and scalds. Whilst people living at the service were physically able to access bathing and showering independently, we identified people at risk when heavily under the influence of alcohol and or banned substances. When we discussed our concerns with the acting manager they told us, "I don't see why there is a need to do it. I don't agree with this taking temperature business. It is babysitting them [people who used the service]. They are not babies". The registered manager and acting manager was not aware of their roles and responsibilities to consider and risk assess in line with the Health and Safety Executive (HSE) guidance for care homes in reducing the risks to people from hot water and hot surfaces.

Risk assessments had been completed for unprotected radiators, where they were low surface temperature, however the risk assessment did not reflect the control measures in place for radiators which had not been covered in the bathrooms, which were very hot to touch.

Following our visit to the service the acting manager informed us they had located the thermostatic mixer valve and attempted to try and lower the water temperature but recognised a need to request a qualified plumber to install a new valve. They also told us they had amended the risk assessment to include the risks from unprotected radiators and the need to carry out checks and regular service of thermostatic water valves.

Staff understood what constituted abuse and the reporting process. However, the registered manager and the acting manager lacked understanding of when to raise a safeguarding alert with the local safeguarding authority when needed. For example, one vulnerable person had been targeted by known drug dealers when out in the community, given illicit drugs and had reported incidents of harassment to the acting manager. Whilst these had been recorded as an incident the acting manager told us they had not raised a safeguarding alert to notify the local safeguarding authority to investigate. They said, "I am confused when I should and shouldn't."

Following support and guidance from the local authority staff used a new risk assessment tool. However, this had not been completed fully to guide staff with steps they should take to reduce the risk of harm. Care records highlighted when support and risk management plans were updated and included the date of the



next date for review. However, where safeguarding incidents had occurred staff had not updated support and risk management plans with actions to prevent a reoccurrence and safeguard the person from the risk of abuse.

People's medicines were not being managed safely. Staff did not always follow people's care plans for administering their medicines. For example, where people were prescribed antipsychotic medicines. The care plan for one person stated, 'if they had consumed alcohol the timing of their medication should be delayed until sober'. A member of staff told us, "If [person] is drunk it affects [person's] medicines, we move the times of giving the medicines, we also check on [person] in their room to ensure [person] is conscious." However, we reviewed this person's care records for the past three months and found seven incidents where the person had consumed alcohol and staff had still administered procyclidine, an anticholinergic medicine used to reduce the side effects of antipsychotic medication. The effects of drinking alcohol while taking procyclidine is increased dizziness and drowsiness.

We found food items in the fridge not labelled with the date of cooking/opening. We also found a beef burger meal with a use by date which had expired three days before. The failure to monitor food items meant people were at risk of illness such as food poisoning from contaminated food products. We discussed this with staff and asked them to dispose of the out of date item.

These shortfalls demonstrate a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were in place for all people using the service in relation to smoking in their rooms. Personal evacuation plans (PEEPs) were in place and detailed support needed to evacuate people safely in the event of a fire.

Staffing numbers continued not to be sufficient to meet people's needs. Staffing arrangements did not always provide enough staff to plan and provide for ad hoc community activities. Staff rotas showed us that other than three days a week there was only one member of staff on duty. Monday to Wednesday there were two staff on the rota for only three hours in the day. The acting manager told us the policy was, if one person required staff support to go out into the community then everyone had to go out, unless staff were able to come in to cover, in their own time. This they told us was so that the home was not left without a member of staff on the premises due to concerns regarding the level of crime in the area. The acting manager confirmed one person did not access the community unless supported by staff. However, when they needed support to access their depot injections, another person using the service escorted them. We were not assured that the registered manager had a system in place to regularly review staffing levels and the mix of skills to make sure that it is able to respond to people's needs.

These shortfalls demonstrate a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People continued not to live in a clean well-maintained environment. At our last inspection the registered manager had not identified a number of infection control issues in checks and audits.

Whilst it was recognised some action had been taken to improve the cleanliness and hygiene in the service, for example in people's bedrooms, further work was needed to ensure the premises was properly cleaned and maintained. We continued to find areas of the service, unclean and with the potential for the spread of infection. Kitchen cupboards and worktops were found to be sticky, fridge handles needed cleaning to remove food substances. Strip lighting in the kitchen was dirty and not working. The extractor fan above the

cooker was greasy and dirty. Fluff, dust and cobwebs were found in and around the wall kitchen extractor fan and the cooker and oven was in need of cleaning.

