Meadow Care Homes Ltd

Meadowcare Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 15 and 16 March and was unannounced. The previous inspection was carried out on 6 December 2016 and there had been three breaches of legal requirements at that time. We rated the service requires improvement in two of the key questions, effective and well led. We found at this inspection significant improvements had been made. The registered manager had submitted an action plan to the Care Quality Commission so that we could monitor the improvements made.

Meadowcare Home provides accommodation for up to 34 people who require nursing or personal care. At the time of our visit there were 30 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

People were protected from the risk of infection. Staff understood the importance of infection control and prevention.

There were enough suitable staff to meet people's needs. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others.

Appropriate checks were made before staff started to work to make sure they were suitable to work in a care setting.

Medicines were handled appropriately and stored securely. Medicine Administration Records (MAR) were signed to indicate people's prescribed medicine had been given.

Staff received training to ensure they had the skills and knowledge required to effectively support people. Staff felt well supported by the registered manager and received regular supervision and appraisals.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 (MCA) and DoLS.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were monitored and encouraged with their eating and drinking where required and concerns about their health were quickly followed up with referrals to relevant professionals.

Staff were caring, and people were treated with kindness and respect. Staff knew people well and understood how to communicate with them. People's privacy was respected, and their dignity and independence promoted.

People's needs were reviewed and monitored on a regular basis. Care records were reflective of people's individual care needs and preferences and were reviewed on a regular basis. People knew about the service's complaints procedures and knew how to make a complaint.

People were supported and helped to maintain their health and to access health services when they needed them.

There was system in place for responding to and acting on complaints, comments, feedback and suggestions.

There were effective processes in place to monitor the quality and safety of the service. People's feedback was sought through annual satisfaction surveys.

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 remains safe.

Is the service effective?

Good

The service was now effective.

Staff benefitted from training, induction and a programme of supervision.

People were monitored and encouraged with their eating and drinking, when required.

Staff understood the need to gain consent and followed legislation designed to protect people's rights and freedom.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service was now well-led.

There was an open transparent culture and staff worked well together.

The service was committed to continuous improvement of people's care and support experiences.

Systems were in place to audit and check the quality of the service.

People's views and feedback were used to make changes and improvements to the service.

Meadowcare Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 16 March 2018 and was unannounced. The inspection was undertaken by one adult social care inspector.

Prior to our visit we asked for a Provider Information Return (PIR). The PIR provides us with key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. This included notifications we had received from the service. Services use notifications to tell us about important events relating to the regulated activities they provide.

We contacted 11 health and social care professionals as part of our inspection and invited them to provide feedback on their experiences when visiting the service. We received a response from three professionals. Their feedback has been included in the main body of the report.

During our visit we met and spoke with the three people living at the service. We spent time observing care provided for other people who were unable to communicate verbally. We spent time with the provider, registered manager, deputy manager and four staff members. We looked at three people's care records, together with other records relating to their care and the running of the service. This included audits and quality assurance reports, employment records of five staff, policies and procedures.

Good

Is the service safe?

Our findings

People were not able to tell us if they felt safe living at Meadowcare Home, due to their cognitive impairment. People were supported by staff who had received appropriate training and understood how to recognise and report signs of abuse or mistreatment. Safeguarding and whistleblowing policies and procedures were available for staff to access and safeguarding was regularly discussed with staff. The registered manager followed a clear procedure for making appropriate alerts to the local authority regarding people's safety.

Risk assessments were carried out to identify any risks to the people living at the service and to the staff supporting them. For example, how staff should support people when using equipment to reduce the risks of falls; the use of bed rails and reducing the risk of pressure sores. Where people had been identified as at risk from falls or requiring pressure care, the records directed staff on the actions to take to reduce this risk. This helped ensure staff provided care and assistance for people in a consistent safe way.

There were suitable systems to protect people from the risk of cross infection. Records showed that the registered manager had assessed, reviewed and monitored that good standards of hygiene were maintained in the service. We found the service was clean and had a fresh atmosphere. We also noted that equipment such as wheel chairs and bath hoists were in good condition, had washable surfaces and were clean. In addition, we noted that soft furnishings, beds and bed linen had been kept in a hygienic condition. Staff recognised the importance of preventing cross infection. Staff and visitors to the service had access to antibacterial hand gels which were located on each floor of the service. Staff supported people with their meals and had received training in food hygiene. Staff were aware of good practices when it came to food preparation and storage.

Equipment was in place to meet people's needs including hoists, pressure mattresses, wheelchairs and pressure cushions. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Hot water temperature checks had been carried out and were within the 43 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. The records for portable appliance testing, gas safety and electrical installation were all up to date.

