

Northgate Healthcare Limited

Meadowfields Care Home

Inspection report

Pasturefields
Great Haywood
Stafford
Staffordshire
ST18 0RD

Tel: 01889270565

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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

About the service

Meadowfields is a care home which accommodates up to 65 people across two floors. Within Meadowfields there are three separate wings, each of which has adapted facilities. At the time of the inspection, the service supported 63 people, some of whom were living with dementia.

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

People were supported by trained staff. Staff were knowledgeable about the different types of abuse and were able to raise concerns to ensure people remained safe.

People received their medicines as prescribed by trained staff. People were supported in a clean environment and staff wore protective equipment where required to reduce the risk of infection. Any accidents and incidents were reported by staff to the management team and actions were taken to reduce any future risk.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's privacy and dignity was respected by staff.

People were supported to maintain a healthy diet and had access to healthcare professionals should they need them. People had detailed care plans which were updated when their needs changed. This ensured the staff knew people well and provided care which was effective.

People were treated with kindness and compassion. People were supported to plan for the end of their lives with families and other professionals where they wished. There were sufficient numbers of staff to meet people's needs and to allow people time to build relationships with staff.

The provider learned lessons when things went wrong and completed regular reviews of the quality of the service to ensure continuous improvements to people's care. The provider sought and acted on people's feedback about the service. This meant that people's voice was heard.

The provider had quality assurance tools in place to monitor the quality of care and support they provided. The provider took action where improvements were required to ensure people continued to receive safe and effective care.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 January 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At

this inspection we found significant improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about the service not engaging with health professionals in a timely way and staff training. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the 'Effective' and 'Well-Led' sections of this full report.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Meadowfields Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, 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.

Service and service type

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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, deputy manager, senior care workers, care workers and activity coordinators. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection 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. We also found plans had not been put into place to reduce the risks of similar incidents occurring again. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

- People felt safe and able to raise concerns about their care if needed. One person told us, "I feel very safe here it's very good in every way."
- People were supported by trained staff who were knowledgeable about the different types of abuse and how to report concerns. One staff member told us, "If there are any issues regarding safeguarding I would go straight to the [registered manager]."
- The management team acted on safeguarding concerns by reporting them to the local authority and completing investigations. For example, the provider had reported an incident where people had harmed each other to the local authority. Following this incident the management team had reviewed people's care and requested further support from external health professionals. This meant the provider worked with the local authority and health professionals to reduce the risk of future harm to people.

Assessing risk, safety monitoring and management

- People had personalised risk assessments in place which were completed with people where they were able. One person told us, "We talked about my falls and what help I need."
- Risk assessments included guidance to help guide staff support people safely. For example, in relation to moving and handling and people's nutritional needs.
- People's equipment was well maintained and had undergone regular checks to ensure it remained in good working order.

Staffing and recruitment

- There were sufficient staff to meet people's needs. One relative told us, "I think there is enough staff. My [relative] has never said they wait too long if they call for support."
- Systems were in place to ensure suitable staff were employed and the relevant checks were completed.

Staff files included proof of the person's identity, references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable for employment in the care sector.

Using medicines safely

- At our last inspection, we found improvements were needed to the way medicines were monitored and managed. At this inspection we found improvements had been made and medicines were now managed and monitored safely.
- People were supported to receive their medicines as prescribed by trained staff. Where people had 'as required' medicines there was clear guidance for staff to ensure these were administered safely. Where 'as required' medicines had been administered, staff recorded whether these had been effective.
- People's medicines were reviewed by professionals where required and their care records were updated to reflect any changes.

Preventing and controlling infection

- People were supported in a clean environment by staff who were knowledgeable about protecting people from the risk of infection. One person told us, "[Meadowfields] is clean. The cleaners are really good they only have to see a mark on the sheets and they change them."
- Staff had access to disposable gloves and aprons and used these as required.

Learning lessons when things go wrong

- At our last inspection we found not all incidents had been reported to the management team and investigated. At this inspection we found the management team had reviewed all accidents and incidents and plans were put in place to reduce potential future risks. For example, following a fall we saw a sensor mat had been put into place to alert staff when a person required support with walking.
- The management team shared learning with the staff team in meeting following accidents and incidents.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has stayed the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were holistically assessed prior to and during living at Meadowfields and support was offered in line with evidence based guidance. This meant people achieved effective outcomes in their care.
- People's gender, culture and religion were considered as part of the assessment process and was recorded within their care plans.

Staff support: induction, training, skills and experience

- Prior to the inspection we received concerns that staff did not receive effective training to meet people's needs effectively. During the inspection we saw staff were experienced and received training in a variety of different aspects of care such as moving and handling and food hygiene. Training was needs led and staff could ask for further training if required.
- New staff members completed the care certificate, a programme of training which supports staff to understand how to support people's care needs.
- Staff completed a comprehensive induction and all staff received regular supervision and appraisals. One staff member told us, "I had my induction with one of the senior carers. I also shadowed another staff member for 2 weeks."

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

- People were able to make decisions regarding what they wanted to eat. One person told us, "The food is very good. We get two choices they come around to ask what we would like in the morning. Food always seems fresh and they bring drinks around regularly."
- Drinks and snacks were available to people in the communal areas and there was a café where people could sit with their relatives should they wish to.
- People were supported at meal times by staff who knew and understood their dietary needs. Menus were displayed for people to see and tables were laid in a restaurant style.
- People's weights were monitored and people had access to professionals to support them with their dietary needs. For example, people had been referred to dieticians and speech and language therapists.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other services to ensure people received care which met their changing needs. For example, during our inspection people were visited by the district nurses to review the condition of their skin.

