Inspection Report

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: 16 December 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
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Meadowview Care Ltd
Registered Manager	Mrs. Joyce Rufaro Gosho
Overview of the service	Allens Mead provides accommodation for up to two people with learning disabilities. The home consists of a three storey townhouse in a residential area of Gravesend, Kent. At the time of inspection, there was one person living at the home.
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'.

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 16 December 2013, observed how people were being cared for and talked with carers and / or family members. We talked with staff.

What people told us and what we found

Because of the complex needs of the person we met on the inspection, they were unable to tell us directly about their experiences of living at Allens Mead. To address this, we used a variety of other methods to assess the care and support provided. For example, we spoke with a relative who said, "The staff are very good. My relative is improving gradually".

We saw that people's consent was obtained where possible before care and treatment was undertaken. We observed that the care given was safe and appropriate and based on effective care planning and risk assessments. This meant that people's individual needs were met and preferences were taken into account.

We observed that the provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. We noted that there were adequate numbers of skilled and experienced staff to deliver safe and appropriate care. In addition, the provider had an effective system to regularly assess and monitor the quality of service that people received.

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

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.

Reasons for our judgement

We examined the care plan and daily record of the person living at the home and observed interactions between them and staff. We spoke with the home manager, a staff member and a relative of the person. We also examined the provider's documentation related to consent to care and treatment. The relative we spoke with told us that staff always asked before offering care or support. Our observations confirmed this. We heard staff using phrases such as, "When would you like?..." and "Is that OK?...".

The care plan and daily record we looked at provided evidence that consent had been sought before treatment was given or care and support offered. We noted that the care plan contained a 'Service Users' Charter of Rights' which outlined staff responsibilities and people's entitlement to give or withdraw consent. We also saw that the provider operated a Standards of Conduct, Performance and Ethics policy which was used to guide staff with regard to their responsibilities to act on behalf of people where appropriate, in their best interests.

We also found evidence from the care plan that assessments had been made about people's capacity to make choices and decisions for themselves. This guided the care planning process and meant that those unable to make informed decisions would have their best interests safeguarded. We saw that the home ran a weekly informal meeting in which the views of person concerning their care and welfare were sought and acted upon.

The staff we spoke with had a clear understanding of the implications of the Mental Capacity Act 2005 in areas such as the general principles of consent and acting in people's best interests. We found evidence that staff had undertaken relevant training in this area. This meant that staff were able to provide care consistent with the law. One staff member told us, "We always help people to make decisions for themselves if we can".

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.

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

Reasons for our judgement

The relative we spoke with evidently held the home in high regard and was happy with the care provided. They said, "The care is great here and our relative is well looked after".

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The care plan and daily record we examined was legible, detailed and person centred. We found evidence of care planning and individual risk assessment having been undertaken, which was reviewed regularly and updated in line with the person's changing circumstances. The risk assessments were focused on the individual, in areas such as road safety, managing challenging behaviours and the risks associated with using the provider's transport. We saw that staff were given training in record keeping. There was also evidence of good communication in the management of the person's care between the provider and external agencies such as occupational therapists and social workers. We noted that advice and guidance given by these professionals was followed up by the provider and properly documented. This meant that the care given was relevant, up to date and person-centred.

The staff we spoke with were knowledgeable about the person's individual needs and preferences. We noted, through our conversations with staff, that they were focused on delivering care based on that knowledge. One staff member told us, "We give time as they have complex needs and need one-to one care".

We were told that the person living at the home went out regularly with family members. In addition, the home devised a weekly plan of activities with the involvement of the person, who also went on holiday from time to time.

There were arrangements in place to deal with foreseeable emergencies. We observed that the provider had clear protocols to follow in case of emergencies, such as an outbreak of fire or contact with a hazardous substance. The staff we spoke with were clear about their responsibilities in this area.

Safety and suitability of premises ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Our inspection of 27 March 2013 found that there were no hand rails fitted on the first flight of stairs within the home. There had been a report of a service user falling on the stairs previously; the provider's own risk assessment had concluded that rails should have been available. In addition, we noted that the provider could not provide evidence that taps were regularly cleaned to reduce the risk of legionella bacteria growing. As a result, people were at risk of harm and a compliance action was set requiring the provider to take remedial action.

The provider wrote to us subsequently to tell us that hand rails had been fitted and that maintenance issues, such as the regular cleaning of taps, had been addressed and added to the manager's monthly returns forms. This meant that outstanding maintenance issues such as these would be treated as a priority.

On this visit, we saw that hand rails had been fitted. We examined the monthly management returns and monthly health and safety checklists and found these to be in order. There had been no further accidents or falls on the stairs since the rails' installation. We also found evidence from documentation that taps in the home were regularly cleaned. This meant that people were now protected against the risks associated with poorly designed and maintained premises.

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

We spoke with staff on this matter. We also examined the duty rota covering the week prior to inspection and looked at the provider's documentation pertaining to staff training.

We noted from our examination of the duty rota that staffing levels adequately reflected the number and circumstances of the person living at the home. We saw that the provider took action to ensure this by operating an internal bank system comprised of existing staff in order to cover vacant shifts. This meant that they were able to raise staffing levels when needed to maintain safe and appropriate care. The provider did not use agency staff. One staff member told us, "There's one person to care for so someone is always around".

We noted, through our examination of documents related to training and talking with staff, that they received regular updates in areas relevant to the care needs of the people they were looking after. These were in areas such as the care of people with dementia and Parkinsons' Disease.

Assessing and monitoring the quality of service provision ✓ Met this standard

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 meeting this standard.

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

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

Our inspection of 27 March 2013 found that 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 noted that, whilst the provider carried out a trend analysis of incidents and accidents, there was no documented evidence of lessons learned which would improve the quality of the service and reduce risk to people. An example of this was that the addition of a hand rail had not been included in an incident review, despite staff documenting in the person's care plan that this would reduce the risk of the person falling. As a result, a compliance action was set requiring the provider to take remedial action.

The provider wrote to us subsequently, informing us that changes had been made to their Business Continuity Policy and procedure handbook. They had nominated a named person to ensure that changes proposed were properly enacted and documented.

On this visit, we examined documentation pertaining to this issue and found evidence that effective systems were in place to manage risks to the health, safety and welfare of people using the service. The provider undertook monthly risk assessments of the premises and regular internal audits concerning maintenance issues with action plans attached if necessary. This meant that learning from incidents / investigations took place and appropriate changes were implemented.

People who used the service and their representatives were asked for their views about their care and treatment and they were acted on. This was done on both a formal and informal basis. We saw that the provider undertook yearly surveys of people and their families' opinion and satisfaction levels about the care provided. We found evidence that these were designed to inform the provider of possible service improvements in the future.

The provider took account of complaints and comments to improve the service. This was provided in a format that met their needs, either in written or pictorial form to them or their

relatives, or informally via staff members subsequently. The relative we spoke with felt that they could make a complaint if they needed to and would be listened to. They said, "I can tell them and it will be sorted".

We examined the complaints policy and procedures and found that they included clear guidelines on how and by when issues should be resolved. They also contained the contact details of relevant external agencies, such as the Local Government Ombudsman which were available both in written and pictorial form. We were told that there had been no recent complaints received. Our conversations also indicated that the manager operated an 'open door' policy in which people, their relatives and staff could raise issues important to them. This meant that people had their comments listened to and acted on, without the fear that they would be discriminated against.

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.

Contact us

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