

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Allens Mead

11 Allens Mead, Gravesend, DA12 2JA

Tel: 01474325190

Date of Inspection: 27 March 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Safety and suitability of premises	✗	Action needed
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✗	Action needed

Details about this location

Registered Provider	Meadowview Care Ltd
Registered Manager	Mrs. Joyce Rufaro Goshu
Overview of the service	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.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	5
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Management of medicines	8
Safety and suitability of premises	9
Staffing	11
Assessing and monitoring the quality of service provision	12
Information primarily for the provider:	
Action we have told the provider to take	14
About CQC Inspections	16
How we define our judgements	17
Glossary of terms we use in this report	19
Contact us	21

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 March 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and received feedback from people using comment cards.

What people told us and what we found

We observed one service user being encouraged to be independent and we noted that staff treated service users with respect. Comments received from the service user included "I am happy here.. the staff are very nice".

We found that care was planned and delivered in such a way that it met the needs of individual service users.

Medications were stored and managed appropriately so people were protected from the risks of harm caused by medicines.

Overall, the property was in a good state of repair although the lounge ceiling had sustained water damage; the manager assured us that the damage would be repaired once the ceiling had sufficiently dried. We saw that stairs leading from the ground to first floor did not have a hand rail. This posed a risk to service users with poor mobility. We found that one service user had recently fallen on the stairs. We have asked the provider to review the stair cases and to install hand rails where necessary to ensure the people are protected from the risk of harm which are associated with the layout and design of the property.

We found that there were sufficient staffing levels and staff had the appropriate skills to meet the needs of people using the service.

There was a system in place for seeking the views of people who used the service in order that the quality of care could be improved.

We found that the service was not always learning from incidents and they were not always taking action to reduce risks to service users.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 29 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care was planned and delivered which promoted the independence of service users. We found that care plans were person centred, had been recently reviewed and met the needs of the individual.

The manager told us that care plans were updated on an annual basis and more frequently if the condition or needs of service users changed. The manager told us that care review meetings were held on an annual basis and were attended by the service user, family representatives, social services care manager and members of staff from Allens Mead. We saw evidence that care reviews were occurring on an annual basis and changes to care were documented and relayed to all those who had attended the care review meeting.

Care staff were responsible for reading the care plans and documenting that they had done so; care staff were encouraged to speak with the manager if staff did not understand any component of the care plan or if staff felt that the care plans were not reflective of the needs of individuals. This ensured that the care being provided to individuals was specific to people's needs and was person centred.

Care plans were made up of a number of different components. For example, we saw that the manager had carried out an initial assessment of service users; this assessment captured information such as likes and dislikes, medical history and also previous achievements which had had a positive impact on service users lives.

We found that there was information available to staff which related to communication styles and communication needs, as well as carrying out medication assessments and mental capacity assessments.

We also saw that the manager had recorded information such as "personal and daily routines", risk assessments relating to mobility, kitchen skills and behaviour management. This meant that staff had identified areas or activities which posed a risk to the service

user and action had been taken to reduce the risk of harm wherever this was possible.

The atmosphere in the home was calm and relaxed with the service user interacting well with members of staff. We saw that the service user was encouraged to be independent. For example, we saw that the service user was supported to make their own breakfast on the day of our inspection.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During an inspection in December 2011, we raised concerns with the provider 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. We carried out a follow-up visit in April 2012 and found that the provider had implemented changes to how they managed medications and we considered that the location was compliant with this outcome.

We decided to review the management of medication at Allens Mead to ensure that those changes implemented in 2012 had been sustained.

We saw that there was regular monitoring of the environmental temperature in which medicines were stored. This meant that those medicines which needed to be stored at specific temperatures to ensure that they remained safe and of optimal quality were being maintained.

We reviewed Medication Administration Record charts (MAR) for the service user at the location. We found that there were no discrepancies between the MAR chart and the stock available at the location. We found that medications were securely locked away and there was a system in place for ensuring that expired medication and medication which was no longer required was disposed of in a safe manner and was recorded within a "returns book". The management and storage of medicines meant that people were protected against the risk associated with medicines.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

People who use the service, staff and visitors were not always protected against the risks of unsafe or unsuitable premises.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Allens Mead is a three storey townhouse situated in a residential area of Gravesend. We found that overall the property was in a good state of repair. We noted that the ceiling in the main lounge and kitchen area had recently sustained water damage as a result of a leak within the home's water system. The manager was waiting for the area of damage to dry before it could be redecorated.

