

Generals Meadow Limited

Generals Meadow

Inspection report

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Date of inspection visit:
20 June 2022

Date of publication:
07 July 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Generals Meadow is a residential care home providing personal care to up to 18 older people who may be living with dementia. At the time of our inspection there were 17 people being supported in one large adapted building.

People's experience of using this service and what we found

People told us they felt safe and comfortable living at the service. Improvements had been made to the building and the environment to keep people safe and improve their wellbeing, such as changes to the garden.

Potential risks to people's health and welfare had been assessed and there was guidance in place for staff to mitigate the risk. Medicines were managed safely, and people received their medicines as prescribed.

Staff had been recruited safely and there were enough staff to meet people's needs. Accidents and incidents had been recorded and analysed to identify patterns and trends. Action had been taken to reduce the risk of them happening again.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. There were systems in place to protect people from abuse and discrimination.

Checks and audits had been completed on all aspects of the service; action had been taken to rectify any shortfalls. People had been asked their opinion about the service and their suggestions had been acted upon.

People, relatives and staff told us the management team were approachable and they were comfortable to raise any concerns they may have. Relatives confirmed they were able to visit when and for as long as they wanted.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 November 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We inspected the service based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 7 October 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Generals Meadow on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-Led findings below.

Generals Meadow

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Generals Meadow is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Generals Meadow is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there were two registered managers in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people and two relatives about their experience of the service. We observed staff interactions with people in the communal areas. We spoke with seven members of staff including both registered managers, deputy manager, senior carer, carer, administrator and wellbeing co-ordinator.

We reviewed a range of records. This included three people's care plans and all the medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection, the assessment of potential risks to people's health welfare required improvement. At this inspection, improvements had been made. Some people were living with diabetes, there was now guidance for staff about how people would present if they were unwell and what action to take. There was now guidance in place for when people were prescribed medicines to thin their blood. The guidance gave information about the side effects such as bruising, excessive bleeding and what checks to complete if someone has a fall.
- Some people required a pressure relieving mattress to reduce the risk of skin damage. Staff were checking the mattress settings and changing them if they were not correct to reduce the risk of skin damage.
- Previously water temperatures had not been within safe limits to reduce the risk of scalding in some bedrooms. Checks now confirmed all water temperatures were within safe levels to reduce the risk of scalding. Checks had been completed on the environment and equipment used by people to make sure people remained as safe as possible. The checks included the fire equipment and hoists.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

- At the last inspection, medicines had not always been managed safely and improvements were needed. This included the need for two staff to sign handwritten instructions to confirm they were correct. The service now used an electronic system to record stock and administration of medicines, this had removed the need for handwritten instructions.
- The electronic system had guidance for staff about how to administer 'as and when' medicines such as pain relief. The system used bar codes to record the administration of medicines, this reduced the risk of the wrong medicines being given. The system also highlighted when medicines had not been given as

prescribed, any errors were noticed quickly.

- Medicines were stored at the recommended temperature to make sure they remained effective. Bottles of liquid medicines had opening dates, so staff knew when they needed to be discarded.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and analysed. An investigation form was completed, with the outcome and what preventative action had been taken. People had been referred to health professionals when needed and equipment such as bedrails and grab rails had been put in place. The reports were reviewed each month to identify any patterns or trends, the action taken had been effective in reducing falls.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to protect people from discrimination and abuse. Staff were able to describe the signs of abuse and the different types. They knew how to report any concerns they may have and were confident the registered managers would act.
- The registered managers understood their responsibilities to report concerns to the local safeguarding authority when required. The registered managers worked with the local safeguarding authority to keep people safe.

Staffing and recruitment

- People told us there were enough staff to support them. We observed staff spend time with people walking around the garden or chatting to them. Staff answered call bells quickly and people were comfortable to ask for support. Staff told us there was enough staff and they worked well as a team and knew how people wanted to be supported.
- Staff had been recruited safely. Each applicant had an application form and full employment history. References had been obtained to check the character of the applicant. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were supported to have visitors. There were various spaces available for people to receive their visitors including their rooms or the summerhouse depending on what they preferred. We met visitors in people's rooms during the inspection, they confirmed they were supported to spend as much time as they wanted with their loved one.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to assess, monitor and improve the service the quality and safety of the services. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection the checks and audits had not been effective in identifying shortfalls such as lack of guidance to mitigate risk and managing medicines safely. At this inspection, these shortfalls had been rectified and the service had improved.
- There were checks and audits completed on all areas of the service to monitor the quality of care. The system had been effective at identifying shortfalls and action had been taken to rectify them.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This is so we can check appropriate action had been taken. The registered managers had submitted notifications as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open and transparent culture within the service. People and their relatives knew the management team well. Relatives told us the management team was approachable and they were happy to discuss any concerns and action was always taken. They told us, they had been kept informed throughout the pandemic and any changes to visiting that needed to be made.
- People told us they were very happy living at the service. One person told us, "I am able to do what I want, they help me with that." Another person told us they felt at home at the service even though they had not lived their long. They told us, "I am content, I enjoy how I am living."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers understood their responsibilities to be open and honest when things went wrong. The management team had an 'open door' policy and relatives told us they were able to discuss any issues with them.

- Relatives told they had been kept informed when people had fallen and what action had been taken to reduce the risk of it happening again.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives attended meetings and were asked their opinions on the service and any changes they wished to suggest. People told us, their suggestions had been accepted and acted upon. Recently at the March resident meeting, people had decided they wanted a television in the communal lounge, this was in place at the inspection. People told us they were pleased with it and enjoyed having the option to watch the television with others.
- People had requested that curries and chicken kiev were put on the menu, this had been done. People were involved in deciding what work would be completed in the garden and people told us how pleased with the slope.
- During the pandemic it had not been possible to have a meeting with all the staff. There was a staff 'Whatsapp' group where they were kept informed about any changes being made within the service. Staff were encouraged to make suggestions or raise concerns. Staff told us, they felt listened to any their ideas were considered.

Continuous learning and improving care; Working in partnership with others

- The registered managers supported staff to study to improve their skills and knowledge. The deputy manager was completing their management qualification and the administrator was completing a qualification in business studies.
- The registered managers were completing work on the building to improve the environment for people and help maintain their independence as much as possible. The garden had been made safe for people to spend time in which they enjoyed and improved their wellbeing. Technology had been used to monitor people when they were at risk of falls without restricting their movement around the service.
- The service worked with health care professionals to make sure people's needs were met.