

# Community Integrated Care Meadow Green

## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 6 and 8 January 2016. The visit on 6 January was unannounced and the visit on 8 January was announced.

We previously inspected the service on 22 December 2014 and at that time we found the registered provider was not meeting the regulations relating to keeping accurate records. We asked the registered provider to make improvements. The registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked to see if improvements had been made. We found some improvements had been made. Prior to this inspection we had received information of concern regarding care of a person who used the service. This is being investigated.

Meadow Green is an extra care housing scheme which is registered to provide personal care, consisting of 53 one or two bedroom flats. People who live at Meadow Green have their own tenancies. The service also includes Meadow Green Lodge, a separate building of 10 flats to deliver specialist support to people living with Dementia. The extra care scheme has on-site care staff 24 hours a day. The building comprises of an alarm service, lift, lounge, restaurant, garden, an activities room and hairdressing salon. The building was owned by Kirklees council and managed by Pinnacle Housing, who were responsible for the alarm call system, cleaning, maintaining and security of the building and grounds.

The service had a registered manager in place. 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.'

People who lived at Meadow Green told us they felt safe.

Individual incidents and accidents were not always analysed and measures put in place to reduce future risks to people. Risk assessments minimised risk whilst promoting people's independence, however the provider had not done all that was reasonable to mitigate risks to people. This was a breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were not always managed in a safe way for people. This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There were not always enough suitably trained staff to meet the assessed needs of people who used the service, for example some people's care calls were cut short due to lack of staff. This was a breach of Regulation 18 of the health and Social Care Act (2014)

Staff had a good understanding about safeguarding adults from abuse and who to contact if they suspected any abuse, however the registered manager had failed to notify CQC of safeguarding incidents. This was a

breach of Regulation 18 (2) (e) of the Care Quality commission (Registration) Regulations 2009 (Part 4)

Staff had training to enhance their role, however staff did not feel supported out of office hours and robust systems were not in place to ensure support was available.

People's capacity was not always considered when decisions needed to be made. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to eat a good balanced diet. A range of healthcare professionals were involved in people's care as the need arose.

Staff were caring and supported people in a way that maintained their dignity and privacy and people were supported to be as independent as possible throughout their daily lives.

People did not always receive care that was planned to meet their individual needs and preferences. This was a breach of Regulation 9 (1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their representatives were involved in care planning and reviews

People told us they knew how to complain and told us staff were always approachable.

Incidents and accidents were not always analysed across the service for lessons learned in order to mitigate future risks to people. This was a breach of Regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider had an overview of the service. They audited and monitored the service to ensure the needs of the people were met and that the service provided was to a high standard, however this system had not picked up and addressed the problems we found at the inspection

This was breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager was visible in the service and knew the needs of the people who used the service.

The manager held meetings with people who used the service, relatives and staff to gain feedback about the service they provided to people.

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

Identified risks to people were not always managed well.

Medicines were not always managed in a safe way for people

There were not always enough suitably trained staff to meet the assessed needs of people who used the service.

Staff had a good understanding of safeguarding adults from abuse

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People's capacity was not always considered when decisions needed to be made

Staff had received specialist training to enable them to provide support to people who used the service but did not feel supported out of office hours.

People were supported to eat and drink enough and maintain a balanced diet.

People had access to external health professionals as the need arose.

### Is the service caring?

**Good** ●

The service was caring.

Staff interactions with people were supportive, caring and enabling.

People were supported in a way that protected their privacy and dignity.

People were supported to be as independent as possible in their

daily lives.

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

The service was not always responsive

Care was not always planned to meet people's individual needs and preferences.

People and their representatives were involved in the development and the review of their support plans

People told us they knew how to complain and told us staff were always approachable.

**Requires Improvement** ●

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

The service was not always well led

Incidents and accidents were not always analysed across the service for lessons learned

The service's quality assurance systems had not identified and addressed the problems we found at inspection

The registered manager was visible in the service and knew the needs of the people who used the service.