We reviewed records and found that appropriate checks were being carried out on a weekly, monthly or annual basis. For example, we saw records that staff were routinely checking the smoke alarms within the home on a weekly basis.

We also saw that the service had contracted an external company to carry out a legionella site survey which had concluded that the service was at low risk of legionella bacteria growing within the homes water system.

The home kept records of all required health and safety checks, such as the fire safety risk assessment and associated fire evacuation plans.

There were weekly maintenance checks and a monthly health and safety inspection audit. We found that some components of the health and safety audit were not always completed. For example, we saw that there was a requirement for staff to de-scale taps and shower heads on a monthly basis and to record that this had been done; we found that staff had not recorded whether these activities had been carried out so the provider could not assure themselves that these activities had been completed.

We found evidence in one service user's care plan that the individual was at risk of poor mobility and as such had sustained a number of falls prior to our inspection. In one mobility risk assessment we found that staff had documented that hand rails should be available on stair cases within the home. We saw that the first flight of stairs within the home had no hand rail and there had been a report of a service user falling on the stairs. We asked the manager review the hand rail provision within the home to ensure that the environment

was safe and appropriate for all service users who may likely use the location.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

The staff rota showed that support workers worked flexile hours to provide the necessary support on a one to one basis for the people who used the service.

At the time of the inspection we saw that the service employed one full time manager and 3 care staff, one of whom worked full time and 2 who worked on a "relief", flexible basis. The manager and a member of staff who we spoke with told us that a team of regular bank staff were also available to help cover short notice sickness and planned annual leave.

The manager told us that she was available by way of an on-call twenty-four hours per day and staff were able to contact the manager at any time. During periods of annual leave, the manager had appointed a deputy manager who was available to assume day-to-day management of Allens Mead.

We saw that staff had carried out appropriate training and possessed the appropriate skills to meet the needs of the people who used the service.

Assessing and monitoring the quality of service provision

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

However, the provider did not have an effective system in place to manage risks to the health, safety and welfare of people who use the service and others.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We saw evidence that regular resident meetings took place at Allens Mead and people who used the service had the opportunity to express their views about daily living at the home. Formal meetings were held with service users on a weekly basis, from which areas such as activities, food and staffing matters were discussed.

We also saw evidence that formal annual resident surveys were sent out, from which results were analysed and followed up. We saw that the service had last surveyed service users, family representatives and external health and social care professionals in November 2012. The manager told us that there were systems in place to monitor the quality of service provision. This was done by daily interaction with people who used the service. This highlighted any issues or problems which could be resolved immediately.

The manager operated an open door policy and was available to talk with service users, family members and any visitors attending the home such as social services case managers. We saw that the manager carried out quarterly quality audits which were submitted to head office for review and any omissions or areas of concern were addressed and rectified in a timely fashion.

We saw that there was a process in place for monitoring and responding to complaints. A review of complaints was carried out on a quarterly basis although the manager informed us that they had not received any formal complaints.

The manager told us that there was a process for monitoring any trends in accidents or incidents that may occur at Allens Mead. The manager also undertook monthly audits of care plans and risk assessments to ensure that the care being provided was appropriate

and safe. We found that whilst the service was carrying out a trend analysis of incidents and accidents there was no documented evidence of lessons learnt which would enable the service to further improve the quality of their service and to reduce risk to people. For example, we saw that one service user had fallen on the stairs but the addition of a hand rail had not been included in the incident review despite staff documenting with the service user's care plan that hand rails would reduce the risk of the service user falling. We have asked the provider to make changes to the property to ensure that the risk to service users is reduced; further information can be seen above in "outcome 10, safety and suitability of premises".

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises
	How the regulation was not being met: People who use the service, staff and visitors were not always protected against the risks of unsafe or unsuitable premises. Hand rails were not installed along one flight of stairs and staff were not routinely evidencing that they were carrying out regular cleaning of taps and shower heads to reduce the risk of legionella bacteria growing. Regulation 15 (1)(a)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
	How the regulation was not being met: The provider did not have an effective system in place to manage risks to the health, safety and welfare of people who use the service and others. Regulation 10 (1)(b)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 29 May 2013.

This section is primarily information for the provider

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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