There were sufficient numbers of staff on duty to keep people safe. The registered manager told us that the levels of staff provided were based on people's dependency needs. Staff, people who used the service and visitors did not raise any concerns about staffing levels. Our observations confirmed call bells were responded to by staff in a timely manner. Staff were not rushed and supported people to do things at their own pace. For example, people who required assistance at meals times were supported by a staff member who concentrated solely on them and waited until they were ready to eat before assisting them. Many of the staff had worked at the service for several years and knew the people very well. Staff turnover at the service was low and at the time of the inspection the service did not have any staff vacancies. There were consistent numbers of staff on duty during the day and night.

Cover for sickness and annual leave was provided by other members of the team. The registered manager and other members of the management team were on call out of hours to provide any advice and support staff needed. We were told during the recent spell of bad weather the staff had rallied around to ensure the rota was covered.

We looked at the recruitment records of staff and found they had been recruited in line with safe recruitment practices. A minimum of two references had been received and checked. Disclosure and Barring Service (DBS) checks had been completed. This was completed before staff started work at the service. Such checks helped the registered manager to make informed decisions about a person's suitability to be employed in any role working with vulnerable adults and children. Records confirmed staffs identification and medical fitness had also been obtained. Staff confirmed their recruitment to the service was robust and they did not start work until all necessary checks had been completed.

Medicines were stored securely and administered safely. We checked medication administration records (MARs) and found people were all clearly identifiable, with identification photographs in use for each person living at the service. There were no missing signatures on the MARs, and the MARs were checked by medication trained staff on duty at the end of each medication round. This system helped to identify whether there had been any medicine administration errors, and that all medicines had been administered and signed for. Where medicines, such as creams, liquids and ointments, had been prescribed, these were stored in accordance with the prescriber's guidance and staff had clearly marked the date of opening. The room and clinical fridge temperature were taken daily and were at the correct temperatures. Prescribed thickeners were stored in a locked cupboard, which was in accordance with a National Patient Safety alert in 2015 regarding the safe storage of thickeners.

Clear protocols were in place for 'as required' medicines, such as pain relief. Staff we spoke with were knowledgeable about people's 'as required' medicine and the importance of offering this. Staff who administered people's medicines explained to them what they were giving them and made sure they had time to spend with each individual to ensure the medicine had been taken safely.

Accidents and incidents had been recorded and action had been taken to prevent them from happening again. For example, one person's falls risk assessments had been reviewed and updated after a fall and action had been agreed with them to reduce the risk of them falling again. This included using door sensor alarms and increased checks by staff during the day and night when required.

Good

Is the service effective?

Our findings

At our last inspection on 6 December 2016 we found that where required, decisions taken in people's best interests had not always been undertaken and recorded. We found examples of where best interest documentation had not been completed. The service had not met the conditions attached to some people's DoLS. When a DoLS authorisation is granted, they are sometimes issued with conditions attached. We also found that staff knowledge in relation to DoLS was poor.

At this inspection we found a great improvement had been made. 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 Act 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 had their mental capacity assessed. People were involved in making decisions about their care and provided consent where possible. Records showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person's ability to consent to decisions about their care. People's care records contained clear information about whether people had the capacity to make their own decisions.

People were supported by staff that had good knowledge and understanding of the MCA. The registered manager and staff we spoke with had a good level of insight about their duties under the MCA and how to support people with decision making. MCA and DoLS was regularly discussed at staff meetings. This gave staff clear information and helped them understand the principles of the MCA. The registered manager and deputy manager had attended training for managers in relation to MCA and DoLS since the last inspection.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection nine applications had been authorised by the local authority. Records confirmed a further 19 application forms had been submitted and were awaiting assessment by the local authority. These were submitted as some people could not freely leave the service on their own, also because people required 24 hour supervision, treatment and support from staff. The DoLS provide a legal framework and allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so

Since the last inspection the service had devised a spread sheet which recorded the number of people who had DoLS authorisations in place, when applications were submitted and were due to be renewed. A section had been added to record if conditions had been included on authorised applications. We checked people's records which showed if conditions had been made they had been appropriately managed by the service. Clear records had also been maintained. An example of this was one person who had a condition in place for their DNACPR form to be reviewed. The service had requested the persons GP to review this. Input had also been sought from the dementia wellbeing team.

Staff were knowledgeable about the people living at the service and had the skills necessary to meet their needs. Newly employed staff were required to complete an induction before providing care. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such time as the staff member felt confident to work alone. We asked staff about their first week of employment. We were told this involved shadowing and observing staff, getting used to the routines and learning about people's needs.

Staff meetings were held regularly and staff received regular supervision. Records showed staff had been supported to identify their training and development needs. Staff reported that they were well supported by both the registered manager and deputy manager. We were told this was on a formal and informal basis. The registered manager had a list on the wall in their office with information about when staff supervision was due to be carried out. Each staff member had a designated supervisor who completed their supervision.

