

Meadow Home Care Services Limited

# Meadow Home Care Services Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Meadow Home Care Services Limited is a domiciliary care agency registered to provide personal care to people living in their own home. The service provides support to people under and over 65 years of age and those living with a physical disability. At the time of our inspection there were 87 people using the service.

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

The provider had not ensured all records such as risk assessments were up to date and contained enough detail to reflect the level of support people required. The service had an established staff team who knew people well so this mitigated the risk however new staff joining the service would not have the information they needed to provide care.

The provider had failed to follow the lone worker policy and ensure staff working alone in the community had a risk assessment in place which would support them to know what to do in an emergency or if they felt unsafe.

The provider completed audits but follow up actions from these did not always take place and when they did, they were not recorded in detail. The use of paper records meant audits of medicines were not completed in 'real time' so it was difficult for managers to know when medicines had been refused or missed so appropriate action could be taken.

The provider had not followed the processes required when investigating staff disciplinary matters. This had led to safeguarding concerns not being reported to the appropriate authorities. The policy was unclear and did not support managers to fulfil their role in this area of their work.

Staff wore personal protective equipment during visits and people and their relatives said there had been no concerns with this.

Staff were experienced and had recently renewed all mandatory training. They found managers to be supportive and enjoyed working for Meadow Home Care. Managers and staff worked closely with other professionals to ensure care was appropriate and delivered in a timely way.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 21 March 2018).

## Why we inspected

This inspection was prompted by a review of the information we held about this service. The inspection was prompted in part due to concerns received about recording of information. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led.

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 good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report and the actions the provider has already taken to mitigate the risks identified.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meadow Home Care Services Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to recording of information to keep people and staff safe and staff disciplinary policy and procedures at this inspection.

Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Meadow Home Care Services Ltd

## **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.

#### Inspection team

Three inspectors completed on site visits, one inspector and two Experts by Experience made telephone calls to staff, people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

#### 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 was a registered manager in post.

#### Notice of inspection

The inspection commenced in May with phone calls to people, relatives and staff, although due to unforeseeable circumstances a visit to the office was unable to take place until 03 August 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 information gathered as part of monitoring activities to help plan the inspection and form our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and 24 relatives about their experience of the care provided. We spoke with nine staff members including the registered manager, care coordinator, administration staff and carers. We reviewed a range of records including three people's care records and a range of medication records and staff files. A variety of records relating to the management of the service including policies and procedures were reviewed.

# 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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not always fully assessed and mitigated. For example, falls risk assessments did not always give enough detail for staff to know how to mitigate the risks and in one file not enough information had been included about the person's health and what to do if they became unwell. We also found there was not enough information to support staff to manage or diffuse situations including responding to people's anxiety.
- The registered manager and the management team admitted they had focussed on delivering care during the pandemic rather than completing records fully. In mitigation they had an established staff team and it was clear everyone one knew the people receiving care well.
- The management team had started work to improve the records before the site visit of the inspection had been completed. It was clear they had responded quickly to feedback they received, and they agreed they had learned lessons from this and were committed to making improvements in the quality of their record keeping.

Systems and processes to safeguard people from the risk of abuse

- The registered manager admitted there had been a lapse in staff training for safeguarding and in reporting safeguarding to CQC and the local authority. This had been rectified by the time of the inspection site visit on 03 August 2022 when management and staff were able to demonstrate their understanding of safeguarding and abuse.
- People felt safe with the care they received. One relative said, "The same two carers go in which is nice for my [family member] as they feel safer with people they know".
- Staff demonstrated they understood safeguarding, they had received training and knew who they should report concerns to.

Using medicines safely

- The service had not regularly updated the information relating to covert medication. This had been corrected by the time of the inspection site visit on 03 August 2022, but the review needed to be countersigned by the person's Lasting Power of Attorney. This is a someone who the person has legally appointed to act on their behalf. Although the registered manager had details from the pharmacist on how to administer the medicines, they had not recorded this in the care plan
- The service completed regular audits of the medicines charts however these are not monitored in 'real time' so they were unable to respond quickly to missed medicines unless they are alerted to this by staff at the next call.
- Medicines errors and concerns identified from the audits were raised with staff but the recording of these

needed to be more detailed, signed and dated.

- The registered manager confirmed they were looking to identify and implement an electronic recording system which would enable them to identify quickly if medication was not administered or was missed. In the meantime, they had arranged for the person completing the audits to receive training in the safe administration of medicines to help them recognise errors and asked staff to be vigilant about missed medicines and reporting incidents promptly. One staff member said, "If medication should have been given for example, and it wasn't then I would call the office".
- People said their medicines were administered in a timely manner. One person said, "They come twice per day, they prepare my meals and sort my medication, and I have time specific medication, so they come at the same time every day".