**Requires Improvement** ●

# Meadow Green

## **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 6 and 8 January 2016. The visit on 6 January was unannounced and the visit on 8 January was announced.

The inspection team consisted of two adult social care inspectors on the first day and one adult social care inspector on the second day.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider and feedback from the local authority safeguarding and commissioners. Before this inspection we had received information of concern regarding care of a person who used the service. This was being investigated.

We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

We used a number of different methods to help us understand the experiences of people who used the service, including observations and speaking with people. We spoke with seven people who used the service, four members of staff, the registered manager, the operations manager and the quality manager. We looked in the flats of four people who used the service with their permission. During our visit we spent time looking at four people's care and support records. We also looked at two records relating to staff recruitment, training records, incident records, and a selection of the service's audits.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe at Meadow green. People who used the service said, "Yes, staff come if I call." And 'oh yes, I feel safe."

Staff told us they recorded and reported all accidents and people's individual care records were updated as necessary. The manager and staff members were able to describe the procedure to follow and explain what action had been taken following falls and incidents. We spoke with the registered manager about how accidents and incidents were recorded and analysed. She explained these were recorded on a computerised system. The registered manager then completed a report detailing possible causes of the incident and measures put in place to prevent a recurrence. We saw in one incident record from 6 January 2016 that, following a fall, appropriate action was taken to support the person. The manager was informed and the team leader referred the person to the moving and handling team and called the community matron, who advised the person to eat before getting up, due to the effects of their health condition. The person's falls risk assessment was checked and updated. We looked in the incident file where basic information was recorded about incidents. We sampled three incident reports and asked the registered manager for evidence each incident had been reviewed for the cause of the incident and measures put in place to reduce future risks to individuals who used the service. This evidence was not provided. This showed people were not always protected from the risk of harm because incidents and accidents were not always analysed.

The members of staff we spoke with understood people's individual risks and how to ensure risks were minimised whilst promoting people's independence. We looked at four care records of people who used the service and saw risk assessments were in place for a range of issues including keeping healthy and active, access and aggression, use of bedrails, choking, cooking, risks related to specific health conditions, mobility and falls. We saw in three of these files risk assessments were reviewed regularly, signed and up to date. In one person's file we saw their moving and handling risk assessment had been reviewed in September 2015, however the person's risk assessment regarding use of bedrails had not been reviewed since April 2015. These reviews help in monitoring whether care records were up to date and reflected people's current needs so that any necessary actions could be identified at an early stage. This meant there was a risk inappropriate care could be delivered because the person's needs had not been recently reviewed.

Moving and handling we observed was poor. When supporting a person to transfer using a hoist the carers left the breaks on the wheelchair when moving it and left the breaks off the wheelchair during hoisting, which meant the wheelchair moved during hoisting and was not stable. There was little communication between the carers and the person, and the person was lifted higher than necessary. We discussed this with the manager on the day of the inspection and they agreed to address it with the staff members concerned.

The above issues meant the provider was not doing all that was reasonably practicable to mitigate risks to people. This was a breach of regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always protected against the risks associated with medicines because the provider did not

have appropriate arrangements in place to administer medicines.

In one person's flat we were told by staff that the person administered their own medicines, as they had the capacity to do so, but staff had to administer their prescribed eye drops, as the person required physical support with this. We saw from daily records that eye drops were being administered four times a day by staff. There was no medication administration records (MAR) charts to record the details of the eye drops being administered. This meant we could not be assured people were protected from the risks associated with administration of medicines.

The daily record for the person stated, "meds given" at 5.30am that morning, with no more information about which medicines. The person was not able to tell us this information. The person told us they had received a visit from a nurse that morning to administer an injection for the first time due to deterioration in their health condition. The member of staff on duty looked at two blister packs of medicines and offered them to the person. The person did not know what the medicines were for and would not take them without more information. The carer agreed to ring the pharmacy as they did not know what the medicine was for either. Royal pharmaceutical guidelines advise that MAR charts are used by domiciliary services where prompting or physical support is provided, in order to ensure staff prompt the correct medicines that are properly checked and recorded in order to safeguard people who use services from the risks associated with medicines.

