

Dignity Care UK Limited

Meadows Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Meadows Court Care Home is a care home that is registered to provide support to 22 younger and older adults who may be living with dementia, mental health or physical disability. The service was supporting 19 people at the time of our inspection. In addition, the service was also providing domiciliary care calls to people in their own homes. One person was receiving support with personal care in their own home at the time of the inspection.

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

Care plans did not always reflect the care and support people needed, though staff were knowledgeable about people's needs and how to support them with their own routines. Quality assurance systems had not identified the shortfalls in care plans in a timely manner and audits were not always completed or recorded. People, their relatives and staff were involved in the development of the service.

People were happy with the care provided as staff were caring and respectful. People said, "There are some good staff, very good. If I ask for anything they never refuse to help, they are excellent." Staff respected people as individuals and supported people to maintain their independence. People told us staff maintained their privacy and dignity, though we observed some care practices did not always promote this.

People felt safe with staff and there was enough staff to meet people's needs. Recruitment, induction and ongoing training processes helped ensure only suitable staff were employed and that they had the required skills and knowledge. Staff were supported by the management team and received supervision and attended team meetings.

People enjoyed the quality and variety of the food and could help themselves to snacks and drinks. People were supported to access healthcare services and their received their medicines as prescribed.

People's rooms were personalised, and some signs were used to help people find their way around. People could access a range of activities and spent their time as they chose. We have made a recommendation about activities for people with dementia.

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.

Relatives and staff were happy with the management of the service; they could approach them at any time and were confident any issues would be quickly addressed.

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

Rating at last inspection

The last rating for this service was good (published 22 September 2015). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the assessing, monitoring and addressing quality shortfalls at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always effective.

Details are in our effective findings below.

Requires Improvement 

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Meadows Court 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 was completed by one inspector.

Service and service type

Meadows Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service is also a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. We used the information the provider sent us in the provider information return (PIR). 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 sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service, one relative and one healthcare professional. We also spoke with three care staff, the cook and the registered manager. 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 completed a tour of the environment and looked at a range of documentation including five people's care files, daily notes and two people's medication records. We looked at a selection of documentation for the management and running of the service such as recruitment, training and meeting minutes. We also looked at a range of documents that monitored the quality of the service.

After the inspection

We spoke with one relative and were sent further information from the registered manager confirming changes had been made to care plans, activities and environmental audits.

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 good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe with staff and they were kept safe from avoidable harm and abuse. A relative told us, "[Name] likes living at Meadows Court Care Home. They feel safe there."
- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns. Staff told us they were confident any concerns they raised would be acted upon.
- Accidents and incidents had been responded to appropriately and were analysed to learn from them.

Using medicines safely

- Medicines systems were organised, and people received their medicines when they should.
- Medicines were stored appropriately, and systems were in place to ensure sufficient stock levels.
- Staff were knowledgeable about how people liked to take their medicines. We observed people being supported with their medicines in a caring and personalised manner.

Staffing and recruitment

- The registered manager monitored staffing levels to ensure they were appropriate to meet people needs. People confirmed staff supported them in a timely manner. One person told us, "Staff come quickly when I call for them."
- The providers recruitment processes helped ensure only suitable staff were employed, though records did not always show when gaps in employment had been explored.

Preventing and controlling infection

- Staff were trained in infection prevention control and wore gloves and aprons appropriately to help prevent the spread of infections.
- The registered manager monitored the environment to ensure the home was clean and tidy.

Assessing risk, safety monitoring and management

- The provider maintained the safety of the building and equipment through regular checks, servicing and maintenance.
- Most risks to people's safety and wellbeing had been identified and were reviewed. Though care plans did not always show what management strategies were in place. One person's bed rails risk assessment had not been updated and did not show the current risks or how to manage them.

The registered manager acted immediately during and after the inspection. They confirmed the risk assessment had been updated to support staff with managing the risks and were in the process of updating all care plans.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- People confirmed they were offered choices and staff respected their decisions.
- Staff recognised restrictions on people's liberty and appropriate action was taken.
- Staff sought consent and people were supported to make their own decisions and care plans reflected this.

- Where people lacked capacity to make specific decisions, care plans did not always contain appropriate capacity assessments and best interest decisions. One person's care plan did not record decisions made regarding the use of bed rails and a sensor mat.

The registered manager acted immediately during and after the inspection. They confirmed these decisions were made in line with the MCA and had been recorded in the person's care plan.

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

- People's healthcare needs were met in a timely way. Staff supported people to access healthcare services and followed professional advice.
- Staff were knowledgeable about people's health needs and the support they required. However, care plans did not always contain important information and did not support staff to provide effective care, though there was no negative impact to people's health.

The registered manager acted immediately during and after the inspection. They updated care plans regarding people's health needs to ensure they contained relevant information.

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

- People's rooms were personalised to their tastes. People were encouraged to bring their own furniture, pictures and other meaningful items to help them feel at home.
- The provider had considered the needs of people with dementia when making improvements to the home. This included appropriate flooring and decoration.
- Pictorial signage was used to help people find toilets, bathrooms and communal areas. However, signs were not used to support people to identify their bedrooms.

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

- People's needs were effectively assessed, and their preferences were considered when arranging their care. The assessments were used to develop care plans to support staff to provide appropriate care.

