

# Review of compliance

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| Meadowview Care Ltd<br>Allens Mead |   |
| <b>Region:</b>                     | South East  |
| <b>Location address:</b>           | 11 Allens Mead<br>Gravesend<br>Kent<br>DA12 2JA   |
| <b>Type of service:</b>            | Care home service without nursing   |
| <b>Date of Publication:</b>        | May 2012  |
| <b>Overview of the service:</b>    | Allens Mead is a residential home providing care and support for up to two people with a learning disability. The service is part of a group of homes managed by Meadowview Care Ltd. |

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Allens Mead was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review to check whether Allens Mead had taken action in relation to:

Outcome 09 - Management of medicines

Outcome 14 - Supporting staff

Outcome 16 - Assessing and monitoring the quality of service provision

Outcome 27 - Notifications – notice of absence

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 4 April 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

This visit was to follow up the findings from our previous visit in December 2011. The purpose of the visit was to assess if action had been taken in regards to concerns which had been highlighted at the last visit.

We did not spend time specifically talking with people living in the home at this visit, as it was not needful for our assessments. However, people indicated that they were happy living in the home. During our visit we saw that people were being supported around the home by staff in a kind and sensitive manner, in a way that promoted individual independence.

### What we found about the standards we reviewed and how well Allens Mead was meeting them

#### **Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The provider was meeting this standard.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare

The provider was meeting this standard.

**Outcome 27: The service must tell us how they will manage the service safely when the person in charge is away**

The provider organisation submitted only some of the required information requested for the requirements relating to notifications of absence for the registered manager.

The provider was meeting this standard.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

We spoke with people using the services but their feedback did not relate to this standard.

##### Other evidence

Medicines were kept safely, were handled appropriately and disposed of appropriately.

Our inspection of 1 December 2011 found that there was a lack of medicines management, security and safety in the way medicines were stored which put the people who used this service at risk.

The provider wrote to us and told us that they would ensure that the office would be locked at all times when unattended by staff with immediate effect. They also told us that additional lockable storage would be purchased by the 12 February 2012 to allow the effective storage of medication. The provider also told us that all medication no longer required had been returned and evidenced in the returns book.

During this visit we saw that medication was now stored in a lockable cabinet in a room which was kept locked by the staff on duty.

At this visit we saw that medication was organised and we performed a spot check on the expiry date of stored medicines and found that they were all in date. The service

used a returns book to document and check that all unwanted and out of date medication was returned. The improved management and storage of medicines meant that people were protected against the risk associated with medicines.

The provider may find it useful to note that temperatures for the storage were not being recorded and therefore it was not possible to ensure the safety and quality of medications that required specific storage temperatures.

**Our judgement**

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The provider was meeting this standard.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

We spoke with people using the services but their feedback did not relate to this standard.

##### Other evidence

Staff received appropriate professional development and were able, from time to time, to obtain further relevant qualifications.

Two new members of staff had been recruited since our last visit. We were informed that the service did not have any current staff vacancies. We saw that the new members of staff were in the process of completing an in-house induction from the deputy manager, and had their own personal training file that was being supervised by management.

At our last visit we had seen that training records were not always clear; this made it difficult to see if all staff had completed all training they required to fulfil their role and responsibilities as set by Skills for Care.

At this visit we saw that each staff member had their own training folder which clearly documented identified training needs, completion of training and refresher timescales. Records showed that training had been delivered in things such as medication and safeguarding vulnerable adults and more training was planned.

Staff told us that there were plenty of opportunities for training and were able to attend

external courses for further learning in things such as health and safety. Staff also told us that they were registered with an e-learning programme to ensure the completion of mandatory training. We saw that this programme was tailored to health and social care and we were told that individual completion was monitored by management as part of supervisions.

**Our judgement**

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We spoke with people using the services but their feedback did not relate to this standard.

##### Other evidence

There was evidence that learning from incidents took place and appropriate changes were implemented.

At our inspection on the 1 December 2011 we saw that there was a lack of formal documentation that made it difficult to see how systems to monitor the quality of the service had been used to identify and action improvements. The provider wrote to us and told us that formal documentation will be revised to identify areas for improvements. At this visit we saw that records had been developed by the service to address this.

There was also evidence that learning from incidents took place and appropriate changes were implemented. We saw records to show that the deputy manager was reviewing accident and incident forms and records of behaviour that had been completed by staff. A record had been developed to review the number of incidents on a monthly basis to help monitor individual progress and identify any areas of concern. We saw staff recorded all incidents of challenging behaviour and that these were regularly shared with healthcare professionals to ensure that people were still receiving appropriate support. We saw that all accident records contained a documented review

from the deputy manager to highlight any needed actions to staff. These systems helped to identify, assess and manage risks to the health, safety and welfare of people using the service.

The Area Manager also visited the service to perform regular quality checks and identify areas of needed improvement. We saw an action plan in relation to these visits that addressed areas of improvement and documented action taken. The provider may find it useful to note that the dates of the visits were not always being clearly documented.

We also saw that the home carried out regular internal audits in things such as health and safety and fire safety; certain members of staff took a lead in this. Records showed that appropriate action was taken for any identified concerns. This helped to make sure that the home was able to provide the right care and support for people.

The provider took account of complaints and comments to improve the service. The organisation had a nominated lead to regularly contact relatives to ensure they were happy with this. We saw records to show that this information was being shared with the service so that they were able to effectively address any concerns that may be raised.

### **Our judgement**

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare

The provider was meeting this standard.

## Outcome 27: Notifications – notice of absence

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Can have confidence that, if the person(s) in charge of their service is absent, it will continue to be properly managed and be able to meet their needs.

### What we found

#### Our judgement

The provider is compliant with Outcome 27: Notifications – notice of absence

#### Our findings

##### What people who use the service experienced and told us

We spoke with people using the services but their feedback did not relate to this standard.

##### Other evidence

At our last inspection on the 1 December 2011 the provider organisation failed to provide required information relating to notifications of absence for the registered manager. The provider wrote to us and told us that the absence would be covered by the deputy manager who was undertaking Level 5 Diploma in Health and Social Care. However, they did not clearly identify the proposed length of absence for the registered manager and the associated reasons for this.

We have made further requests to the provider to be kept up to date of the situation in order to ensure the service is being effectively managed in the absence of the registered manager.

At the time of our visit we were told that the deputy manager, who was still covering the absence of the registered manager, was on leave. We were told that the management of the service was being covered by a senior care worker who was acting up into the manager's role. We had not been informed of this change of management arrangements for the service prior to our visit.

The provider may find it useful to note that at the time of writing this report, we have not

been provided with of all of information required regarding the registered manager's absence and management arrangements.

**Our judgement**

The provider organisation submitted only some of the required information requested for the requirements relating to notifications of absence for the registered manager.

The provider was meeting this standard.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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