Staff told us they recorded prompts to medicines on the daily records in the persons flat. They said medicines were listed in the persons care plan and any changes were usually passed on verbally, although one member of staff said they were not given time at the beginning of shifts to check for any changes or updates.

Where staff did administer medicines for people we saw one of the medicines support plans we sampled contained very basic information, with no record of where, what or when to administer the medicine. Another contained more detailed information, however there were two different versions of the medicines support plan in this file and one was not dated. This could be confusing to staff and lead to inappropriate care being delivered.

The above issues were a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because medicines were not administered in a safe way for people.

The manager told us all carers completed training in safe administration of medicines every year and we saw certificates to confirm this. We saw a new system of medicines competence was being introduced whereby competence would be assessed three times after initial training and group competency training was planned for 14th January 2016. Spot checks had been undertaken on staff administering medicines throughout the previous year and we saw any issues raised were addressed. This meant people received their medicines from people who had the appropriate knowledge and skills.

People stored their medicines in their own flats. We saw where staff administered medicines for one person due to a cognitive impairment these were kept in a locked cupboard.

We observed one carer administer medicines in one person's flat. The staff member checked the medicines were administered to the right person, at the right time. They also counted the number of medicines remaining. We saw a monitored dosage system (MDS) was used for the majority of medicines with others supplied in boxes or bottles. We found the medicine we checked could be accurately reconciled with the amounts recorded as received and administered, however the person's lunch time medicine was not in the



blister pack and there was no signature on the medication administration records (MAR) chart. We asked the manager about this and they said they would address it. On the second day of the inspection the manager said they had followed this up with the agency member of staff concerned, as well as the agency itself.

We asked people who used the service if they thought there were enough staff to support people at Meadow Green in a timely manner. People said, "There should be more staff. I am waiting when they are short of staff. There seemed to be a lot of strangers over the Christmas period." "There has been a high turnover of staff in the last week. You need to get used to them. They are quite good." "There are enough staff. I do get support."

At the time of our inspection the service was providing personal care to 34 people. We asked the registered manager how the service was staffed. They said the number of care staff was dependent upon the assessed needs of the tenants in the flats. 23 full and part time care staff were employed by the service. Two members of care staff were on shift 24 hours a day and other staff hours were allocated according to the assessed needs of people who used the service. Some people who used the service had additional support from external agencies according to assessed need.

There was one registered manager and two team leader posts working office hours Monday to Friday, although there was only one team leader at present as they had one vacant post. The manager and the team leader took turns to be on call out of office hours 24 hours a day. The manager was currently trying to arrange on call management support across the three care services run by the provider so that managers had a longer break from being on call.

The registered manager told us they were currently short of staff. The service had recruited to the vacant posts, however all pre-employment checks had not been finalised. Two members of staff were also on long term sick leave. The service had been using agency staff since late December 2015. The service also had its own bank of staff to cover and they were currently recruiting to the bank as well.

We looked at the duty rota and saw there were seven care staff on duty in the morning between 7am and 1pm, five staff between 1pm and 9.30pm and two staff were on duty overnight. Three of the morning staff were from a care agency.

Staff told us some new bank staff or agency staff were not medicines trained, or moving and handling trained and this meant the trained member of staff on duty had to leave the calls they were allocated to in order to support untrained staff with administering medicines and moving and handling. A member of staff told us they had been on the duty rota last week with a person who was not trained in moving and handling and the round called for two to one staffing for moving and handling for a number of people. It was only when the staff member refused to do the shift with an untrained person that a member of staff with appropriate training was called in. The team leader confirmed this to be the case.

