Mr & Mrs D Teece

Meadow Lodge

Inspection report

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Tel: 01159228406

Date of inspection visit:
09 February 2016

Date of publication:
16 March 2016

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 9 February 2016 and was unannounced.

Accommodation for up to 25 people is provided in the home over two floors. The service is designed to meet the needs of older people. There were 22 people using the service at the time of our inspection.

At the previous inspection on 10 and 11 February 2015, we asked the provider to take action to make improvements to the area of good governance. We received an action plan in which the provider told us the actions they had taken to meet the relevant legal requirements. At this inspection we found that improvements had been made in this area but more work was required.

There is a registered manager and she was available during the inspection. 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.

Safe medicines practices were not always followed. People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Safe infection control practices were followed.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate. People's needs were met by the adaptation, design and decoration of the service.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

People received personalised care that was responsive to their needs. People were supported to follow their interests and take part in social activities. Care records contained sufficient information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

There were systems in place to monitor and improve the quality of the service provided, however, they were not fully effective. The provider was not fully meeting their regulatory responsibilities as they had not sent a statutory notification to the CQC when required to do so.

People and their relatives were involved or had opportunities to be involved in the development of the

service. Staff told us they would be confident raising any concerns with the registered manager and that they would take action.

We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back of this 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?

Requires Improvement

The service was not consistently safe.

Safe medicines practices were not always followed.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Safe infection control practices were followed.

Is the service effective?

Good

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink.

External professionals were involved in people's care as appropriate. People's needs were met by the adaptation, design and decoration of the service.

Is the service caring?

Good

The service was caring.

Staff were caring and treated people with dignity and respect.

People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People were supported to follow their interests and take part in social activities.

Care records contained sufficient information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were systems in place to monitor and improve the quality of the service provided, however, they were not fully effective.

The provider was not fully meeting their regulatory responsibilities as they had not sent a statutory notification to the CQC when required to do so.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the registered manager and that they would take action.

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Detailed findings

Background to this inspection

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Requires Improvement

Is the service safe?

Our findings

Medicines were not safely managed.

People we spoke with did not raise any concerns about this area and we observed the administration of medicines and saw staff stayed with people until they had taken their medicines. Staff had completed medicines training and had had their competency in medicines administration checked. However, we saw that there were other areas of medicines that were not safely managed.

There was a risk that people might receive incorrect medicines because some important information was not recorded. 11 of the Medicines Administration Records (MARs) did not have a photograph of the person to aid identification, and MARs did not contain information about the person's allergies or the way they preferred to take their medicines.

There were no PRN protocols to provide additional guidance to staff about the medicines which had been prescribed to be given only as required. Some medicines which had been handwritten on the MARs had two signatures to demonstrate they had been checked for accuracy of transcription but others had not been checked by two people. This meant that there was a greater risk that people might receive incorrect medicines.

We could not be certain that medicines had been given as prescribed because they had not been counted and recorded when they had been received from the pharmacy or hospital. When we checked two medicines for a person who had recently been discharged from hospital, the numbers remaining did not correlate with the numbers originally stated on the box the medicines came in, minus the numbers signed as given. We also saw that while body maps were used to indicate the sites of application of topical creams, the charts used to record application were not consistently completed.

Medicines were stored in locked trolleys, cupboards and a refrigerator, but these were not situated within a locked room and the refrigerator and controlled medicines cupboard were in an open reception area at the entrance to the home. The registered manager agreed to take action regarding this issue. Temperature checks of the storage areas and refrigerator were recorded daily and were within acceptable limits and there were no controlled medicines in use at the time of the inspection. We found liquid medicines and topical creams were not labelled with the date of opening but staff said they would make sure this was undertaken in the future.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had mixed views about whether they felt safe. A person said, "Yes, I feel safe. Staff are always here to help." However, a person told us that another person who used the service had come into their room the previous night. We asked whether it worried them and they said, "It did a bit because they kept coming in and I was in bed." They said they had rung their bell and a member of staff had responded and taken the

person away but the person had come back later. We talked with a staff member about this and they said the person who had entered the room was new to the service and became confused about where their bedroom was at night when they went to the bathroom.

