

Northgate Healthcare Limited

Meadowfields Care Home

Inspection report

Pasturefields
Great Haywood
Stafford
Staffordshire
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Tel: 01889270565

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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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 27 November 2018 and was unannounced.

Meadowfields is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Meadowfields Care Home accommodates up to 65 people in one building. At the time of the inspection, the service supported 62 people.

At the last inspection in 2017 we rated the service as requires improvement. We asked the provider to complete an action plan to show what they would do and by when to make improvements to how people's risks were managed. At this inspection we found that these improvements had been made, although improvements were still required to ensure a consistently safe and well-led service.

The service had a registered manager. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some improvements were required to ensure that systems in place to monitor the quality of services were effective in identifying areas for improvement and ensuring that action was taken. Improvements were needed to ensure systems for protecting people from potential abuse and avoidable harm were effective.

You can see what action we told the provider to take at the back of the full version of the report.

People received their medicines as prescribed, however improvements were needed to the management of medicines to ensure they were consistently safe.

People's risks were assessed and managed to help keep them safe. There were enough suitably skilled staff to meet people's needs. People were protected from the risk of infection.

People's needs were suitably assessed before they moved to the service and care plans were developed in line with best practice guidance. Staff were trained and suitably skilled. People had their nutritional needs met and there were systems in place to ensure people received consistent care and support. People were supported to have healthier lifestyles by having timely access to healthcare services and professionals.

People had their consent sought in line with the principles of the Mental Capacity Act 2005. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People received support that was delivered in a caring and compassionate way and people were treated with dignity and respect. People, where possible were consulted about how their care was provided and were given choices in their day to day lives. People's communication needs were met.

Staff knew people well including their likes, dislikes and preferences. People had access to activities. There was a complaints procedure available to people and their relatives and people were supported at the end of their life to have a dignified and comfortable death.

People, relatives and staff felt the management team and provider were approachable and supportive. People and relatives' feedback was requested and responded to.

The service worked in partnership with other organisations to improve outcomes for people.

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 consistently safe.

People were not consistently protected from avoidable harm and abuse.

People received their medicines as prescribed though improvements were required to the management of medicines.

People's risks were assessed and managed and there was enough, safely recruited staff to meet people's need.

People lived in a clean environment and were protected from the risk of infection.

Requires Improvement ●

Is the service effective?

The service was effective.

People's needs and choices were assessed.

People were supported by suitably trained staff and care was delivered in a consistent way.

People had enough food and drink and were supported to make choices.

People had access to healthcare professionals and had their consent sought.

Good ●

Is the service caring?

The service was caring.

People were supported by staff that were caring.

People were encouraged to maintain their independence and were supported to make choices.

People had their privacy and dignity maintained and their communication needs were met.

Good ●

Is the service responsive?

The service was responsive.

People's preferences were considered and they could spend their time how they chose. Staff knew people well and involved them in their care planning.

There was a suitable complaints procedure in place and complaints were acted on and responded to.

People were supported to receive dignified care at the end of their lives.

Good 

Is the service well-led?

The service was not consistently well-led.

Improvements were needed to the systems in place to monitor the safety and quality of the services provided, to ensure improvements were made and sustained.

People, relatives and staff felt the registered manager and provider were approachable and responsive.

Feedback from people and relatives was sought and action was taken in response to feedback.

The service worked in partnership with other agencies to improve outcomes for people.

Requires Improvement 

Meadowfields Care 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 is 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.

The inspection took place on 27 November 2018 and was unannounced. The inspection team consisted of three inspectors, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, we checked the information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service such as notifications. A notification tells us information about important events that by law the provider is required to inform us about. For example; safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered information we had received from other sources including the public, commissioners of the service, local authority safeguarding adults' teams and Healthwatch. Healthwatch are the independent national champion for people who use health and social care services. We used this information to help us plan our inspection.

We spoke with five people who used the service and seven people's visiting family and friends. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with five members of care staff and the management team including the registered manager, team leader and provider to help us to understand how the service was managed.

Some people who used the service were not able to speak with us about their care experiences so we observed how the staff interacted with people in communal areas and 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. We looked at the care records of eight people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included two staff recruitment files, training records, incident reports, a number of people's medicines administration records and quality assurance records.

