

Meadowview Care Limited

# Allens Mead

## Inspection report

11 Allens Mead  
Gravesend  
Kent  
DA12 2JA

Tel: 01474325190

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16 February 2017

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## Ratings

Overall rating for this service

Good ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The Inspection was carried out on 16 February 2016 and was announced. We announced the inspection to ensure that the manager and person living at the service were available. The home is registered to provide accommodation and personal care for up to two people with learning disabilities, autism and people who may harm themselves or others. However, the service is now a single person service providing care and support to one person with a learning disability and behaviour that challenges. The accommodation was spread over three floors giving people plenty of personal space and shared areas. One bedroom had en-suite shower facilities.

We carried out an unannounced comprehensive inspection of this service on 5 November 2015. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Allens Mead on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

There was not a registered manager employed at the home. 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. However, the registered provider had arranged management cover and has a recruitment plan in place so that the acting manager will become the registered manager.

The acting manager had implemented a quality auditing system but the frequency of audits was not happening regularly enough to identify all shortfalls in service delivery. There was not sufficient senior management oversight of the service. We have made recommendations about this in our report.

The culture of the service was person-centred, open, inclusive and empowering. The acting manager was looking for ways to improve the service and was seeking people's opinion.

The registered provider had made plans to cover the absence of the registered manager. The acting manager provided effective leadership to the service.

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

We always ask the following five questions of services.

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

Allens Mead was not consistently well led.

Quality audits were not happening regularly enough to identify all shortfalls within the service.

The acting manager provided effective leadership to the staff team.

The culture of the service was open, inclusive and empowering. Staff told us about how they had made changes to the service to make it more person centred.

**Requires Improvement** ●

# Allens Mead

## 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. We undertook an announced focused inspection of Allens Mead on 16 February 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 5 November 2015 inspection had been made. The team inspected the service against one of the five questions we ask about services: is the service well led? This is because the service was not meeting some legal requirements.

The inspection team consisted of one inspector. The provider was given 48 hours' notice because the location is a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

As part of the inspection we spoke one person, a support worker and the acting manager. We looked at a range of records relating to the management of the service including health and safety documents, quality auditing tools, staff meetings, management meeting, supervisions, and policies. At our last inspection in October 2015 we found that some improvements needed to be made. At this inspection we found that improvements had been made.

At our last inspection on 5 November 2015, the service was rated good and requires improvement in the 'well led' domain.

## Is the service well-led?

### Our findings

People told us that they felt supported by the acting manager. One member of staff told us that the acting manager "...is very approachable and very friendly and always tries to help if she can. If I need anything I can call or e-mail her. I know I can ask her things and she will be reasonable." The acting manager had started to make changes to improve elements of the service, such as quality audits, but these changes were not embedded in to practice or not happening regularly.

At our previous inspection on 5 November 2015 the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that systems and processes were not in place to ensure the provider and the registered manager could identify, assess and monitor issues with quality and risk within the service. At this inspection, improvements had been made and the service was now compliant with the regulations.

Quality audits were now happening and audits that had been completed were of a good standard. However, not all audits had been completed consistently and in line with the registered provider's policy. There were monthly manager's audits which looked at areas such as people's health appointments, behavioural analyses, care plan and risk assessment reviews and maintenance. The acting manager had completed an audit for January 2017 but there were no audits on file for November and December for 2016. There were also gaps in the frequency of the registered providers' quarterly audits. Where there should have been five audits completed since January 2016 there were only three on file. The most recent were from August 2016 and January 2017. The audits we reviewed were effective and covered a wide range of issues affecting the service such as training, medicines, and staff meetings. The quarterly audits also had an action plan. From the most recent audit we could see that three actions were set and two of these had been completed showing that audits had been commenced in order to assess the quality of the service. However, audits had not picked up all issues relating to quality and safety. We reviewed the health and safety file and saw that the gas safety certificate was out of date. The electrical installation certificate had highlighted maintenance works that needed to be completed to comply with safety regulations but there was no evidence on file that the work had been completed.

