



THE MEADOW

FINDINGS OF CQC VISIT

13th August 2014



Introduction

Each time the Care Quality Commission inspects a care home, it issues an inspection report. This gives feedback on what inspectors found and what recommendations they make to the people who manage the home. From this, the providers need to produce an action plan, which needs to be agreed with the CQC.

At MHA, we took the decision to make a summary of our action plan public for all inspection reports as we want to be open and honest with our residents and their families and friends. In this document you'll find details of what the inspectors have said to us and what we are doing to address their points.



Is the service safe?

What did the CQC inspection tell us?

The service was not safe at the time of inspection.

- ▶ Staff did not manage behaviour that challenged the service in a way that protected people and pre-admission processes did not adequately assess if the service could meet people's needs.
- ▶ Staff recruitment checks were not fully completed and therefore did not protect people from staff who may be unsuitable to work with vulnerable people.
- ▶ The service did not fully consider people's mental capacity and the impact of any restrictive practices to ensure that people's rights were respected.

Our plan of action

Making the service safe

- ▶ We have reviewed the pre-admission assessments.
- ▶ The manager and deputy will review all assessments prior to admission.
- ▶ MHA has introduced a new pre-assessment tool with additional prompts to capture more information around the residents' history and current needs.
- ▶ We will review mental capacity and any existing Dols as part of the assessment process.
- ▶ We will continue to process Dols applications for residents who lack capacity to make choices for themselves and where restrictions may be put in place.
- ▶ Best interest meetings will be held where agreement is required for treatment and the resident lacks capacity to make informed choices.
- ▶ We have audited the HR files, reorganised them and ensured they have all relevant recruitment check documents in place.
- ▶ We risk assess those staff requiring additional supervision e.g. those under 18.

Is the service effective?

What did the CQC inspection tell us?

The service was not always effective at the time of inspection.

- ▶ People had mixed views about the food provided by the service and we found that people's nutritional needs were not always monitored effectively.
- ▶ New staff received an induction to the service and had meetings with their manager to support them in their role. However, the training provided did not always equip staff with the skills they needed to meet people's needs.
- ▶ People were referred to appropriate healthcare professionals when health concerns were identified.

Our plan of action

Making the service effective

- ▶ The MUST tool is utilised with nutritional assessment charts for all residents.
- ▶ Details of allergens are included on menus.
- ▶ Dietician input is obtained as necessary and where there are specialist diet requirements such as soft diets these are put in place and the Chef keeps a copy of these details to refer to.
- ▶ We will continue to hold refreshers training sessions on key areas.
- ▶ We will continue to induct our staff and offer them support in their role.
- ▶ We will acquire face to face training in Moving and Handling, Dementia and Safeguarding for those who wish to access this method.
- ▶ We will test the understanding of training with staff during audits and supervisions.
- ▶ We will continue to refer people to appropriate healthcare professionals when health concerns are identified.

Is the service caring?

What did the CQC inspection tell us?

Not all aspects of the service were caring at the time of inspection.

- ▶ People using the service and their relatives spoke positively about staff and the care they received. We observed warm and positive interactions between staff and the people using the service.
- ▶ People's privacy and dignity was respected. However, people's personal information was not always kept confidential.
- ▶ People were not always fully involved in planning their care.

Our plan of action

Making the service caring

- ▶ We will thank people for their compliments and recognition of the warm and positive interactions on carehome.co.uk.
- ▶ We will discuss the positive feedback with our staff team when we review the CQC inspection report.
- ▶ We will continue to respect people's privacy and dignity.
- ▶ We have removed the desk from the lounge area of the ground floor to avoid people overlooking files staff are working on or discussions regarding appointments.
- ▶ We will invite residents, MDT's and nominated next of kins to care plan review meetings.

Is the service responsive?

What did the CQC inspection tell us?

Not all aspect of the service was responsive at the time of inspection..

- ▶ People's needs had been assessed but care plans did not always reflect people's preferences or contain enough detail about the person as an individual.
- ▶ People were given information about how to make a complaint and the manager responded promptly to resolve any issues.
- ▶ A range of social and leisure activities were arranged which people told us they enjoyed.

Our plan of action

Making the service responsive

- ▶ 10% of care plans will be audited for detail of information each month and an action plan formulated for improvements.
- ▶ We will continue to give people information on how to make a complaint and respond promptly to resolve any issues.
- ▶ We will hold six monthly review meetings to capture additional information to incorporate into the care plans.
- ▶ We will continue to monitor the social and leisure activities that are arranged and ask for feedback of other activities that people would wish to add.

Is the service well led?

What did the CQC inspection tell us?

The service was not always well-led at the time of inspection.

- ▶ The management team were not always taking appropriate action to ensure people were kept safe. There were ineffective systems in place for managing behaviour that challenged the service and pre-admission assessment processes failed to ensure that the service could meet people's needs.
- ▶ Systems were in place to monitor the quality of the service and some action was taken to address any issues identified.
- ▶ People using the service and their relatives were asked for their views and action was taken to address any issues raised.

Our plan of action

Making sure the service is well led

- ▶ A new management team is now in place at the Meadow.
- ▶ The management team will review capacity of the residents annually.
- ▶ The manager and deputy will review all assessments prior to admission.
- ▶ MHA has introduced a new pre-assessment tool with additional prompts to capture more information around the residents' history and current needs and managers will ensure this new tool is utilised.
- ▶ Management will ensure mental capacity is reviewed and any existing Dols as part of the assessment process.
- ▶ Management will continue to process Dols applications for residents who lack capacity to make choices for themselves and where restrictions may be required for their safety and well-being.
- ▶ Best interest meetings will be held where agreement is required for treatment and the resident lacks capacity to make informed choices.
- ▶ We will continue to use our quality monitoring systems and audits to monitor the quality of the service and management will ensure actions are completed.