Is the service safe?

Our findings

At our last inspection improvements were required because people's risks and medicines were not consistently managed. We found a breach of Regulation 12 for safe care and treatment. During this inspection, we found that enough improvements had been made so that the service was no longer in breach of this regulation but we found concerns in other areas and that improvements were still required to ensure medicines were consistently managed.

Some people who used the service displayed behaviour which may pose a risk to other people who used the service. One person told us, "The best thing for me is feeling safe and I do feel safe. On the other hand, I've had water thrown over me and been hit [by other people who use the service] and that still goes on with other residents. I've had a key [to my room] but it still goes on. It does make you feel like you're not sure of what they're going to do next." We looked at a person's care records and found a behaviour form which stated they had, "made an unprovoked attack" on another person who used the service, pulling their hair and shouting at them. Later the same day the person had pulled and shouted at another person. No action had been taken to reduce the risk to other people who used the service following these two incidents. Twelve days later the person went on to grab another person's arm and was "seen pushing and grabbing" at the same person. The registered manager was unaware of these incidents when we asked them what action had been taken. There had been no referral to the local safeguarding adults' authority to ensure that necessary investigations and protection plans could be implemented to safeguard people from further abuse.

We saw body maps showing unexplained skin tears for one person. There were no records that showed these unexplained injuries had been investigated by the service or reported to the local safeguarding authority for investigation. This meant the service could not be sure how this injury had occurred as no action to investigate had taken place and therefore no plans were put into place to reduce the risk of a similar injury occurring again.

A new staff member told us they had not completed any specific training in safeguarding adults before they started to work at the home. However, they could tell us how to recognise and report abuse which they told us they had researched themselves in preparation for their interview at the service. They were also aware of the process of reporting concerns to the registered manager and told us they would do this should they have any concerns. However, the process for reporting concerns to the registered manager had not always been followed by all staff as the registered manager was unaware of the potential safeguarding adults' concerns described above. This meant that the systems in place for protecting people from potential abuse had not always been effective.

The above evidence shows that people were not always safeguarded from potential abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, we found that improvements were needed to the way medicines were monitored and managed. At this inspection, we found that further improvements were still required. Some people were

prescribed 'as required' (PRN) medicines such as pain relief. Not all people who were prescribed these medicines were able to reliably verbally communicate pain. Staff responsible for administering medicines could describe how certain people communicated pain. One staff member said, "If [person's name] is suffering from pain in their side, they will tell you but other than that we look out for signs such as grimacing, wincing, holding onto their side." However, this information was not recorded in a 'PRN protocol' which meant there was a risk they may not receive their 'as required' medicines consistently and as intended by the prescriber. There were a number of prescribed 'as required' medicines without the necessary protocols in place.

We found other examples which showed that improvements were needed to the management of medicines. Recorded stock balances did not always match what was in stock, a doctor's advice about discontinuing a medicine had not been recorded, one person's supply of supplement drinks could not be reliably accounted for and the application of one person's medical adhesive patch had not been accurately recorded to ensure it was applied safely. Audits of medicines had not identified all the issues we found. This meant improvements were still required to way medicines were managed.

Despite the above issues, people told us they received their medicines as prescribed. One person said, "We get all our medication here and they always bring them when they have to." Another person described how staff would bring them medicine for acid indigestion when they asked for this. Medicines administration records showed that people had received their prescribed medicines when required.

People's risks were assessed and managed so they were supported to stay safe. Staff had a good understanding of people's risks and what they needed to do to keep people safe. When risks had been identified, plans were put into place to reduce the risks and staff followed the guidance available to them. For example, we saw suitable risk assessments and management plans for people in relation to skin care. When a risk was identified, suitable equipment including specialist mattresses and cushions had been made available for people. In another example a swallowing difficulty had been identified. The service had made a referral to the relevant health professional and followed their advice about thickening the person's drinks. Staff we spoke with were aware of the thickened drinks that were required and used the person's own prescribed thickener to make their drinks to the specified consistency. This showed how staff identified risks, put plans in place to manage risks and followed these plans.