Staff were able to describe the different types of abuse that people who used the service could be exposed to and understood their responsibilities with regard to protecting the people in their care. A staff member told us they would report any concerns to the deputy manager or registered manager and they were sure they would take action. They said they could report to the local authority's safeguarding team if necessary. A safeguarding policy was in place and staff had attended safeguarding adults training. Appropriate safeguarding records were kept.

Staff told us they would not use restraint. They told us the deputy manager completed mental capacity assessments and they would follow the best interest decision in the care plan. They said if a person refused personal care they would initially try to explain to them why it was needed and try to gain their cooperation. They said they would not push the person and would make sure they did not distress them. They would leave it and try again later.

Risks were managed so that people were protected and their freedom supported. A person said, "If I want to watch anything on the TV, I can stop up and watch it. Or if I want to watch a film. I had a lie in this morning because I was late going to bed last night." Another person said, "They leave you to your own ways of what you want to do." We saw people moved freely around the home and staff did not restrict people but allowed them to walk where they wished in the home whilst supervising them to keep them safe.

Risk assessments were in place to assess the risk of falls, developing pressure ulcers, nutritional risk and risks associated with their medical condition. These had been reviewed monthly and there were care plans in place to reduce these risks. When bed rails were in place a risk assessment had been completed.

Staff identified issues affecting people which might increase the risk of falls. For example, one person's care plans were updated to state that staff should accompany the person when mobilising as their mobility was affected by an infection. However, we saw that the falls risk assessment tool used by staff did not accurately identify people who were at high risk of falls. The deputy manager told us that they would be reviewing the use of this tool. We saw that the home had taken appropriate advice for those people who had a history of falls or had fallen recently.

We saw documentation relating to accidents and incidents and the action taken as a result, including the review of risk assessments and care plans in order to minimise the risk of re-occurrence. Falls were analysed to identify patterns and any actions that could be taken to prevent them happening.

People raised no concerns regarding the safety of the premises. We saw that the premises were well maintained and safe. We noticed that some of the radiators in the corridors were not covered and could place people at risk of harm. The registered manager agree to review this. Checks of the equipment and premises were taking place and action was taken when issues were identified. Staff told us they had sufficient equipment to meet the needs of people they cared for. However, we saw that water temperatures required more frequent monitoring and a legionella risk assessment was not in place. The deputy manager told us that they would address these issues promptly.

There were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were in place for most people using the service. However, we saw that they were not in place for three people who had recently started using the service. The deputy manager told us that

they would put them in place immediately. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. An emergency contingency procedure was in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

People told us there were enough staff to ensure their safety. A visiting professional said staff were always helpful when they visited and were available. They also said, "There is always someone about." Staff had mixed views on whether there were enough staff on duty to ensure people were safe. A staff member told us that they did not feel there were enough staff to enable them to spend time with people using the service and said they often were behind with the getting people up and then breakfast was late and chaotic. They said they tried to undertake activities with people but when they were one staff member down they could only do activities in one lounge at a time. However, another staff member told us there were sufficient staff to meet people's needs and we observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms. Staff were visible in communal areas and spent time chatting and interacting with people who used the service.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The manager told us that staffing levels were based on dependency levels and any changes in dependency were considered to decide whether staffing levels needed to be increased.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

People raised no concerns regarding the cleanliness of the home. Staff were able to clearly explain their responsibilities to keep the home clean and minimise the risk of infection.

During our inspection we looked at all bedrooms, all toilets and shower rooms and communal areas. All areas were clean and we observed staff followed safe infection control practices.

Good

Is the service effective?

Our findings

People told us they felt staff had the skills they needed to care for them. A person said, "[Staff] know what they are doing." Another person said, "Staff are excellent. You can't fault them." We observed that staff competently supported people.