Adapting service, design, decoration to meet people's needs

- The home was spacious and had multiple communal areas. People were able to personalise their bedrooms if they wished to. There were gardens which were accessible and lifts for people unable to use the stairs.
- People could access bathrooms with assistive equipment such as bath hoists and there was dementia friendly signage to help people to orientate themselves around the home.

Supporting people to live healthier lives, access healthcare services and support

- Prior to the inspection we received concerns around the provider not accessing healthcare professionals in a timely way for people to receive effective support. During our inspection we saw staff worked in partnership with other professionals to ensure people received consistent and effective care. One professional told us, "[Staff] are kind, they are very reactive and will always contact us with any concerns. The staff are friendly and always offering assistance."
- People had access to a variety of health professionals to support them to live healthier lives. For example, a person had experienced a deterioration in their mental health. Staff had referred them to the mental health team to review their needs and update their care and support

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were.

- People had capacity assessments which were decision specific and reviewed when their needs changed. Staff understood the importance of helping people to make their own choices regarding their care and support and staff asked for consent prior to offering support.
- The management team understood their responsibilities in relation to DoLS and knew when and how to submit the relevant applications to the local authority.
- Where people were not able to make decisions themselves, best interest meetings took place with people who knew them well and professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has stayed the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion. One person told us, "[Staff] are kind." A relative told us, "They are caring always friendly."
- Staff offered empathetic care when people were anxious or distressed. For example, we saw one person frequently required staff reassurance was supported by staff being on hand in the communal areas throughout the day should they need this.
- Staff were knowledgeable about people's preferences and backgrounds. For example, one staff member was able to give us a detailed account of a person they supported needs and routine.

Supporting people to express their views and be involved in making decisions about their care

- People and where they wished, their relatives were supported to make decisions regarding their care. One relative told us, "I'm very involved in [my relative's] care and decisions." One person told us, "[Staff] discussed my needs with me and my family."
- We saw people and staff members had time to have conversations about topics they had a shared interest in. One person told us, "[Staff] all treat me well and have time have a chat."
- People were supported to access advocacy services where these were required.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted by staff. One staff member told us, "When giving personal care I make sure the door and curtains are closed. I always ask for permission before I start providing care."
- People are encouraged to maintain their independence. One person told us, "[Staff] do seem to encourage you to be independent."
- People were supported to maintain relationships which were important to them. The registered manager told us there were no set times for people to visit and relatives were able to join people for lunch should they wish.
- People's right to confidentiality was respected and records were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has stayed the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were offered time and choices by staff. One relative told us, "[People] get choices especially with food."
- People's needs and preferences were included in personalised care plans and were regularly reviewed by the management team. Assessments were person centred and staff knew people well. For example, people's care plans included people preferences for going to bed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the Accessible Information Standard.
- People had communication care plans in place which gave staff clear guidance on how to listen and talk to them appropriately. For example, people's preferred names were recorded and any hearing and sight aids they may have required.
- People were supported by the management team to access information in large print such as television guides. The provider engaged with other agencies which specialised in supporting people with sight loss to enable them to meet people's communication needs effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to varied range of activities such as visiting local cafes, fishing, cricket and crafts. People were encouraged to engage in activities to reduce social isolation alongside improving their confidence and quality of life. One person told us, "Activities go on and I have been on some day trips. I went to a dog show recently that was really good."
- People engaged with staff on one to one activities such as board and card games. This encouraged relationships between people and staff.

Improving care quality in response to complaints or concerns

- People felt able to complain. One relative told us, "We haven't had any complaints but if we did there would be no hesitation going to the office."

- The provider had a complaints policy in place and whilst there had been no complaints since the last inspection the registered manager was able to talk us through how they would manage complaints in line with their policy.

End of life care and support

- People had end of life care plans in place which explored their funeral arrangements and who they would to be contacted in the event of their death.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found that systems and processes were not always operated effectively to ensure that people received a good quality and a consistently safe service. We also found audits did not always identify areas for improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- During the inspection we found significant improvements had been made to the quality monitoring processes at Meadowfields. Following the last inspection the registered manager had completed an action plan of improvements they planned to make to the audits they completed to ensure the quality of the service. We saw the registered manager had achieved all of the areas identified in their action plan and continued to drive improvements. For example, the registered manager completed audits alongside external professionals on medicines to consider improvements to their practice. Following discussions with professionals the provider introduced an electronic scanning system in response to errors in medicines administration and recording. We saw this has reduced medicines errors and has supported people to receive their medicines safely.
- The management team regularly reviewed the quality of the service. Quality checks were comprehensive and completed on various aspects of care such as people's care files. Actions were taken when inconsistencies were identified through audits and improvements were made.
- The management team and staff were clear about their roles and responsibilities. The registered manager understood and met all legal requirements.

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

- The management team were experienced staff who were passionate about the people they supported and the quality of the care they provided.
- People told us the service was well led and staff felt supported within their role. One staff member told us, "The [management team] are supportive. They have an 'open door' policy and are always here for you."

- The management team promoted a positive culture across the service which was reflected by staff. One staff member told us, "The registered manager is fair with all staff and will address issues straight away."
- We saw the registered manager spent time within communal cares of the home and were visible to people, their relatives and staff at the service.

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

- Duty of candour requirements were understood by the registered manager.

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

- The management team actively encouraged feedback from people, their families and professionals by completing surveys and attending resident and relative meetings. We saw feedback from people was overall positive.
- The service had links within the local community which they told us they were continuing to strengthen. For example, the activities coordinator has approached the local college to support people with woodwork projects they have begun.

Continuous learning and improving care

- We saw evidence of continuous learning and improvement at Meadowfields. For example, the registered manager monitored trends in people falling to identify where additional staff or equipment may be required.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.