There were enough staff to meet people's needs. One person said, "Yes, I think so, they [staff] are always on hand and always ready to put themselves out and everything." A relative said, "Staff are always available, they always talk to you, greet you. [My relative] is a wobbly sometimes but the staff are always there to help." We observed that staff were available to support people and responded promptly to people's requests for support. Some staff we spoke with told us they did not always feel there was enough staff and this meant they did not always have time to sit and talk with people. The registered manager told us they used a dependency tool to assess the required numbers of staff. People's dependency was assessed and reviewed regularly and this information was used to work out how many staff were required to keep people safe and meet their needs. Rotas confirmed that the required number of care staff were allocated to each shift and the provider had recently recruited separate activities staff to provide activities six days per week.

People received support from safely recruited staff. Staff confirmed that recruitment checks were completed to ensure they were suitable to work with people. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed in relation to the employment of new staff.

People were protected from the spread of infection. Staff were observed wearing personal protective equipment (PPE) that was freely available to them. During the inspection, we observed domestic staff cleaning throughout and we observed safe infection control practices. All areas of the home and equipment looked clean and hygienic.

Some lessons had been learned and improvements made when things had gone wrong. Some systems the provider had in place worked well; there was a process in place to monitor people's falls that ensured action was taken when required. However, improvements were required to other systems in place to identify issues and ensure was taken when required. The registered manager and provider were responsive to our feedback about this and sent us details of actions they had taken following the inspection to make improvements to their systems.

Is the service effective?

Our findings

At the last inspection the service required improvement to ensure people received a positive dining experience. At this inspection we found that improvements had been made and the service was effective.

Staff supported people to have a balanced diet. People told us that they enjoyed the food and that they were provided with choice. One person said, "The food is very nice, very good. They do a lovely breakfast with everything. We have a meal at half past 12 and if you want something else, they don't complain either they just go and do it." A relative said, "I've actually eaten here and its nice, I like it really; they're good meals. They ask each person what they want to eat." We heard that people were offered choices from a menu and if they wanted something different, this was provided for them. People had access to hot and cold drinks throughout the day as well as snacks including fresh fruit. One person asked for some grapes, as there were none available in the fruit bowl and a staff member provided these for the person, offering them a choice of green or red and supported them to take them from the stem and place them in a bowl. People received the support they needed to eat and drink enough. At lunch time, one person did not want to sit down and eat their meal and was becoming anxious. Staff arranged for them to have a sandwich so they could eat whilst walking around. Staff were aware and catered for people's individual needs. For example, the cook communicated the ingredients of food to care staff who were delivering meals ensuring that people with diabetes received suitable foods.

People's assessments identified their needs and choices and care plans provided staff with guidance on how to deliver people's care. There were individual assessments in place for different aspects of care. For example, one record we looked at gave specific information about how to support a person with their mental health. Staff could describe the person's needs and told us how they supported them, in line with their assessed needs, to achieve effective outcomes.

People were supported by suitably trained staff. A relative told us, "I think [staff] are all trained in dementia care and they talk to [people] like human beings, if you know what I mean?" Staff told us they received the training they required to carry out their roles effectively. A new staff member told us about their induction which included a mixture of face to face training and shadowing more experienced staff members. They told us, "I do feel confident actually I have got to grips with everything and I can speak to the senior staff or [the team leader or registered manager] anytime. They are definitely approachable." Records showed that staff had completed training and the registered manager showed us how they kept a track of what training staff had received and when they were due to have refresher training. When refresher training was required we saw this had been arranged for staff. Staff told us and records confirmed they received support through regular supervision sessions.

Staff attended a handover session at the beginning of each shift, which ensured that they could provide a safe and consistent level of care to people. The handovers ensured that any risks or changes in people's needs were highlighted and staff told us these were effective. One person was feeling unwell and declined support with their personal care in the morning. This information was shared during the handover session and we saw that later in the day, the person was offered additional support, which they accepted and we

heard staff regularly ask them how they were feeling and whether they needed anything to help them feel better. This showed that information was shared and used effectively and showed how staff worked together to deliver effective care.

