

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

Meadowside

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Date of Inspection: 12 September 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✗ Action needed

Details about this location

Registered Provider	Kent County Council
Registered Manager	Mr. Tony Michael Philpott
Overview of the service	Meadowside is a respite unit which provides care and temporary accommodation for people with learning and/or physical or sensory disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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'.

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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 12 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with three people staying at Meadowside for respite care. They told us "The staff are good", "I have a choice of two meals every mealtime", "I really like it here; I get to choose my room. The staff are friendly and talk to me about what I want to talk about", "It's very relaxed and laid back here".

In our discussions with staff they demonstrated a thorough knowledge of the people living at the service. There was also strong evidence on people's records that staff advocated for people and involved outside agencies as required.

Care records showed that peoples' views had been considered when planning their care. People told us that staff always asked their permission before helping them with care tasks and this was supported by written records.

People told us that they had choice within the unit. We could see from the records that care was planned and information from family and outside agencies helped plan this care.

We saw that medication was stored correctly and there was a procedure in place. Storage areas were meticulously clean and medication records were up to date.

From speaking with staff and inspecting records relating to training and supervision we concluded that staff were supported. As the needs of the people staying in the unit were increasing, there was a need to provide specialist training.

Record keeping relating to people using the service needed attention; there were inconsistencies on care records and out of date information.

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 08 November 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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We spoke with people who told us that their respite stay was fully explained to them when they came into Meadowside. One person told us "I've been coming here a long time and know all about Meadowside but the staff always make sure I know of any changes which have been going on". We saw an information booklet which was written in an accessible format, including larger print and pictures; the booklet described what people could expect when receiving care and support from staff and this meant they were informed about the service they would receive.

We saw that risk assessments and care support plans were person-focused and written in the first person, suggesting that these had been drawn up with the person they related to. People confirmed to us that they had support offered to them and could make a decision as to whether they wished to have support, for example with personal care tasks. They also confirmed that they did take part in the planning of their support plans. This meant that we were assured that people had sufficient knowledge and had been consulted and included in the planning of their care.

There was good evidence on files that a person's capacity to consent to decisions had been considered. We saw strong advocacy by Meadowside management to a local service recommending the use of the Mental Capacity Act when working with a person. We concluded that this meant that people's capacity was being assessed and that best interest meetings considered.

On each file there was information gathered to ascertain whether a person had an advocate. Within the home, information was displayed on a noticeboard about advocacy services. We saw two written examples of where the home had advocated for a person who had come into their service for a respite stay. We felt confident that people would be supported to engage the services of advocacy organisations should this be requested or required. We saw that relatives had been involved in care planning and were recorded in

some situations as advocating for their relative.

On speaking with staff they were able to tell us how they sought consent from people before working with them. Staff told us "I always ask the person what help they want and whether they want me to help them. Sometimes the men want a male worker, which is fine as there is usually a man on shift." We concluded that this meant that choice was offered and people were able to make suggestions and decisions which the staff supported. One person using the service said "if I don't want to have a shower when the staff can help me, they come back later on and ask me again". We saw daily log recordings which demonstrated that people had declined support and this was respected by staff. This meant that people had been listened to and their decisions respected, even if it was not in line with what had been agreed on the support plan.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We viewed five sets of care notes. We found that each person's records had an assessment shared by Social Services prior to moving into the home, which was detailed and outlined their needs with regards to health, general well-being, and care needs. We spoke with staff who told us that a person's dependency was considered to ascertain whether Meadowside was the right setting for them and to ensure that staff could adequately support that person. This meant that planning went in to admissions and stays at Meadowside. We were told by staff that people were invited for a look round and a meal before considering whether to accept coming in on respite. People were able to stay overnight for one night before deciding whether to stay for longer which meant that people had sufficient information about the setting and were able to make an informed choice about their respite care being provided at Meadowside.

We saw that there were support plans on file, which were person centred and written in the first person. We saw there were handwritten changes on some care plans and that care plans were reviewed. Staff reported they had been encouraged to feedback anything which worked well with a person or indeed, not so well. We found that some support plans provided inconsistent or out of date information which meant that following plans could be confusing and provide errors in care.

We spoke with people who told us that they had been asked what care they needed and they were aware this fed into the making of the support plan. We saw risk assessments on file which identified what the risk was and how to manage this. On three of the files we inspected there were inconsistencies between the risk assessments and dependency scales which could lead to confusion for those providing care, especially in the case of a person without verbal or sign communication. Risk assessments covered a range of issues including safety in the community and health conditions. We concluded that the quality of risk assessing was good, but continuity throughout a person's file was not in evidence.

Individual choice was outlined in the support plans, for example whether a person preferred a shower or bath, and this was confirmed by a person who told us "I'm able to tell the staff when I want a bath or if I don't want anything."

We saw evidence of service reviews and were able to see from minutes of meetings that the service had worked closely with other organisations such as Social Services and local day services to look at issues and plan future care. We could see that people and their relatives had been present at meetings. We felt assured that service reviews were detailed and focused on the care and welfare of people.

We saw the incident log for the home. Each incident was clearly documented, as was the follow up action; each incident was followed through until a conclusion was reached. These incidents fed into the care planning and risk assessment process which ensured that the provider was learning from past incidents and was able to reflect and adjust practice to ensure that each person was well supported.

Daily logs provided detail of how a person was on a day to day basis. The information recorded was detailed and included how a person's health was as well as mental well-being and any other relevant issues.