A communal toilet needed cleaning and a heavily soiled toilet brush needed replacement. The sealant around the edge of the shower tray in the upstairs bathroom identified at the last inspection, remained cracked at the base with dirt and mould evident. One upstairs toilet remained out of action as the toilet was in need of replacement.

There was a strong smell in parts of the premises including the laundry room. The acting manager told us this was due to blocked drains which needed specialist attention to rectify the problem. However, they also told us they had not had the time to action this.

Staff expressed concern and told us the registered manager did not have the resources they needed to make the changes required to improve the environment in which people lived. Staff had sourced a set of lounge chairs that had been discarded in the front garden of a neighbour's house where it was not known how long this furniture had been discarded out in the open air. Staff told us they had given their time to make some improvements to the premises. For example, painting the hall and stairs and bedrooms. However, this had lacked care and attention. Kitchen cupboards had been painted with the previous colour still showing through in places. A kitchen cupboard door was still missing. The upstairs hallway window was covered in poorly applied paint.

In the entrance hallway there was a cracked window in need of replacement and had not been identified as needed in the registered manager's window audits.

These shortfalls demonstrate a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Essex County Council Fire service carried out an inspection of the premises on the 15 November 2018. The service passed their inspection with no recommendations or requirements made.

At our last inspection we found staff recruitment practices were not carried out robustly to ensure people were protected from staff not suitable to work with vulnerable people. For example, gaps had not been explored in people's previous employment and references had not always been obtained to vouch for potential staff character and fitness for the role they were employed to perform. At this inspection we looked at the files of three recently employed staff. We found safety checks such as Disclosure and Barring (DBS) safety checks had been carried out prior to employment. However, further work was needed to ensure three references were obtained, including one from the most recent employer as stated was required in line the provider's recruitment policy. Not all gaps in employment history had been explored.

## Is the service effective?

### Our findings

At the last inspection in April 2018 this key question was rated as 'Inadequate'. At this we found some improvements had been made but further work needed. We have judged the rating for this key question as 'requires improvement'.

At our last inspection the registered manager had not used current legislation, standards and evidence-based guidance to ensure they worked to current best practice in meeting the needs of people with mental health conditions. We were not assured that people received care and support from staff where the training provided was effective, took into account best practice, and was embedded in staff practice.

At this inspection staff told us they had been provided with some improved training. However, not all staff had received training in understanding the needs of people with mental health conditions. The acting manager told us there was no set budget for training and the majority of training staff received was via on-line training links. A review of training recorded for one person recently employed, showed they had accessed a variety of health and safety training relevant to their role. They had also submitted their application to work towards a social care vocational qualification. However, we continued not to be assured staff had been provided with training in relation to support the needs of people they cared for. For example, support for people with drug and alcohol dependency, schizophrenia and bi-polar/depression.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff, and records confirmed they had received training in relation to understanding the MCA and the importance of obtaining consent to deliver care and treatment. However, there was no system in place to test staff understanding and evidence their competency. We found from discussions with the acting manager and staff they lacked understanding, specifically around understanding their roles and responsibilities with regards to the Deprivation of Liberty Safeguards (DoLS) and how this applied to the people using the service. Support and risk management plans indicated that each person had capacity to make decisions and did not consider that due to people's needs, their capacity may fluctuate.

We recommend further consideration was needed to consider potential fluctuating capacity for people to

make decisions when heavily intoxicated under the influence of alcohol or illicit drugs.

People had improved access to medical healthcare services when they needed. Records reviewed and discussions with people and staff showed us people had access to dentists, opticians and chiropodists when needed. Annual health checks had been carried out with the local mental health services. Where follow up blood tests were needed we saw that people had been supported to attend appointments as needed.