Training was completed on a rolling programme available for all staff; this meant each month the courses the provider defined as mandatory were available for staff to complete. Training completed by staff included moving and handling, infection control, fire safety, dementia care matters, safeguarding vulnerable adults, managing challenging behaviour, health and safety awareness, emergency first aid and food hygiene. In addition to mandatory training, other specialist training was available. An example of this was both the registered manager and deputy manager had attended end of life care training at the local hospice. This enabled both managers to cascade the information to the staff team.

Some modernisation work had been carried out at the service which included redecoration of corridors and stairways. The registered manager told us the provider has plans in place to redecorate the downstairs lounge area along with purchasing new furnishings. We were told plans were also in place to redecorate the conservatory area within the next 12 months.

Records showed that where there were risks associated with eating and drinking, appropriate referrals had been made to health professionals. Full nutritional assessments were carried out and regularly updated. Weight charts were kept and staff monitored how much people had to eat and their fluid intake if required. There was information regarding the type of support required at meal times contained in people's care records. Where people required assistance to gain weight high calorie items such as fortified drinks were prescribed by professionals. Staff were knowledgeable about people's needs and preferences in relation to food.

Referrals had been made promptly to a range of health professionals when people's needs had changed or they had become unwell. This included doctors, district nurses, occupational therapists, speech therapists, dementia wellbeing team and the community psychiatric team. The registered manager told us the local doctor's surgery visited the service each week to provide an in house surgery. Outside of the weekly visits, the GPs would visit as and when required. The registered manager told us they had a "really good" relationship with the local GP surgery. They were supportive of the service and trusted the staff's judgement.

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion and people were given emotional support when they needed it. Staff were seen to be caring towards the people they supported and spoke about people positively and with affection. One relative told us, "The staff are all very caring and kind towards the residents and family members. This was something we particularly noticed when we made our first visit to the home, and something which influenced our decision. We feel they genuinely care for the residents and seem to become quite attached to them".

People were treated with dignity and respect. One staff member was a Dignity champion. Dignity champions are staff that believe that being treated with dignity is a basic human right and not an optional extra. All the staff that we met at the service held these values. Staff had completed dignity training and showed a great level of empathy towards people. One staff member told us the experience had reminded them how important it was to explain everything they were doing to people before they did it. We observed one staff member supporting a person at lunchtime. They supported the person at their own pace and waited for the person to tell them they were ready to eat or drink. They also explained what was on the spoon and checked that the person was happy with this.

Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. If people required the use of moving and handling slings these were provided, solely for their use and not shared. Staff were seen providing care in an unrushed way, providing explanations to people before providing them with support and ensuring they were calm throughout. Bedrooms were all ensuite except for one room. They were decorated and furnished to reflect people's personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them. We observed one staff member sat reading a person's life history book with them. This book was clearly important to the person and gave staff information about them. This encouraged the person to engage with staff non verbally through facial expression.

Staff spoke in a reassuring way when talking with people. Staff could be seen kneeling or bending down to make sure people they spoke with were at eye level. Where people requested assistance with personal care, staff responded discreetly. Health professionals told us "What really stands out is the level of care for the older people's emotional wellbeing", "Staff are very special at Meadowcare Home", "All the staff I have met are caring and gentle with residents" and "They treated people with dignity, love and kindness".

Staff knew people well and were clear about the backgrounds of the people who lived at the service. They were aware of people's individual preferences about how they wished their care to be provided. For example, one person liked to move independently around the downstairs lounge and corridor and staff discreetly observed them to make sure they were safe but not restricting them.

Information about community organisations and advocacy services that could provide independent support and advice was available to people and their families. The registered manager told us this was something discussed during the initial assessment and when necessary people were signposted and

supported to contact other agencies.

Good

Is the service responsive?

Our findings

Staff were able to tell us about people's care needs and about the level of support people living at the service required. They had detailed knowledge and a good understanding about peoples preferred routines, behaviours and how best to support them. For example, one person was not able to verbally express their views to us. Staff told us they understood if the person was happy or unhappy through facial expression. Staff said they had cared for the person for a long period of time and understood their likes and dislikes and how they liked to be cared for.

People had their needs assessed before they moved into the service. Pre-admission assessments were then used in the formation of the person's care plan. People's care records described the support people needed in the delivery of care in a range of areas. For example, people's needs in relation to emotional wellbeing, eating and drinking, mobility, personal care and continence were all documented. Peoples care records were person centred and contained information about people's needs and preferences. For example, information was recorded about how people liked to spend their day and people's preferred daily routines.