#### Staffing and recruitment

- People and their relatives said there were enough staff but due to shortages when carers were on leave or unwell, the calls were not always at the expected time. Although, most people were happy with the timing of the calls and one person said, "The carers come on time and it's usually the same faces. I never feel they are rushed, and I don't feel they are rushing me. I get on with them all".
- The registered manager said there was an ongoing process for recruitment to ensure calls were covered. Where there was a gap on the rota staff covered for each other.
- The registered manager ensured staff were recruited safely in line with the provider's policies and procedures. This included asking for references from previous employers and completing checks with the Disclosure and Barring Service (DBS). These 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

- People and their relatives had no concerns about staff and how they used personal protective equipment (PPE). One person said they had reported a concern to the registered manager and the issue had been sorted straight away.
- Staff had received training in the use of PPE and followed the national guidance.
- The provider ensured staff had access to PPE as and when they needed it.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed on an ongoing basis and although care plans lacked detail staff knew people well and were able to feedback when their needs changed.
- Feedback from people and their relatives was mixed with some saying they were not aware of the care plan, one saying it hadn't been 'updated for a number of years' and others who were aware and happy with the care plan in place. One relative said, "My [family member] does have a care plan and we are both involved in it".
- The registered manager confirmed during the COVID-19 pandemic they had stopped visits to review care plans to reduce the level of risk of cross infection to people. Telephone calls were used instead, and people may not feel their care plans had been reviewed. These face to face visits had restarted and care plans were in the process of being updated.
- Care plans reflected people's preferences and were written to include cultural and religious needs.

Staff support: induction, training, skills and experience

- People and relatives felt staff were experienced and trained to provide the level of care they needed.
- All staff had recently updated their mandatory training or were about to do so.
- The registered manager told us all new staff received an induction and period of shadowing experienced staff, so they felt ready to provide care.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support where needed with eating and drinking.
- Staff could access information about people's dietary requirements on care plans and supported people with this if needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager gave examples of working with other professionals such as district nurses and GP's to ensure people received the care they needed.
- The management team kept written call logs where information from discussions and referrals were recorded and information was added to the care plans.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People and their relatives said consent for care had been requested before support was provided. One person said, "The carers ask me if I am alright, if I need anything, if I have a bad head, feel okay or if I want to get up or if I don't".
- Staff told us they involve people in their care and ask for permission before care is started. One staff member said, "I ask [name of person] what they want. I involve them by getting them to help me and I always tell them what I'm going to do".

# 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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and management team had not maintained records such as risk assessments and care plans to a good standard. For example, one person's care plan had not been updated to include advice from an initial assessment by a professional regarding repositioning and on another not enough information was given about personal care and how to support the individual with this.
- The management team reviewed these care plans and had made changes before the end of the site visit. The lack of detail had in part been due to the COVID-19 pandemic and the need to put the delivery of care first. The registered manager agreed they had not relooked at this as the pandemic eased and although they had good knowledge of people, they had not thoroughly updated peoples' records. This meant new staff coming into the service would not have the information needed to provide safe care.
- The service had a lone worker policy in place for those staff completing lone visits to people's homes. The registered manager had not completed risk assessments to ensure staff were safe when working alone. The registered manager agreed they would review this in line with their current policy. This meant staff did not have the information needed to keep them safe while travelling or completing lone visits and could be at risk of harm.
- Audits were in place but we found actions were not always taken, for example the call times audit identified some staff always made use of the 5 minute leeway to leave calls early but the reasons for this had not been questioned by the management team.
- Staff supervisions and training had also lapsed but this had been addressed by the time we carried out the site visit on 03 August 2022 which demonstrated how the provider was keen to learn and make improvements.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider had a disciplinary policy in place. However, the process for using this was unclear and we found incidents that related to care of people identified during the disciplinary process had not been referred to the local authority safeguarding team or CQC. This meant these incidents had not been reviewed

outside of the service and could lead to potential ongoing harm to the person involved.

- Disciplinary action taken against staff had not been recorded in detail and actions taken by the provider did not reflect the seriousness of the allegation when they had been upheld. This meant the staff member involved would not be fully aware of the seriousness of the incident or the understand the consequences of their actions if further areas of concern were raised.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was ensuring staff were always fit to provide care and treatment appropriate to their role. This placed people at risk of harm.

This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection to concerns raised. Records were being updated and the registered manager agreed they would be benefit from additional input in relation to disciplinary matters.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives gave mixed feedback about the responsiveness of the office in responding to phone calls and queries. One relative said, "I have spoken to Meadows home care. I've had problems with them not calling back. I will leave a message, when they do finally get back, they are helpful".
- People and staff had received feedback forms to complete. Actions had been taken to follow up negative comments including talking to staff about one person's care and how this should be provided. Most comments on the survey forms were positive about the service.
- Staff were extremely positive about the management team and working for the service. Comments included "Managers are very supportive, they're always available to talk to and will help me. I'm doing an NVQ course and they [managers] are great." and "It's a very good company, always listen to me".

Working in partnership with others

- The provider and staff worked with health and social care professionals such GP's and district nurses and this collaborative working ensured people's care was appropriate.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not fully use the governance systems and processes in place to record the information needed to keep people and staff safe.</p> <p>This was a breach of Regulation 17(1)(2)(a)(b)(c)(d)(f)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have a suitable disciplinary policy in place and decisions made in this area were inconsistent and did not protect people from harm.</p> <p>This is a breach of regulation 19(5)</p>