Staff felt supported. Staff told us they had received an induction. We saw completed induction records. A staff member told us they had completed their mandatory training refreshers and they were currently undertaking a nationally recognised qualification in care. They said they felt they had had enough training to provide the care people needed. Training records showed that staff attended a wide range of training which included equality and diversity training.

Staff said they had supervision every two months and appraisal reviews every six months. Supervision and appraisal records contained appropriate detail.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The requirements of the MCA were being followed as when a person lacked the capacity to make a decision for themselves; a mental capacity assessment and best interests documentation had been completed.

We saw that staff talked to people before providing support and where people expressed a preference staff respected them. However, when bed rails were being used there was no documentation to indicate that the person had consented to the use of bed rails. The registered manager agreed to put this in place.

Staff told us they had received training in the MCA and DoLS. They were able to discuss issues in relation to this and the requirement to act in the person's best interests. No DoLS applications had been made; however, we did not see any people clearly being restricted. The deputy manager agreed to further discuss this issue with the local authority DoLS team to check whether any applications needed to be made.

We saw the care records for a person who had a decision not to attempt resuscitation order (DNACPR) in place. There was a DNACPR form in place and it had been completed appropriately.

A person told us they felt staff managed people who became anxious and distressed very well. They said,

"[Staff] talk to them and they are good at calming them down. They are marvellous." Staff were able to explain how they supported people with behaviours that may challenge others and we also saw that guidance was in place in care plans for staff when supporting a person with behaviours that may challenge others.

A person said, "The food is pretty good, every day they change the menu." They told us there was a choice of cereals, porridge and toast for breakfast. A relative said, "[My family member] enjoys their meals. They get what they want and there is plenty of it." A person said, "They have never brought anything I don't like." They went on to say there was a good choice, hot food was hot and there was always plenty to eat. We observed jugs of soft drinks were available in all the communal areas and hot drinks were offered frequently throughout the day.

We observed the lunchtime meal in the dining room and saw tables were set with table mats, cutlery, napkins and condiments. People were offered soup as a starter and a choice of the main meal. Some people with dementia had difficulty in choosing their meal and it might have been helpful if staff had shown them the two meals on plates to help them choose. One staff member did take the picture from the picture menu just outside the dining room to help a person make a choice.

Staff serving the meals asked people whether they wanted any sauces with the meal. The food looked and smelt appetising. Staff checked regularly throughout the meal to find out if people were enjoying the meal and whether they needed any help. When two people were making very slow progress with eating their meal staff offered to help and sat with them and provided assistance.

Nutritional risk assessments had been completed and care plans were in place to identify people's nutritional support needs. We saw people had been weighed monthly and an eating plan was in place for a person with diabetes who needed encouragement to eat a healthy diet. We saw that a person who had diverse needs in relation to their food received appropriate food to meet those needs.

People were supported to maintain good health. A person using the service said, "I have been poorly a couple of times and then I stay in my room. The doctor came round to see me and put me on antibiotics." On the day of the inspection a health care professional was visiting two people at the service to provide ongoing treatment. They told us staff followed their advice between visits and the person they were seeing was improving slowly. Staff told us people's health was monitored and they were referred to health professionals in a timely way should this be required.

There was clear evidence of the involvement of a wide range of external professionals in the care and treatment of people using the service. Within the care records there was evidence people had access to a GP and other health professionals such as a physiotherapist and community nurses.

Adaptations had been made to the design of the home to support people living with dementia. The home was bright and colourful and signs were in place to help orientate people to where they were in the building. Bathrooms, toilets and communal areas were clearly identified and people's individual bedrooms were identifiable.

Good

Is the service caring?

Our findings

A person said, "The staff are all pretty good. They are all alright." A relative told us, "Staff are very friendly, caring and patient." They went on to say they liked the company of staff and, "I feel quite easy with staff. I haven't one minute complaint about any of the staff."