A new member of bank staff was working on the day of our inspection. They had completed two days of shadowing and they were booked on training in safe handling of medicines, emergency first aid, moving and positioning and safeguarding later in January. We saw they were working alone at times with people who used the service and as their rota included administration of medicines, which they had not completed training in, a more experienced carer had to complete this for them, despite having a full rota of calls to complete themselves.

Staff told us they were quite often short of staff and sometimes had to cut calls short in order to fit in the calls on the sheet. We saw from records some people who used the service were not receiving the length of call they had been assessed for. The manager told us they had adjusted the billing for the shorter calls and

had apologised to people who used the service. However the above issues meant people who used the service did not always receive care in line with their assessed needs because sufficient numbers of suitably qualified, competent, skilled and experienced staff were not deployed to meet the needs of people who use the service.

The above issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to this inspection we received information of concern regarding care of a person who used the service, which was being investigated. The local authority safeguarding team had been alerted at the time and had taken steps to ensure people who used the service were safeguarded from the risk of harm. At the time of this inspection the investigation had not concluded.

The manager had a good understanding of safeguarding and the procedures to follow to keep people safe. Staff told us they had received training in safeguarding and they were able to tell us what they would do if they had any concerns. One staff member said, "If I was concerned about any abuse I would tell the manager." Staff gave us a description of the different types of abuse they may come across in their work. This showed that staff were aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people using the service. One member of staff however told us they did not always record bruising found on a person they supported on a body map or report it to a manager, unless they were concerned the person had had a fall or accident. We discussed this with the registered manager and they said they would address it with the member of staff.

We saw safeguarding incidents had been responded to appropriately and action taken to keep people who used the service safe. We saw the home had a safeguarding policy which had been reviewed and signed as read by staff and was visible around the home. This demonstrated the home had procedures in place for identifying and following up allegations of abuse, and staff demonstrated knowledge of the procedures to follow. However, prior to this inspection, the registered manager had not notified CQC of at least two safeguarding allegations in line with legislation and these allegations were shared with CQC by the local authority in line with safeguarding protocols.

This was a breach of regulation 18 (2) (e) of the Care Quality commission (Registration) Regulations 2009 (Part 4)

We saw from staff files that safe recruitment practices had been followed. For example, the registered manager ensured that references had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

## Is the service effective?

### Our findings

People who used the service told us staff were able to support them well. People said, "They bring people in to observe and show them how to do it." And, "Yes, they have enough training."

The registered provider had policies in place in relation to the Mental Capacity Act 2005 (MCA). 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. Staff at Meadow Green had completed training and had an understanding of the Mental Capacity Act 2005.

The registered manager told us no one who currently used the service lacked capacity to make their own decisions.

We saw in the care files we sampled consent had been sought in relation to the use of key safes and consent to care plans and risk assessments, however in one person's file consent forms were not always signed by the person themselves and it was not clear who had signed the form or why. One person who used the service who was living with a diagnosis of dementia had a number of restrictions in place, such as a GPS monitoring fob used to track their location due to the risk presented to them in the community. This had been agreed with the persons care and support team and family, however there was no record in the persons care files regarding their capacity to consent to the restrictions or of a best interest discussion. The registered manager accepted that the person's condition had deteriorated over recent months and they may lack capacity to make certain decisions, but felt that other community professionals should have addressed this issue. This meant care was not being delivered in line with the legislation. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff were provided with training to ensure they were able to meet people's needs effectively. Staff told us they completed an induction including a week of training and between three and six days shadowing more experienced staff before starting work at the service. Staff recruitment and training records confirmed this to be the case.

Staff told us agency staff did not complete any kind of induction before being included on the duty rota, as they were often called in to start early in the morning due to staff sickness. The manager told us they had never had to use agency staff until December 2015; however they showed us a grab file the team leader had produced for agency staff with basic essential information required to work with people at Meadow Green, including a one page profile of each person's needs and information about building safety.

