Inspection Report

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

Meadow Lodge Care Home

Meadow Lodge, Broach Lane, Kellington, Nr Goole, DN14 0ND

Tel: 01977662899

Date of Inspection: 07 May 2014

Date of Publication: May 2014

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

Respecting and involving people who use services	✓ 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
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Meadow Lodge Care Limited
Registered Managers	Ms Lorraine Coultas Mrs Karen Shann
Overview of the service	Meadow Lodge Care Home provides personal care and accommodation for 25 people, who may also have dementia care needs. The home is situated in its own grounds on the outskirts of the village of Kellington. Written information about the service and how it operates can be obtained by contacting 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 7 May 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information sent to us by commissioners of services and talked with local groups of people in the community or voluntary sector.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions: is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what people using the service told us, what we observed and the records we looked at.

If you want to see the evidence that supports our summary please read the full report.

This is a summary of what we found:

Is the service safe?
People we spoke with told us they felt they were treated as individuals and felt they were listened. We observed that people were treated with respect and dignity by the staff. People appeared to be supported well by staff. A person we spoke with said "I feel safe living here."

The service had policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS). There was no one currently using the service who had a DOLS in place. Senior staff had been trained in this area to help to protect people's rights.

Systems were in place to make sure that managers and staff learnt from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduces the risk to people and helps to service to continually improve.
There were effective systems in place for staff to follow in regards to medication. This helped to protect all parties.

Is the service effective?
People's health and care needs were assessed with them or with their chosen representative. People were encouraged to live their life even if there were risks attached to this. People living at the home told us that they valued this.

Help and advice was gained from relevant health care professionals in regard to the people currently living at the home. We spoke with a visiting health care professional during our visit. They said "The care people receive here is good. Staff contact me if there are any issues. They ask for help and advice, which they follow." This helped to protect people's wellbeing.

People's needs with poor memories were taken into account. There was helpful signage in place and the layout of the service enabling people to move around freely and safely.

Is the service caring?
People were seen to be supported by staff who appeared to be patient and kind. Staff were skilled at allowing people to be as independent as possible. They also knew if a person required assistance. We saw that people were visited by relevant health care professionals. One person said "I am looked after by pleasant attentive staff, nothing is too much trouble. If I was unwell they would take me to the GP, or the GP would come here." This helped to maintain people's health and wellbeing.

We saw staff spent quality time with people. For example we saw staff giving people manicures, dancing or singing with them. People we spoke during our visit said they could not have found a better place to live. We spoke with two visitors who said "We visit on different days and at different times. Always the care is good. We have never seen anything that is worrying."

People using the service were asked to complete a satisfaction survey. Where any shortfall or concerns were raised about the service the issues were addressed, to the complainant's satisfaction.

Is the service responsive?
Information was provided to people about how to make a complaint. This was available in a format that met people's needs. Staff spent time observing people and asked people for their views. We saw that staff acted upon comments made to them to ensure they remained happy with the service they received.

We looked at how a complaint had been handled. This had been investigated and the complainant had been satisfied with the action taken to resolve the issue raised. People can be assured that complaints are investigated and action is taken as necessary.

Is the service well led?
The service worked well with other health care professionals to ensure that people could receive the care they needed.
Quality assurance systems were in place. We saw that the staff took pride in delivering a quality service to people. This was constantly being reviewed and where necessary the service was improved.

Staff are clear about their roles and responsibilities. They told us they would not want to work anywhere else because the provider cared about the residents and their staff. The ethos of the home was to provide a good quality service to ensure that people living there were supported to live the life they chose, to the full.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. People we spoke with said they made their own decisions about how to live their lives. Some people we spent time with had dementia. We observed that staff spent quality time talking with them so that people were able to think and give their views about things. We asked people we spoke with what it was like to live at the home. One person said "The staff respect my wishes. I love living here. I choose how to spend my time." Another person said "It is great here. I have a key to my own room. I have my things in my room and I can do what I like. I can cook when I want to." A third person said "I like to live my life, I choose my own routine. I read in the morning and garden in the afternoon. I can do anything I like." All the people we spoke with said they felt respected by the staff and said their views were listened to and were acted upon. We observed throughout the home that people were treated with dignity and their rights were respected.

We looked at three people's care records. We saw that before people were offered a place at the home a pre admission assessment was carried out. This allowed people a chance to discuss their needs, likes, dislikes and preferences, cultural, social and religious needs. This information was recorded to help inform staff. Information about people's life history was recorded in two out of the three people's care records that we looked at. This information helped staff to promote people's preferences and engage with them.

People were given information about the service so that they could decide if this was the right home for them, where necessary with help from their representatives. We saw some evidence which confirmed that people along with their relatives or representatives took part in care reviews. This helped people to feel involved.