People were not always encouraged to eat a healthy balanced diet because options were limited, and not all the food provided is appropriate to meet people's nutritional needs. People could make a choice about what they wanted to eat. We saw that people purchased their own food which consisted in the main of frozen ready meals and processed foods. Where people had 'lifestyle skills plans' in place to support their involvement in preparing food, and cooking their own meals, these were not always followed. One person's life skills plan reflected they would be supported to choose, prepare, shop for and cook their own lunch. However, we found at the last and this inspection, they remained in bed until late afternoon over the four days of inspection. Staff told us this was a regular occurrence. We saw evidence in care records that where people were at risk of losing weight their weight was monitored. One member of staff told us they provided a roast dinner meal once a week for people who lived at the service. However, it was evident more support was needed to support people make healthier choices and ensure they are involved in developing their cooking skills and promote their independence.

## Is the service caring?

### Our findings

At the last inspection in April 2018 this key question was rated as 'Inadequate'. At this inspection we found some improvements had been made but further work needed. We have judged the rating for this key question as 'requires improvement'.

The failure to maintain a clean and well-maintained environment did not promote the dignity of and respect for people living in the service. The registered manager had been made aware at our last inspection of the maintenance issues needing attention. They had not taken appropriate action to ensure people were provided with an environment that was clean, safe and upheld their dignity. This and the lack of resources to provide meaningful activities and a lack of response to safeguarding incidents did not reflect the characteristics of a caring provider.

People told us that some of the staff were kind and caring. They told us they felt comfortable with all the staff who supported them. One person told us the acting manager supported them to handle their money and other staff reminded them to eat and drink enough to stay well. They also told us "Sometimes staff get upset with me if I am too slow."

People told us staff had involved them more recently in the planning of their care. Care records showed that people's views had been obtained and included in recent reviews of support and risk management plans and people had signed to say that they agreed with the plan.

People were supported to have access to their families and friends. Staff did not involve families or carers in the planning of people's care. We did not see any evidence in care records for people who had close links with their relatives that staff had involved people's families in the planning and review of their care.

Support to retain independence was not always clear. Where people needed help to undertake tasks such as maintaining the cleanliness of their rooms, budgeting and food preparation and cooking skills, this had not always been provided. This did not support people to direct their own lives or enhance their independence.

We recommend a review of care and support plans to ensure that people's autonomy and opportunities to enhance their life skills and personal development are clearly reflected and monitored.

## Is the service responsive?

### Our findings

At the last inspection in April 2018 this key question was rated as 'Inadequate'. At this inspection we found some improvements had been made but further work needed. We have judged the rating for this key question as 'requires improvement'.

Prior to admission the registered manager had not carried out any comprehensive assessment. Staff relied on information provided from the local mental health services regarding the person's history and mental health needs as well as information provided by mental health services support and their risk management plans and used this to develop their own plans. Support and risk management plans were personalised and covered a range of identified needs including mental health, medication, communication, and financial support.

With support from the local authority a review of care plans had been carried out with significant improvements made to ensure they were more reflective of people's needs. However, further work is needed to ensure where safeguarding incidents had occurred, care plans were reviewed and amended to reflect any changes and measures implemented to protect people from such incidents happening again.

The registered manager's statement of purpose used to guide people as to the services provided to people who used the service, stated, 'One to one help and support from staff is provided with daily living tasks, such as cooking, money budgeting, room management etc.' Staff referred to the service as a rehabilitation service. However, there was a lack of effective interventions planned to support people's rehabilitation. People's weekly rehabilitation timetables were brief and contained tasks such as shopping, room cleaning, and laundry. There was no structured activity, rehabilitation programme for people to get involved with and support them to develop independent life skills, such as food preparation, cooking and money management to enable them to live as independently as possible.

The provider's statement of purpose also stated, 'Upon moving into Meadow view, each service user will be allocated a key-worker to help, support and guide them as and when required. This key worker will be available for the service user's as and when required, and can be changed if necessary'. However, the acting manager told us, "We don't have allocated keyworkers here, we are all keyworkers to everyone." A keyworker is a named member of staff who has a central role of providing support to a particular person. This role would include working closely with the person to review their care, support the planning of their social and emotional care and support, as well as liaising with people important to them when needed.