People, relatives and staff told us that people could see health professionals when they needed to. One person said, "If you want a doctor, then he is here [arranged by staff]. If you are poorly in the night then there is somebody there for you." Another person said, "Yes, [healthcare professionals] all come here. The doctor comes once a week and chiropractors come." We saw examples of staff referring appropriately to external health professionals to help people manage their healthcare needs and records showed people had access to a variety of professionals.

The design and adaptation of the building met people's needs. The service was homely and people could personalise their bedrooms with their own belongings. We saw that people had the use of accessible bathroom facilities and they could have the choice of a bath or shower regardless of their mobility needs. Some people who used the service were living with dementia and we saw that dementia friendly notices were clearly displayed to help people find their way around the home, including photographs on people's bedroom doors. A date, time and weather board was up to date to help with people's orientation. A recent refurbishment had taken place on the first floor and the provider had plans in place to further improve the decoration and design of other areas the service.

People had their consent sought by staff, who could demonstrate they understood their responsibilities in line with the Mental Capacity Act 2005 (MCA). The 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. We saw that mental capacity assessment had been carried out when required and best interest's decision had been made when needed, in line with the MCA.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that authorisations had been applied for when required, to protect people's rights.

Is the service caring?

Our findings

At the last inspection the service was not consistently caring because some staff did not demonstrate a caring and respectful manner towards people who used the service. At this inspection we found the service had made improvements and it was caring.

People were treated with kindness and compassion. People told us they were happy with the care they received. One person said, "They [staff] are very good and not pushy at all. They keep an eye on us. It's lovely here." Relative's comments included, "I know they [staff] are kind to [my relative] because [my relative] always smiles [when interacting with staff]", "They care, they definitely care [about my relative]" and "My relative is absolutely happy. They love it here and we've had no problems with how they treat [my relative] at all. Staff are always happy, which is a good sign don't you think?"

We saw that people got emotional support when they needed it. One person, who was living with dementia was anxious. They had a sheet of paper with a passage to help ease their anxieties. We saw that staff spent time with them, helping to reassure them and conversing with them about what was written on their paper. This helped the person to relax and staff consistently provided the reassurance and emotional support that the person needed at regular intervals. Another person became tearful. Staff immediately responded to the person with care and consideration which helped relieve their distress.

People were supported to express their views and make choices. We observed people had choices about how to spend their time, where to sit and what to eat. One person said, "Oh yes, the choice is always mine." Staff understood how best to communicate with people and their communication needs were assessed and met. A relative described how staff effectively communicated with their loved one. They said, "[Staff] phrase things in a certain way to help [my relative] to understand, also [they communicate] with smiles and gestures."

People had their privacy and dignity respected. One person said, "[Staff] always knock on the door and if my door is locked they always wait until I come along and let them in." A relative said, "No doubt about that, they get [my relative] down to their room to change their clothes if they've spilt anything, to keep it private." People told us and we saw that independence was promoted. One person said, "Yes they do [respect my independence] because I can shower myself and they do all my washing and laundry." We saw that care plans were written in a way that encouraged staff to respect people's independence by detailed what they were able and liked to do for themselves.

Is the service responsive?

Our findings

At the last inspection the service was not consistently responsive because the facilities offered by the provider were not always readily accessible for people to use and some staff did not know people's individual needs. At this inspection, we found improvements had been made and the service was responsive.

People told us they received care that was responsive to their needs because they could spend their time how they chose and had access to some activities. One person said, "When the weather is nice the carers take you out down to the canal for a couple of hours if you want to." Relatives said, "[My relative joins in with activities] when they feel like it. I've been here when the singers been here and they try to get [my relative] up dancing and a friendly dog comes in too" and "The activities are a big thing for [my relative], they keep [my relative] engaged." Some people told us there was a lack of planned activities because the activity coordinator post had been vacant. However, the provider told us they had successfully recruited to provide separate activity provision six days per week. We observed a new activity coordinator spending time with people to ascertain their preference for activities and facilitating a game in the lounge which people were engaging with,

People told us their preferences were catered for. One person said, "I generally go to bed at 6.30pm because I want to and then they check me every two throughout the night to see if I'm OK." People and relatives told us they were involved in reviews of their care and that care staff knew people well. This included their diverse needs such as culture, religion or sexuality, which were considered and discussed with people as part of their assessment. A relative described how staff knew their loved one's individual preferences and supported these by helping them to paint their nails and take care of their appearance. They said, "Her nails, she doesn't like them too bright and they [staff] know that. [My relative] likes a colour on her hair every few weeks, they know that. I think that's quite good."