People's care records included information about their personal life history. Personal life histories tell the life story and memories of each person and help staff deliver person centred care. They enable the person or relative to talk about their past and give staff and other professionals an understanding of the person they are caring for. Personal life histories have been shown to be especially useful when caring for a person with dementia.

On the first day of the inspection the registered manager told us that the lift had broken. This had already been reported appropriately to the CQC and lift engineer company. This meant that those people who were not mobile were being cared for in their bedroom. The service had taken responsive action to ensure people's needs were met. This included staff allocated to each floor to carry out regular checks of people. Activity staff supported people with activities in the lounge areas. One to one activities were also provided to people in their bedrooms to ensure they were not isolated. The service managed the situation responsively to ensure people's needs were at the heart of the service.

People were offered a range of activities and an array of photographs of people taking part in activities were displayed on noticeboards. We spent time in the communal areas of the service. We observed staff playing reminiscence games with a group of people in the down stairs lounge. People appeared engaged in the activity which brought lots of laughter. Staff offered people individual support with activities. For those people who preferred a quieter environment we observed staff assist people to sit in other areas nearby which appeared relaxing and calm. We observed one person was fast asleep on the sofa whilst cuddling a blanket. The service employed two activities staff that both worked fulltime. Activities offered to people included memory games, art and craft sessions, quizzes, one to one activities. Entertainers also visited regularly. The service worked closely with an outside activities provider that had supported the service and enhanced the activities programme. The service were supported by the local community which included the local primary and secondary school. We saw photographs of the local school children taking part in activities with people.

People, relatives and staff were actively encouraged to share their views and raise concerns or complaints. Feedback was valued and the registered manager explained it was an important part of ensuring improvements were made where necessary. A complaints policy was displayed clearly at the service. This gave details of how people could make a complaint and to whom. The registered manager told us the steps they would take to deal with a complaint. Within the last 12 months the service had received three complaints. The appropriate action had been taken to investigate and respond to each complaint. The service had an open door policy and encouraged staff and relatives to speak with them if they had any suggestions or concerns.

People's 'key workers' also regularly talked to people to explore how they were feeling and supported them to make a complaint or raise issues to the registered manager. This helped to ensure that people were given the opportunity to raise issues when they had concerns.

Good

Is the service well-led?

Our findings

At our last inspection on 6 December 2016 we found the service had failed to notify the Care Quality Commission of Deprivation of Liberty Safeguards (DoLS) authorisations. At this inspection we found a great improvement had been made. The service had submitted five outstanding notifications to the CQC in relation to Deprivation of Liberty Safeguards. The service had continued to notify the CQC appropriately when applications had been authorised by the local authority. The service had a spread sheet in place which showed the process was well managed, with a column added so that the service could monitor notifications appropriately.

Both the registered manager and the provider were very clear about their responsibilities in regard to submitting statutory notifications to the CQC. Statutory notifications inform the CQC of important incidents and accidents at the service and form an important part of our ongoing monitoring of services. Records showed they had informed us of reportable events which had occurred at the service.

Staff described the registered manager as being "approachable, open and honest". We were told they led by example and were very passionate about providing the best care to people. Staff we spoke with described their commitment to providing care with compassion, and were "proud" to be working at Meadowcare Home. Professionals made the following comments, "My personal experience of the management of MCH has been a positive one. The home appears well organised and the staff have been open in their communication with me and listen to my feedback" and "I can confidently say that Meadowcare is at the top end for quality of care for the older people".

People received a high standard of care because the management team led by example and had high expectations about the standards of care people should receive. The registered manager had developed the staff team to consistently display appropriate values and behaviours towards people. The registered manager was a prominent presence in the service and demonstrated strong leadership, dedication and had a caring nature. The registered manager knew people's needs very well.

There was a clear management structure in place. The registered manager was supported by the deputy manager. Their role was to supervise staff and carry out daily checks and audits of the service. The provider regularly visited to monitor the performance of the service. The provider held regular meetings with the registered manager. Information regarding good practice and learning from incidents which had occurred was shared with the provider.

Systems were in place to monitor the quality and safety of the service and the care people received. This included a range of audits, including in key areas such as medicines, wound and pressure care, accidents and incidents, infection control, care records and audits in relation to health and safety. These audits were used as a way of identifying any shortfalls and taking steps to remedy them. For example, infection control audits prompted the care records to be checked of those people who had an infection.

Annual people, relatives, staff and professional questionnaires were circulated to gain people's views. The

survey was carried out by a professional company with responses sent back directly to them. The latest questionnaires were circulated in 2017 and the responses were positive. Comments included, "The residents are mostly happy and receive quality person centred care". Appropriate action was taken to address negative comments. An example being the survey identified communication could be improved amongst staff. The provider had introduced a communication book and increased the number of staff meetings held. We were told this had had a positive impact.