Further work was needed to identify and plan for people's personal goals and aspirations. There was a lack of planning to support people with group and personalised activities and outings. People appeared to be bored with little to do and lacked motivation. There were no personalised activity plans in place or planning for people, to consider access to work, college activities or opportunities to engage in meaningful activity. We observed people sleeping for excessive periods without a sense of purpose or a plan to their day. There is a risk that if this need is not assessed with information recorded and appropriately monitored, opportunities for people to engage in activities, and enhance their quality of life will be missed. When we discussed this

with the acting manager they told us, "They [people who used the service] don't want to do anything and we can't make them."

At our last inspection there were no care plans in place to guide staff on how to support people, who were assessed as vulnerable leaving the service to purchase alcohol, and drinking this in public places. The lack of support to manage substance misuse in the community continued to place people who use the service and others including children in the community at risk of harm. At this inspection there was further evidence of people's vulnerability. The acting manager told us two people had been targeted by local drug dealers.

Alcohol and drug misuse is common among people with mental health problems and there is a complex relationship between them. Although issues and risks in relation to alcohol and drugs misuse had been identified in people's care records, there continued not to be effective treatment or recovery plans in place. This continued not to adequately support the risks associated with these needs and ensure people and others are protected from the risk of harm.

These shortfalls demonstrate a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found there was a lack of effective systems in place for managing people's money and personal belongings. At this inspection we found there had been no improvements made to the system. The acting manager told us people purchased their food from their own money and then produced receipts to claim the money back from the registered manager. However, we found whilst there were receipts obtained from people, there was no record of if, when, and how much people were reimbursed for the food they had purchased as records had not been maintained. The provider's statement of purpose did not detail any arrangement with this, only, 'Meadow view Care Home undertake to provide accommodation, food, light, heat, laundry and all the necessary personal care as would normally be required by a service user of a Care Home'.

Where people had purchased their own furniture and electrical items, there continued to be a lack of robust systems in place to maintain personal inventories to differentiate people's personal belongings from those which belonged to the registered manager. Inventories recorded people's clothing but failed to record items of furniture and all electrical goods people had purchased from their own money.

There was limited information provided about local services such as advocacy that people could access, or information about physical and mental health conditions or living a healthier lifestyle.

We asked the acting manager what information had people received in obtaining advocacy support for example, to handle their finances when needed. The acting manager told us they had tried to obtain support from Essex Guardians a local advocacy service but they had declined to support. The acting manager said they did not know about other sources of information; advice and any advocacy support available to support people in managing their finances. They also told us people did not want support from any advocacy service and did not recognise the current arrangements for managing people's money did not effectively safeguard people's finances.

These shortfalls demonstrate a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was not currently supporting anyone who was believed to be at the end of their life. There was minimal evidence in people's care plans to reflect discussions with people as to their views, decisions and

wishes for the end of their life.

Two complaints had been received since our last inspection. Although processes were in place to ensure people's concerns and complaints were listened to and responded to, the responses were not always clear as to what the outcome was, how the complaint had been resolved and if the complainant was satisfied with the outcome.



## Is the service well-led?

### Our findings

At our previous inspection we rated this domain, 'Inadequate' due to a lack of effective governance and oversight of the service. At this inspection we have judged that the rating remains 'Inadequate'.

The service has a registered manager who was also the provider and was registered as manager at their other service. The registered manager was absent and not in direct day to day management of the service. The acting manager told us they had been appointed to manage the service on a day to day basis.

Despite support provided by the local authority there has continued to be a lack of registered manager oversight of the service which would have identified the continued shortfalls we found.

Whilst systems to monitor the safety and quality of the service had improved, it was difficult to see how these fed into the overall monitoring of the quality of the service and used to identify risks and drive planning for improvements. For example, in relation to the management of the premises, management of people's medicines, staff training, management of finances and budget planning for continuous improvement of the service.

The majority of audits in place consisted of a tick box system. Whilst audits had been undertaken these did not always include the actions to be taken where shortfalls were found. For example, a window audit had been put in place to check on the safety and maintenance needed for windows throughout the service. We found one person's window had a broken handle and a large gap which allowed cold air into their bedroom with the wind blowing their curtains open. However, the acting manager had ticked the audit to say they had checked the window and had not identified any issues needing attention. Uncovered radiators had not been identified as a risk to people's safety.