We recommend that the registered provider reviews the frequency of quality audits.

At our last inspection we found that management time was not factored in to the staff rota, the manager was not supervised and management meetings were not happening regularly. At this inspection we found that some improvements had been made but there were other issues that required improvement. There was not a registered manager employed by the service. The previous registered manager had left in November 2016 and the registered provider had arranged for the registered manager from another home to spend two days a week at the service as an acting manager. We spoke with the acting manager who told us that both days they worked were 'off rota' and they had been working to get the paperwork in the service to the correct standard. The acting manager told us they had been covering management at the service since late November and that until very recently there was also a deputy manager employed. We spoke with a senior manager about recruitment of a registered manager and were told, "As Allens Mead is now a single person

service it is not financially viable to have a dedicated manager in post. Since the registered manager left, we have put in an acting manager and are recruiting a deputy manager for the service. We will interview the deputy manager by 28 February and will then ask the acting manager to make an application for dual registration. That way the acting manager and deputy manager will have support in their roles. The application for registered manager will be made by the end of March 2017."

We checked supervision records and found that the acting manager had received monthly supervision, either in group supervision or as one to one supervision with their line manager. Supervisions had been effective in highlighting any concerns and offering guidance to the acting manager. Managers meetings were not being held regularly. The acting manager told us that these meetings should occur every month. However, we checked the minutes from these meetings and saw that the last meeting was held in November 2016. There was a fixed agenda for the managers meeting including areas such as recruitment and incidents, and also a supplementary section for new agenda items to be added. The managers meeting had an action plan that ran from one meeting to the next with evidence that actions were being completed. However, as there were no monthly manager's audits in November or December of 2016 and no management meetings in December 2016 and January 2017 there was not a consistent management audit system in place.

At our last inspection we found that environmental risk assessments had not been updated, the quality policy had not been updated, and senior managers were not involved in auditing the quality of the service. At this inspection we found that improvements had been made. The quality policy was being updated by the registered provider. The acting manager told us, "The provider is in the process of changing over to a new policy company so the policy is marked as under revision." We spoke with the senior manager and asked about how senior management have oversight of the service and what audits they had completed and were told, "Following our last inspection the acting manager was externally inspecting and auditing the service and when the registered manager left we promoted someone to the deputy manager's post [who subsequently left]. I have been going to the service to guide staff in their new roles, but at the moment there are no specific senior manager audits in place. However, this will be implemented once the management of the service is sorted out."

We recommend that the registered provider reviews the auditing process to ensure that senior managers have documented oversight of the service.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. The acting manager was looking for ways to improve the service and was seeking people's opinion. Surveys had been sent out to one family member and a social worker. We saw that three members of the staff team had completed surveys and were positive about changes in the service and the support they were receiving from the acting manager. The acting manager encouraged staff members to make suggestions and improvements to the service. One staff member had suggested changing the menus so they were more visual for people to choose meals from. Another staff member had implemented a white board that had been placed in the hallway with pictures of staff members and their job titles so people would know who is supporting them each day. The acting manager had also implemented ID badges for staff members to use in the community when supporting people.

The acting manager had provided effective leadership to the staff team. The acting manager told us, "There were always recruitment issues and now we are fully staffed [for support workers] and the home is much more homely and person centred." The acting manager had delegated tasks to certain members of staff to ensure that key jobs were completed. Staff members were being supervised by the acting manager. One staff told us, "Supervisions happen monthly and I've recently had my probation meeting as well." The acting manager had implemented a positive behaviour re-enforcement scheme using certificates of achievement

for people when they engage with positive behaviour. A staff member explained how this scheme had been popular with people and had resulted in better support outcomes, such as greater engagement with community activities.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The registered manager confirmed that no incidents had met the threshold for Duty of Candour.