We saw evidence in staff files and training records that staff regularly undertook training to enhance their role and to maintain their knowledge and skills relevant to the people they supported. Staff told us and we saw from training records staff had completed training in areas including moving and handling, first aid, fire

safety, health and safety, The Mental Capacity Act, safeguarding, infection control, medicines management and dementia awareness. Training was a mixture of computer based and practical face to face training.

Staff told us they didn't always feel supported. Weekends were a problem with getting cover for sickness. There were no senior staff or managers on duty out of office hours, although managers were on call. Staff said the registered manager would come in and work if necessary out of hours, but the team leader was new to the service. Staff felt a senior support worker on duty would be helpful to organise and support newer staff, particularly out of office hours. The registered manager told us staff were now able to contact managers from two other extra care housing schemes for advice in the absence of a manager.

The staffing structure was currently being reviewed by the provider and it was proposed to set up a dedicated team of staff to work with people who lived in The lodge, alongside two teams of staff to support other tenants at Meadow Green. Each of the new teams would have a new team leader post to provide management support. We saw this had been discussed at a staff meeting on 6th January

Staff told us they had supervision every 6 months and an annual appraisal. The manager told us supervision was every three months and they logged this on a matrix, but these had not all been recorded. They said the service was moving to a new computer system which flagged when supervision was due. The manager said staff supervisions dates were recorded in the staff diary and staff files. We looked at three staff supervision records. One member of staff last had supervision in September 2015 and no date was planned for the next one. Another member of staff had supervision in August 2015, but the manager told us they had been on sick leave for 8 weeks since that time. The third person had completed three supervisions in August, September and November as part of their probationary period at work. This showed staff were not always receiving management supervision to monitor their performance and development needs. However the manager showed us records of regular spot checks on staff to ensure practice was appropriate.

Staff told us communication within the team was good. Staff had pigeon holes for their jobs lists and rotas. Staff told us they often received texts about staff meetings, but these were usually at short notice. A staff handover discussion was held between shifts changes. The quality manager was introducing handover sheets, to replace the communication book, which included sections on missed calls, missed medicines, accidents, incidents, hospital discharge or admission, checking security/messages and the functioning of hand sets.

One person told us, "The carers are good at cooking. The food is nice. I go to the restaurant lots." People made choices in what they wanted to eat and meals were individually planned. We asked the registered manager how people were supported to eat and drink. They said people who used the service, or their relatives, were responsible for their own grocery shopping unless it was part of their care package. They told us if people were assessed as requiring support with preparing food or drinks, staff would prepare a meal of the person's choice from the food that was available in the person's kitchen. We saw in one person's flat the carer made an omelette for one person who requested this and they told us it was, "delicious". The manager said people could also choose to have a meal at the restaurant which was located in the reception area. During our visit we saw people ordering and eating meals in the restaurant. The registered manager told us they had received some complaints from people who lived at Meadow Green regarding the meals they had been served in the restaurant. The registered manager told us the restaurant was not managed by the registered provider of Meadow Green; therefore they had passed these complaints on to the catering manager.

One person who used the service said, "You can get your own doctor. I've just been in hospital." We asked the registered manager what support staff offered to people who may require medical advice. They said it

was up to the individual person, or their families where appropriate to make appointments with relevant healthcare professionals. They explained that if staff thought someone's health needs had changed they would prompt them to call the doctor or would contact the person's family and pass on their concerns to them. We saw from records concerns about a person's health had been passed on to the relevant health professional or family member where people were not able to do this themselves. This showed people using the service received additional support when required to access community health care services.

## Is the service caring?

### Our findings

The service was caring. People told us they liked the staff and we saw there were good relationships between staff and the people who used the service. One person said, "I am happy. I like 'em all. They are right nice." Another said, "I love it. The lasses that come they are so nice." "I enjoy it. It's independent living. They do their best for us." "They are alright.; nice" "It's lovely here. Really nice."