There was a lack of effective systems in place to review concerns, safety incidents and safeguarding concerns to evidence learning from accidents and incidents. The acting manager told us, "There has never been any accidents to record." Incidents had been documented within people's daily care records. However, there was no system for the registered manager to review the incident to check what had happened, look for trends and themes and learn from such incidents to prevent these reoccurring. Staff did not receive formal feedback, and were not debriefed following incidents. For example, steps for staff to take in response to safeguarding people following incidents when one person had been assaulted in the community and another person being targeted by drug dealers.

The registered manager, their acting manager and staff did not have a clear understanding of the fundamental standards and regulations in relation to managing a care service. Whilst the acting manager had taken on this responsibility they had not been provided with a revised job description, sufficient training and were unable to demonstrate any understanding of the legal responsibilities they now held in relation to managing the regulated activity. They did not understand how fundamental standards and health and safety legislation applied to the service with a need to ensure high-quality care and support was consistently provided to the people using the service.

Action to introduce improvements was reactive in response to findings from the last inspection and support provided from the local authority and the changes made were focused on the short term. Although it is recognised immediate action was taken to cover radiators and for window restrictors to be installed, there has been minimal investment in the environment. There was a lack of contingencies and future quality improvement and business planning. Records were not available for review to ensure the financial planning and viability of the service and safeguards when dealing with people's money. The acting manager told us they were not provided with a budget and so it was not clear what resources were made available to ensure the smooth, safe and effective running of the service. There was no plan in place to guide the acting manager as to what resources were available to improve the environment, for food budgeting and resources to provide people with meaningful activities.

Financial records were not available during the inspection for us to review. Providers of services must have financial resources needed to provide and continue to provide the service, as described in their statement of purpose, to the required standards. Therefore, to reassure ourselves the service is financially viable, we have written to the provider asking them to provide reassurance they have the resources to meet the financial demands of providing a safe service.

This demonstrates a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a failure to display the most recent rating for people and their relatives and visitors to review as required by law. We saw the report on display was from the inspection which took place in July 2017. The acting manager told us they would replace this with the most recent report immediately. However, we found on day two of our inspection action had not taken place to rectify this.

This demonstrates a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were improved systems in place to obtain feedback about the service from people, their relatives and other health and social care professionals. Minutes of meetings reflected staff were kept informed about changes and involved in making decisions about the service. However, minutes of meetings and staff supervisions evidence negative comments about CQC which demonstrated a lack of understanding as to the fundamental standards and roles and responsibilities for which staff were employed.

The improvements that have been made with support from the local authority quality improvement team shows there has been a willingness of the registered manager to work in partnership with other agencies to improve the service. However, further work was needed when people transitioned from one service to another. The registered manager had given notice for one person, to leave Meadow View and the acting manager confirmed there had been no joined up working to ensure the person's transfer, was coordinated and considered the needs of the person. The acting manager told us this was the, "Fault of the social work team", who failed to keep them informed as to the action they had taken in finding a new placement and, "Just turned up to take [person] away without giving us notice of where [person] had moved to. We still don't know to this day where they have gone." This demonstrated a lack of understanding and of working pro-actively with other organisations.

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
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Care and treatment was not always planned and delivered in line with the registered provider's statement of purpose.

### The enforcement action we took:

Following this inspection we took immediate enforcement action to restrict admissions and force improvement. The commission is further considering its enforcement powers.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people's health, welfare and safety had not always been identified and action taken to mitigate the risk of harm.

### The enforcement action we took:

Following this inspection we took immediate enforcement action to restrict admissions and force improvement. The commission is further considering its enforcement powers.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to implement systems to ensure effective oversight and governance of the service.

### The enforcement action we took:

Following this inspection we took immediate enforcement action to restrict admissions and force improvement. The commission is further considering its enforcement powers.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments  The provider failed to display their most recent inspection rating as required.

**The enforcement action we took:**

Following this inspection we took immediate enforcement action to restrict admissions and force improvement. The commission is further considering its enforcement powers.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider failed to have a system in place to review staffing levels to meet people's needs at all times.

**The enforcement action we took:**

Following this inspection we took immediate enforcement action to restrict admissions and force improvement. The commission is further considering its enforcement powers.