During our visit we observed that people were treated as individuals. People were supported to talk about their needs or staff were skilled at understanding people's behaviour which helped to indicate their needs. We saw that staff knew people's needs well. We saw staff sat and talked with people or reminisced with them. People were encouraged to sing and dance if they wished, this was spontaneous. People we spoke

with said they were able to do what they wished, this included gardening, folding clothes or going for walks with the staff. Staff were seen to engage with people in a patient and respectful way.

We saw evidence in people's care records that where people did not have the capacity to consent to their care and treatment, the provider acted to protect the person's interests by considering the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards. The provider told us that Advocacy Services could be requested for people, where necessary to help to protect their rights. There was currently no one at the home with a DOLS in place. We observed lunch at the home. We saw that people choose what they would like to eat and they were asked where they would like to have their lunch. Staff assisted people to make choices about what meal to have, they listened to people views. For example if a person said they did not like what they had chosen, an alternative meal was shown to them which helped to promote their choice.

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

Prior to our visit issues were raised with us that people may not be receiving the care and support they needed to receive to maintain their health and wellbeing. We shared this information with North Yorkshire County Council Safeguarding of Adults team. They are currently looking into the issues that were raised.

During our visit we spoke with people living at the home to gain their views. One person we spoke with said "I feel safe and well cared for. If I wanted the doctor they (the staff) would get them straight away." Another person said "I am looked after by pleasant attentive staff, nothing is too much trouble. If I was unwell they would take me to the GP, or the GP would come here." We spoke with two visitors who said "We visit on different days and at different times. Always, the care is good. We have never seen anything that is worrying."

We spoke with a visiting district nurse. They said "The care people receive here is good. Staff contact me if there are any issues. They ask for help and advice, which they follow. I feel this is one of the better homes. Staff really care for people here."

We looked at the care records of three people living at the home. We saw that these care records described the help and support people needed to receive. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that staff reviewed people's care records periodically. However, the provider may wish to note that there were some aspects of some people's care records that had not been reviewed recently. For one person who had developed a new care need a care plan had not yet been put in place. This was discussed with the staff and provider. They told us how any new issues or changes to people's care needs were recorded and discussed at the staff handover. We looked at the handover sheet and saw people's changing needs were recorded. This ensured staff were informed of any new information at staff handover. This helped to ensure that people's needs could be met. From the records we looked at we saw people were attending appointments with relevant health care professionals to help to maintain their health and wellbeing.

We saw that risk assessments were in place if risks to people's wellbeing had been

identified. The provider confirmed that risks to people's health and wellbeing were always assessed and corrective action was taken to protect people. We saw risk assessments were individualised to people's specific needs, for example a person had a risk assessment in place regarding falls, another person for outings. People we spoke with said they were able to take risks to live their life as they chose to. This was valued and appreciated by people.

Staff we spoke with told us that there was enough detailed information in people's care records to inform them about the help and support people needed to receive. A member of staff we spoke with said "There are detailed care records in place so that we know people's needs." Another member of staff said "We know people very well. There are tell-tale signs if someone is not well. These signs are acted upon. We put this information into the person's care plans, it is mentioned at handover and issues are monitored or GP's are requested."

We observed that people were provided with a number of activities these included: listening to music, going out for walks, having manicures, singing and dancing with staff. People we spoke with said that they were encouraged to continue with their hobbies such as gardening and cooking. People took part if they wished in light domestic activities, for example folding clothing. This helped people to feel included.

There were arrangements in place to deal with foreseeable emergencies. If a person needed to be admitted to hospital their relatives or staff would go with them, where possible. Which could assist to relieve people's anxiety. Relevant information was sent to hospital to ensure that people's needs could still be met.

Management of medicines ✓ Met this standard

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 got appropriate arrangements in place to manage medicines.

Reasons for our judgement

Prior to our visit an issue was raised with us that there may have been an occasion where staff may have given out medication without receiving relevant training. We shared this information with North Yorkshire County Council Safeguarding of Adults team. We chose to look at this outcome area during this scheduled inspection.

We looked into this issue. We spoke to the provider and to five staff who gave out medication. We found that training was provided to all staff who were involved in dealing with medication. Policies and procedures were in place. We saw Skills for Care training was in place for staff. We saw evidence that staff had to complete this thorough training programme over a period of time, then be assessed to see if they were competent with this before they were allowed to deal with medication. All the staff involved with medication that we spoke with confirmed this was the case. One member of staff said "Medication training has been undertaken. I have had two courses. We are observed doing medication. I had an observation a few weeks ago. I am confident. I received good training for this."

Senior staff that we spoke with told us that no member of staff would be able to deal with medication without the correct training or supervision. There was a monitored dosage medication system in place at the home. This had been recently introduced. We inspected people's medication administration records (MAR's). We saw that each person's medication trays had the person's photo on it. This was helpful to the staff because it confirmed people's identity.