We heard staff speak with people in a kind and caring way whilst supporting them and also when offering a choice of meal and drink. One staff member said, "I enjoy what I do. It's nice to make a difference." Another told us they treat people, "How I would want my mum to be treated."

The registered manager had an in depth knowledge of people who used the service and spent time with people in their flats if there were any concerns about their health or wellbeing. We saw the registered manager taking time to talk with people who used the service and providing or organising any support as necessary.

Staff we spoke with had a good knowledge of people's individual needs, their preferences and their personalities and they used this knowledge to engage people in meaningful ways. For example, we heard staff chatting to a person who used the service about their family and their recent birthday celebrations. Staff told us they spoke to the person or family members about their likes or dislikes. We saw care files and profiles contained information about some of the tastes and preferences of people who used the service, including a short personal history of the person. This gave staff a rounded picture of the person and their life and personal history before they went to stay at the service.

People who used the service had been consulted about the care and treatment provided for them. People told us they made decisions about their care and were involved in planning their own support. We saw from care records this was the case.

Staff promoted people's independence. One person who used the service told us, "I can do what I want. I do my own washing. I get up and do my shower and put my own towels in the wash. It's home." Another said, "I like to look after myself. They come and see if you want a hand with tea. They always come at night to see if you are OK and give your tablets." People were supported to remain as independent as possible in their daily lives and we saw they were encouraged to do what they could for themselves, for example, managing their own medicines and household tasks.

The members of staff we spoke with were aware of how to promote the dignity and privacy of people who used the service. We saw staff knocked on people's doors and asked permission to enter. We saw staff practice was observed during spot checks to ensure they promoted dignity by, for example, covering a person with a towel during personal care. A staff member told us, "We make sure people are covered, and always ask them if we can provide their care. We talk to them throughout."

## Is the service responsive?

### Our findings

At the last inspection we found the registered provider was not meeting the regulations relating to keeping accurate records. We checked to see if improvements had been made.

The staff we spoke with had a good awareness of the support needs and preferences of people who used the service. Staff told us they try to offer person centred care. Care plans were available in people's flats and copies were kept in the office. They included some personal information, such as the name the person liked to be known as and, for example, in the Emotional and social needs care plan one record stated, "I am happy when I am with people. I like to talk, read books and walk around the building and garden." However two of the 'one page profiles' in care records contained very little information. In one care file we sampled, "Who I am and what's important to me" was very basic. This is important as some people who used the service had memory impairments and were not always able to communicate their preferences. The quality manager told us they were planning to introduce more detailed and person centred care plans and showed us the proposed headings, which included more detail for staff around how to deliver person centred care.

Care plans contained information in areas such as nutrition, sleep, medication, mobility, personal care and emotional and social needs. The manager told us care plans were reviewed every six months by the team leaders, although these reviews were overdue due to a vacant team leader post. These reviews helped in monitoring whether care records were up to date and reflected people's current needs so that any necessary actions could be identified at an early stage. We saw in one of the care files we sampled where the person had complex health needs their care plans were last reviewed in December 2014. This meant care provided may not reflect the persons current support needs and could lead to inappropriate care being delivered.

We saw information in three of the care files we sampled had been updated to reflect people's changing needs, however in one care file we sampled an out of date moving and handling risk assessment was present. In the persons flat the moving and handling plan referred to a standing hoist, however we observed a full hoist being used on the day of our inspection. The manager showed us the correct updated plan on the office computer; however this was not in the flat where care was being delivered. This meant there was risk of inappropriate care being delivered. The manager told us they would address these issues straight away.

The above issues meant people did not always receive care that was planned to meet their individual needs and preferences. This was a breach of Regulation 9 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people who used the service said the best thing about Meadow Green was the 'company'. "They have activities. Bingo, Skittles, craft on a Tuesday, gardening club, Caribbean theme night." "It is quite slow the bingo here, so I can manage four cards."