Staff support: induction, training, skills and experience

- New staff completed the provider's induction programme and mandatory training. The registered manager monitored ongoing training to ensure staff had the skills and knowledge to support people safely.
- Staff were positive about the training. A staff member said, "It's a lot easier to understand current training and when talking to new staff, they'll ask me questions and I show them where to find the information."
- Staff received supervision and were positive about the support and guidance provided by the registered manager. A staff member said, "We are supported 100% by [Registered manager's name]. I've worked in other care homes and never had such good support as I do here."
- People were confident in staff's experience and approach to care. A relative said, "Staff are meticulous in attention to [Name]. They have a way with [Name], they talk to them nicely and eventually they can help them."

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

- People were supported to maintain a healthy balanced diet. People were positive about the food and choices available. We saw people enjoying their meal time experience, drinks and snacks.
- People were encouraged to help themselves to drinks as jugs of juice were available in communal areas.
- Staff supported people to follow cultural and specialised diets. Staff ensured one person had their favourite sauce available for every meal.

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 remained the same. 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 trusted staff and described them as friendly and helpful. The registered manager told us, "Staff are very caring and approachable, I have a great team."
- Staff were caring and passionate about providing good care. A staff member said, "I care for people how I would expect my parents and myself to be looked after."
- Staff were mindful of people's emotions and sensitively supported people. Staff offered people cuddles when they were upset, people responded positively to this and care plans recorded when people wanted this support.
- Staff showed their respect and admiration for people through gentle and appropriate touch of people's hands and arms. We observed people were relaxed as they were talking and laughing with each other and staff.
- Staff were trained in equality and diversity and respected people's cultures and personal histories.

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

- People were effectively supported to make decisions about their care. Staff supported people with their routines and offered them choices.
- Staff worked with people and their families to ascertain how they liked to be cared for. A relative said, "I am often asked my opinion about things."
- People were supported to access advocacy services or had support from their family with making decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us staff maintained their privacy and dignity. Staff understood how to do this, though some care practices compromised people's dignity. Staff gained consent to apply people's creams, however, this was done in communal areas. We raised this with the registered manager who confirmed they had addressed this with staff.
- People could meet privately with their visitors and meetings were held where people wanted them. A relative said, "We are always taken to another room for privacy."
- Staff promoted people's independence through providing encouragement and appropriate support where it was needed. One person said, "I am able to do a few things for myself. I am quite independent and always have been."

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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 were supported to maintain their relationships with their families and friends. A relative told us, "I am always made welcome, whatever time I visit."
- People were able to pursue their own hobbies and interests which included using computers and electronic devices, colouring, reading, crosswords and watching films.
- Some therapeutic activities were available for people. People nurtured and cared for dolls and staff were encouraged to bring in their children and pets for people to socialise with. The registered manager had recently organised a visit from an ice cream van where everyone was supported to have an ice cream.
- Not all people had appropriate social stimulation. A structured activity programme was not in place and relied on staff having the time to complete activities. We observed some staff playing games with people and at other times, people appeared asleep due to a lack of organised activities.

We recommend that the provider seeks advice from a reputable source about ensuring those with dementia can be supported to engage in stimulating activities.

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

- People confirmed staff provided care in line with their wishes and personal preferences. Staff were knowledgeable about people's care needs and personal routines.
- Some care plans did not always show how people liked to be supported. The registered manager had started updating care plans to ensure they contained information about people's personal routines, histories and favourite things to support staff with providing person-centred care.
- People were offered choices and staff respected their wishes and routines. One person told us it was important for them to smoke and staff respected and appropriately supported them with this.

End of life care and support

- Staff liaised with healthcare professionals to ensure people had the right medicines and equipment in place to help maintain their comfort and dignity.
- Care plans documented people's preferences and included spiritual and cultural information.

Improving care quality in response to complaints or concerns

- People were complimentary of the service and were confident any concerns would be addressed. Staff resolved any issues where possible or passed on concerns to the management team. One person said, "I am

very satisfied as I can go to [Registered manager's name] and they listen to me."

- The provider had a complaints policy and procedure, though one complaint had not been addressed in line with this. The registered manager had addressed the concern but had not recorded this.

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.

- Care plans documented people's communication needs, which helped staff to provide information in a way each person could understand.

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

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

- Quality assurance systems were in place, but some audits were not always completed, as a result the registered manager was unable to effectively monitor the quality of the service. The registered manager completed a daily tour of the environment but did not keep records of this.
- Systems had not identified shortfalls within care records in a timely manner. Care plans and daily notes had not been effectively monitored as audit documents did not consider the quality or accuracy of recorded information. The registered manager was in the process of updating all care plans.

The failure to operate effective systems to monitor and improve the quality of the service placed people at risk of receiving a poor-quality service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood the regulatory requirements and reported information appropriately.

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

- People were happy with the service provided. One person said, "I don't think they can do anything better, I am highly satisfied."
- Staff felt supported and were positive about the management team. A staff member said, "I think [Registered manager's name] is amazing. They're always on the phone, always doing things, they put themselves on-call, even when off duty and will come in at weekends to help."
- The registered manager encouraged teamwork and a supportive environment. A staff member said, "Since working here I've never looked back. It's a good team and everyone works together, they are all really understanding."

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

- The registered manager understood their legal obligation to let people know when things went wrong and had processes in place to respond appropriately.

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

characteristics; Continuous learning and improving care

- People and staff were included in the development of the service. The registered manager spoke with people, held staff meetings and sent out questionnaires to help identify how the service could be improved.
- The registered manager monitored and analysed accidents and incidents to look for patterns and trends to learn from them.

Working in partnership with others

- The service had effective working relationships with other organisations and professionals to ensure people received the right support.
- The registered manager worked with the local school who visited at Christmas time to sing Christmas carols in the home.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	Systems to monitor and improve the quality of the service were not effectively operated, which meant people were at risk of receiving a poor service. Regulation 17 (1).