On speaking with staff they were able to outline signs of concerns which would indicate a person was unwell, or becoming unwell. We could see from care records that Meadowside had requested input from health which was timely.

We observed interaction between staff and people staying at Meadowside; staff were respectful and took the time to sit with people and chat about the day. People were offered a choice of activities to do and offered the opportunity to go out for the day. When people declined to go out, this was respected by staff. We felt that care and appropriate attention was given to people.

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

We saw that Meadowside had team leaders on each shift who administered medication. All staff had trained in the management and administration of medication, though current practice was that team leaders administered medication in usual circumstances. Certificates were seen which confirmed medication training had been completed. Meadowside had a medication policy which was readily available within the drug room. We read through this policy which was detailed and covered all mandatory requirements, this meant that planning had taken place into how medication could be safely administered in this setting.

Consideration had been given alongside each person using the service and their relatives as to whether they wished to self-administer and the risks associated with them doing this. During our inspection only one person was self-managing their medication. That person's medication was kept in a locked cupboard in their room. The home's policy cited that each week the medication would be reviewed with that person and whilst we did not see this practice, it was good to see this was clearly recorded in the policy.

We inspected the medication room; the medication room was kept locked and within the room, the trolley and fridge holding medication were also locked. It had hand-washing facilities. The room was very clean and a daily log had been kept of room and fridge temperatures. Each person's medication was held separately in a clearly marked box within the cupboard. All medication was in its original packaging with labels clearly visible. The cupboard and room was well organised and free from clutter.

We saw that each person had a medication record. These medication records had the person's name, allergies, a picture of the person and GP details. This was in line with requirements laid out by relevant authorities. There were no gaps on the medication record and codes and initials used were fully defined.

We saw that additional medication had been requested for a person staying at Meadowside as they did not have enough for their whole stay. This meant that timely intervention had been made to ensure that a person did not run out of medication.

All medication was checked and double checked by two qualified members of staff and

their signature provided on each record. We observed medications being administered and saw that the medication chart was completed at that time and followed the procedure outlined in the policy.

There were no controlled drugs being used by people staying in the home at the time of the inspection but we saw the controlled drug log was clearly completed and part of the medication policy referred to the administering of controlled drugs.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We viewed the training matrix for staff, which was held on a computerised system, but easily accessible. We saw that all staff had had some training; training provided included adult protection, conflict resolution, diabetes management, moving and handling and Mental Capacity Act courses. We viewed certificates for medication managing. On speaking with staff they confirmed they had had training and found that the standard of training enabled them to gain more knowledge and carry out their job. Staff told us that the dependency of the people using the service was increasing and felt there were gaps in their knowledge, for example in regards to working with people with autism. Staff told us that they were aware that their manager had requested this training.

Staff were paid for attending training sessions; some training took place within Meadowside and was provided by colleagues who were qualified to do so. Other training took place within the wider KCC organisation. A small amount of mandatory training was not up to date but there was an action plan and set timescale of when this training was due to be provided.

Staff reported that they had supervision every four to eight weeks. Supervision was provided by team leaders or the manager, as appropriate to grade. Supervision was provided on a one to one basis and staff confirmed this was in a quiet room without interruption. In addition to supervision staff had appraisals twice a year which was linked to pay increases.

Team meetings were held monthly; the meetings were moved around in the month so it enabled all staff to attend. We viewed the meeting minutes for both the team leader meetings and general staff meetings. We could see that issues such as training, client issues, safeguarding issues and staffing levels had recently been discussed. Meetings were used to review incidents and practice and this meant that lessons were learned and information shared in an appropriate forum.

All staff spoken with told us that they felt able to report concerns to management and that their viewpoints would be taken seriously. They felt team leaders and managers were approachable and supportive.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were at heightened risk of unsafe or inappropriate care and treatment because inaccurate and inappropriate records were maintained.

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 that there were policies and clear procedures on the practice within Meadowside. Information was held centrally and was accessible to staff. This meant that all staff could refer to documents easily.

We saw that all care records were held within one room, with two lockable cabinets holding the bulk of the notes. Each person using the service had their own file which was organised into sections which were consistent in each file; this meant that staff would be able to easily locate the document and information they required. At the end of each respite stay, information was archived until that person came to the service again or until a review was attended. This meant that notes were only held for those people actively using the service meaning that locating files was easy.

We inspected five sets of care notes. We saw that whilst there was evidence of care planning and risk assessing there were inconsistencies on each of the files such as a female person being referred to on more than one occasion as a male, dependency profiles not matching risk assessments, health issues not being risk assessed, out of date information being presented as current and date of birth inconsistencies. This meant we could not be confident that a person's care and support was adequately planned.

We saw that records were updated, there were daily logs created on each person which contained a good amount of detail and encompassed their daily well-being. These logs were transferred after completion on to the care records which meant a comprehensive diary was kept during a person's stay. We saw that record keeping was factual and often included direct quotes from a person. Daily logs were completed by all members of care staff.

We saw that support plans were reviewed but on three sets of notes out of date information had not been amended or removed. We felt that the quality of reviewing notes was not at an acceptable standard to meet the regulation.

We saw print outs of emails to other organisations; the information shared was factual and provided only when required. This meant that information was not being shared unnecessarily and maintained a person's dignity and provided respectful dialogue.

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 20 HSCA 2008 (Regulated Activities) Regulations 2010
	Records How the regulation was not being met: There were inconsistencies on care records, for example a female being referred to as male on more than one occasion, out of date information recorded yet reviewed as current and risk assessment being inconsistent on more than one file. Regulation 20(1a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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 08 November 2013.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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