The service provided a communal lounge and an activity room. In the communal lounge there was a piano, a table with jigsaws as well as a choice of music CD'S. The registered manager told us part of their contract with the local authority included a set number of hours per week dedicated to the provision of social activity. There was also an activity room where educational and craft activities took place and a consulting room with a physiotherapy bed, for use by people who used the service. People who used the service told us there was a tenants committee who raised money and organised their own activities, using the facilities provided. We saw photographs on the wall of a Caribbean evening that the tenants had organised and a cake sale.

The registered manager told us a voluntary organisation came into Meadow Green to do arts and crafts with tenants and the tenants sometimes organised massage therapy.

People who were able to do so told us they would feel comfortable raising issues and concerns with any of the staff and they knew how to complain. People who used the service said, "If we have any problems I go to the management. They are trying to do more and get more games." Another said, "I've never really had any problems"

The service had a complaints procedure which was visible in the building. People were given a copy of the complaints procedure in their tenants' handbook, when they started using the service. We looked at the complaints and compliments file. The complaints recorded were copies of the comments book comments from the foyer and were mostly related to food in the restaurant, which the register manager had passed on to the catering manager. This demonstrated people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.



## Is the service well-led?

### Our findings

People who used the service said, "I think the manager is nice. She wants to help me. I can talk to the manager if I have a problem." And "(Manager) is a lovely girl. She is very knowledgeable."

The registered manager had been in post since March 2014. The registered manager told us they normally had the support of a regional manager, but this post was currently vacant. They said a manager was always on the end of the phone if necessary. Due to a vacant regional managers post visits from senior managers to the service had been infrequent in 2015 until October 2015 and prior to that the registered manager had last received supervision in April 2015, although there was no record of this. The registered manager was currently reporting directly to the regional director.

Prior to this inspection we received information of concern regarding care of a person who used the service, which was being investigated. The local authority safeguarding team had been alerted at the time and had taken steps to ensure people who used the service were safeguarded from the risk of harm. At the time of this inspection the investigation had not concluded.

We looked at the systems in place to assess and monitor the safety and quality of the service provision. The registered manager told us they completed audits of people's support records and their medicines. We saw documented evidence of the checks which were made on people's medicines records and actions that were followed up. The registered manager said they completed a report each month and submitted this to the regional manager. We saw the headings on this report included staff supervisions, medication training, complaints, and accidents and reported safeguarding incidents. However a number of incidents were recorded on incident forms in the incident file, but had not been reported to senior managers on the system and this had not been picked up. We also found evidence staff were not always receiving supervision to monitor their professional development and medicines audits had not picked up and addressed the problems we found with medicines management. There was no evidence senior managers had completed quality audits or visits at the service in the preceding year until October 2015. This meant effective and robust systems were not in place to assess, monitor and improve the quality and safety of the service provided to people.

We spoke with the registered manager about how accidents and incidents were recorded and analysed. She explained these were recorded on a computerised system. The registered manager said information about accidents and incidents was reported to the organisation's central office where any concerns would be highlighted and fed back to them where appropriate.

We saw basic information about accidents and incidents was recorded, however in several incident reports we sampled there was no evidence that managers had analysed incidents to look for learning across the service to ensure the safety of people who used the service.

An alarm call system was in place at Meadow Green, whereby people were able to summon assistance from carers on site in an emergency by pressing the alarm call pendant. An assistive technology protocol was in

place telling staff how to answer the calls and the procedure to follow, along with guidance on how to use the handsets. The system was managed by Pinnacle housing.

When a pendant alarm was activated by a tenant the handset logged the time of the call, the flat number and when the call was answered and ended, however it did not record who answered the call and what action was taken. The alarm was turned off by staff who answered the call and not when the staff member arrived at the callers flat, as in some other emergency call systems. This meant the call could be turned off and no action taken and there was no evidence of who answered the call.