There was a suitable complaints procedure in place and details of how to make a complaint were displayed in the reception of the home so people had access to this information. People and relatives told us they knew how to make a complaint and would feel confident and able to do so if required. One person said, "I would just go to a carer and the carer would go to someone higher up." We saw that when formal complaints had been received, these had been responded to in line with the procedure and people had received an apology when this was required.

When people needed care at the end of their life, they were supported to be comfortable and pain-free and their dignity was maintained. When required, people had an individual "palliative care plan" that was regularly reviewed and updated. The plan included people's individual preferences including any religious or cultural beliefs and wishes and healthcare professionals were consulted and involved.

Is the service well-led?

Our findings

At the last inspection improvements were required because audits had not identified all the issues we found during the inspection. The audits and lack of management oversight had failed to identify and improve the quality and safety of the care provided. This put people at risk of receiving care that did not meet their individual needs in a safe and consistent way.

At this inspection we found that improvements had been made in some areas. However, we found some of the same concerns from the last inspection were still evident. There were still issues with the management of medicines and audits had not been effective in ensuring these issues were identified and improvements made. For example, not all 'as required' prescribed medicines had related protocols, audits had not identified this issue and improvements in this area had not been sustained since the last inspection. Improvements were needed to the medicines audit to ensure it considered all areas of medicines management, that it identified issues and ensured improvements were made and sustained.

Systems were in place to monitor the quality and safety of the service, however, these required strengthening to ensure they were robust and fit for purpose. We found conflicting information in some care plans. One person had two falls risk assessment in their care plan, one identifying them as high risk and one identifying them as low risk. This meant there was a risk that staff would not have access to correct information they needed to provide safe care. However, this care plan had been audited and this issue had not been identified so improvements had not been made. Another care plan audit had not identified the potential safeguarding adults' incident that we discussed in the 'safe' domain. This meant that although audits were in place, they were not always effective in encouraging improvement. They did not always consider the quality of the service people were receiving.

This is the second consecutive time the service has been rated 'Requires Improvement' which shows that improvements have not been made and sustained and in all areas to achieve an overall rating of 'Good'.

The above evidence demonstrates that systems and processes were not always operated effectively to ensure that people received a good quality and consistently safe service. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We fed back our findings to the management team and they were responsive to this and started to make improvements to the systems in place. We will check how these improvements have been implemented and sustained at the next inspection.

There was a registered manager in post who knew people well. The registered manager understood their responsibilities of registration with us and was supported by the provider to deliver what was required. Notifications were received of incidents that occurred at the service, which is required by law. These may include incidents such as serious injuries and deaths. We saw that service clearly displayed their last rating, which is also a requirement by law.

People, relatives and staff told us the registered manager and provider were approachable and responsive. People said, "Staff and the gaffers, they are all good to me" and "It's wonderful what [the provider] has done, it's been the same for years and nothing was done but now it's wonderful!" People knew the registered and provider and we saw they visible around the service, promoting a positive and open culture. A staff member said, "I love coming to work. It's nice home, everyone is made to feel welcome."

People, relatives and staff were encouraged to be engaged and involved in the development of the service. Regular surveys were completed by people, relatives and staff and action was taken in response to feedback. A 'tuck shop' had been developed in response to people's feedback where people could choose and buy items they wanted including diabetic sweets. An action plan was in place in response to staff feedback which included improvements to the induction process for new staff which we were told was working well.

The service worked in partnership with other agencies to improve outcomes for people. An outdoor cinema event was held at the service where members of the community could join people and their relatives. There were also seasonal fetes which encouraged people to be engaged with the local community.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>We found that some incidents of potential abuse and unexplained injuries had not been reported to the local authority safeguarding adults' team and no investigation had taken place. Plans had not been put into place to reduce the risks of similar incidents occurring again.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not always operated effectively to ensure that people received a good quality and consistently safe service. Audits did not always identify areas for improvement.</p>