Appropriate arrangements were in place in relation to obtaining medicines. We spoke with the member of staff on duty who dealt with medication systems in operation at the home. They informed us how prescriptions came from the general practitioners surgery so that the medications could be dispensed timely for people. We saw records that confirmed staff checked each person's prescription to make sure the medication prescribed for them was correct. This information was kept at the home for further reference. The pharmacy then supplied the necessary medication. This reduced the risk of errors being made.

Medicines were kept safely. We saw medications were kept in a locked treatment room. We looked at three people's medication administration records (MAR). We saw that medication balances were recorded on people's MAR charts. The stock balance of each

person's medication was recorded. We checked the balance of some medication. This was found to be correct. Where people refused to take their medication a code was used and the reason for this was recorded. This helped to keep people's health care professionals informed.

We observed a member of staff undertaking part of a medication round. We saw that they were skilled at this. They confirmed they had undertaken training to be able to carry out this role safely. We saw they signed for medication once it had been given. There were no missing signatures on the MAR charts that we looked at. This helped to confirmed that appropriate arrangements were in place in relation to the recording of medication.

We looked at the balance of two controlled medications that were prescribed for a person. We looked at the controlled drug register we saw when this medication was given it was witnessed by two staff, both of whom signed the controlled drug register. We checked to make sure this medication had been signed as given on the MAR charts.

We saw there were robust systems in place to deal with any medication which had been refused and needed to be destroyed. This was bagged individually and was recorded in a returns book. These items were picked up and were signed for by the supplying pharmacy. This ensured all parties were protected.

Supporting workers ✓ Met this standard

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

People we spoke with said "The staff are wonderful, especially X. They have helped me so much. They know what they are doing." Another person said "The staff are there for me. They are professional and skilled." Visitors we spoke with said "When we visit we observe the staff. They seem to know how to look after people well."

During our visit we observed staff delivering care and support to people in the communal areas of the home. We saw that staff were skilled in how to help people with their mobility and to assist people with eating and drinking. We saw staff had a good understanding of the care and support people needed to receive. Staff were also able to act appropriately if a person was seen to be agitated or upset. These situations were dealt with professionally by staff.

Staff received appropriate professional development. We looked at some training records. We looked at a number of staff training records. We saw that there were robust systems in place to identify the training that was needed and that had taken place. This information helped the management team to provide training for staff. We saw that new staff had a period of induction where they were helped to gain the skills they needed to give care safely to people.

Training was mandatory for all staff in certain areas, this included: first aid, moving and handling, safeguarding adults, infection control, food hygiene and writing care records. Other training was provided over time in a variety of subjects, such as: risk assessments, mental health, dementia, pressure care, medication, The Mental Capacity Act and Deprivation of Liberty. This helped the staff to maintain and develop their skills.

We saw that staff were able from time to time, to obtain further relevant qualifications, for example National Vocational Qualifications in Care. A member of staff we spoke with said "I have completed moving and handling training and a medication course recently. There is always plenty of training on offer."

We looked at some staff files. We saw that staff were receiving supervision from a group of senior staff. A member of staff we spoke with said "Supervisions are not always done by the same person, it is better that way. The senior staff watch how we work and give us

feedback. They give us pointers on how we can improve." Staff appraisals were also being carried out. This ensured staff could discuss their performance and identify any further training needs to help to improve and develop their skills.

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.

Reasons for our judgement

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We saw during our visit that people had detailed care profiles and risk assessments in place which were reviewed by staff to help keep people safe. We saw that the local authority undertook reviews of people who were funded by them so that they could see how people's needs were being met.

There was evidence that learning from incidents or investigations took place and appropriate changes were implemented. We saw evidence that if any issues were found they were dealt with. Detailed records of any issues found were in place, along with the outcome of the issue. This helped to protect all parties.

The provider told us that they monitored the quality of the service provided along with the senior staff. We saw there were audits in place for monitoring health and safety, incidents and accidents, staff working practices, moving and handling procedures, fire safety and the maintenance of the premises. All the staff we spoke with told us that they would work with the local authorities Safeguarding team, contracting and with relevant health care professionals to help to protect people's health and wellbeing.

We saw risk assessments were completed for the environment and about people's care. We saw people's needs had been considered in regards to fire safety. Information was present to help advise staff of people's individual needs if an emergency of this nature occurred.

The provider took account of complaints and comments to improve the service. People we spoke with said they were happy with the service they received. During our visit we saw that staff asked people for their views, and their comments were acted upon. There was only one recent complaint that had been recorded following a conversation with someone. We saw that the issue raised had been investigated and the issue had been dealt with to the complainant's satisfaction.

People's views are listened to and are acted upon. Meetings were held for residents and for staff. This helped to gain their views. Quality assurance surveys were sent to

people.We saw that issues raised were acted upon, for example, in the last survey people had told the provider they would like the lounge to be refurbished. This has been undertaken. Staff we spoke with said they felt supported by the management team. They confirmed there were systems in place for them to get advice about any issue at any time. This helped the staff to feel supported.

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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