Staff were told on induction and the protocol was clear in the file that when a pendant alarm call was made the call should be answered and staff should always go to the flat, or ensure another member of staff attended, unless the call was deemed not to necessitate further action. Since October 2015 staff had been instructed to write alarm calls in a log book, including the reason for the call and the action that was taken. Staff also recorded in the flat on the daily records what care or support they had provided when they got to the flat. We saw evidence these records were being kept and the new system was discussed at staff meetings on a number of occasions, however there was no evidence that calls electronically logged on the system were checked against calls written in the log book to check calls had been followed up appropriately.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service and others.

The registered manager was visible in the service and knew the needs of the people who used the service. Staff told us they were encouraged to raise any concerns with the manager and they felt confident to do so.

We asked the registered manager about the culture of the service. They told us it was all about promoting independence and enabling people who used the service to continue to do as much as possible for themselves for as long as possible. Staff and people who used the service confirmed this. This was discussed in staff meetings and communications from the provider.

Meetings with staff, people who use the service and their relatives are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and treatment. We saw regular staff meetings had been held to discuss topics such as pendant alarm call procedures, safeguarding issues, complaints and compliments, health and safety and training.

Tenants meetings were held regularly and attended by the manager. They discussed issues such as the Christmas party, driving up quality event, pendant alarm calls, safety and security and the perceived lack of supervision of people with higher support needs in communal areas. We saw issues had been addressed by the relevant person following meetings. This showed people who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Feedback forms were present in service user files for service users, professionals and relatives, but none of these had been filled in. The manager told us when team leaders reviewed the person's support these feedback forms were meant to be filled in at this time, however this had not yet happened.

A National staff survey had been completed by the provider, which did not specify the feedback for each service, however over 80 percent of the staff who responded felt their manager listened to their concerns. Four members of staff had completed a service staff feedback form, but the information from this had not been collated.

The registered manager told us they held meetings with the local authority and pinnacle housing in order to share good practice and address any issues, although we did not see evidence of this. They had held one meeting with the managers of two other extra care housing schemes run by the same provider in the last year. We saw this meeting in December 2015 had discussed a new on call system between the three schemes so that managers had more blocks of time when they were not on call. They also discussed Improving induction for new staff, good practice in personalisation and assessing one another's medicines competence in order to improve practice. The manager had attended a quality training day and had arranged a quality summit with tenants, staff, the local authority and other stakeholders to share ideas as to how the service could be improved. This meant the manager was keen to learn from others to ensure the best possible outcomes for people living within the home.

An interim operations manager had been appointed by the provider to review the extra-care housing model and ensure systems and processes were robust. This manager, along with the quality manager were attending the staff meeting scheduled on the first day of our inspection to discuss proposed new daily record sheets with staff and gain feedback.

This demonstrated the management of the organisation were now reviewing information to improve quality in the organisation; however they had not identified and addressed the problems we found with mitigating risks to people, adequate staffing, managing medicines, sending safeguarding notifications to CQC, consent to care, person centred care, analysing risks across the service and monitoring the quality of the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered person did not notify CQC of any abuse or allegation of abuse in relation to a service user
Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People did not always receive care that was planned to meet their individual needs and preferences.  9 (1) (c)
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  People's capacity was not always considered when decisions needed to be made.  11 (3)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not done all that was reasonable to mitigate risks to people  12 (2) (b)

People who used the service were not always protected against unsafe administration of medicines because medicines were not always administered in a safe way for people.

Regulation 12 (2) (g)

## Regulated activity

Personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not deployed to meet the needs of people who use the service

Regulation 18 (1)

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Effective systems were not in place to assess, monitor and improve the quality and safety of the service provided to people who use the service.</p> <p>Regulation 17 (2) (a)</p> <p>The provider did not assess, monitor and mitigate the risks relating to the health, safety and welfare of people who may be at risk which arise from the carrying on of the regulated activity.</p> <p>Regulation 17 (2)(b)</p>

### **The enforcement action we took:**

We sent the provider a warning notice to comply within 28 days