People felt comfortable with staff and interacted with them in a relaxed manner. One person clearly had a strong relationship with one of the care staff and said, "[Staff member] is good, very good. [They] take me to hospital now and then."

Staff were kind and caring in their interactions with people who used the service. We observed a staff accompanying a person from the dining room. The person started to recite a nursery rhyme and the staff member joined in, increasing the enjoyment of the person. The person stopped and admired the butterflies on the wall of the corridor and they talked together about the murals.

We saw staff responded appropriately to people when they showed distress or discomfort. Staff were able to describe people's care needs and their preferences.

People we talked with said they did not recall signing their care plans or being involved in any discussions about their care. A relative told us they had not had any discussions with staff about their relative's care plan or their preferences.

However, we saw one person had signed to say they agreed to participate in their needs assessment. There was considerable information about the person and their preferences within the care records which indicated they had been involved in the care planning process. Although most people had not signed to show they had been involved in the planning of their care, care records contained information which showed that they had been involved in decisions about their care.

Advocacy information was clearly displayed in the home and was also in the guide for people who used the service. People could request an advocate if they require support or advice from an independent person.

A person said, "When [staff] give me a wash they draw the curtains and close the door." We saw people being treated with dignity and respect. Staff protected people's privacy by knocking on people's bedroom doors before entering the room and we saw staff dealing sensitively with situations which may have caused people embarrassment. The home had a number of areas where people could have privacy if they wanted it.

Staff were able to explain how they maintained people's dignity and privacy. Staff received dignity training. We saw that staff treated information confidentially.

Staff told us that people were encouraged to be as independent as possible and staff would monitor them. If they appeared to be struggling staff might suggest alternative approaches for example, "What about trying it this way?" We saw adapted cutlery and crockery were provided to enable people to eat as independently as

possible.

Good

Is the service responsive?

Our findings

A person told us they could ring their bell if they needed staff. They said, "If I am taken bad, I can ring the bell and staff will come." People told us that staff came to check them regularly at night and this reassured them.

People told us they could get up and go to bed when they wished and could please themselves as to how they spent their day. However, a relative said, "[Staff] have a routine, which has to be done." They did not feel their relative was able to get up and go to bed when they wished and meal times were fixed. However documentation showed that people went to bed late if they wanted to.

A person said, "We have games a lot, things like dominoes, throwing bean bags at a sort of dart board target, hoopla and things like that." They talked about other things happening at the home such as celebrating the Chinese New Year the previous day, having pancakes for Shrove Tuesday, and a summer fair in the garden. We were told there were keep fit sessions and armchair Zumba. Another person said, "I think it is fantastic here. There is always something going on to keep your mind going."

On the day of the inspection we saw staff getting a group of people together to play dominoes and supporting people in joining in. We also saw staff asking other people if they would like to do other things such as a jigsaw, colouring or hoopla.

A visiting professional said the exercise sessions which people regularly participated in were useful in helping people maintain their balance and mobility. A staff member said, "I think we have stepped up 100% with activities. There is now a wide selection to choose from." Activity records had lots of completed activities listed and lots of photographs of people who used the service taking part in activities were displayed throughout the home.

People told us they could receive visitors at any time. Relatives told us they could visit whenever they wanted to. We observed that there were visitors in the home during our inspection. Visiting arrangements were set out in the guide for people who used the service which stated, "We are an open house."

Information about the person's preferred morning and evening routine and care was kept in each person's bedroom to enable staff to check on their preferences. Most care records we reviewed contained a document entitled 'This is me' which provided details of their life history, significant relationships, hobbies and interests and the person's communication and support needs. Care plans provided details of people's care and support needs in relation to their personal care, nutrition, communication, health needs, foot care, mobility medicines administration, mental state and cognition, and social interests.

Care plans had been reviewed monthly and generally reflected people's needs, but there were some examples where we found some information was missing. However, people were receiving care in line with their requirements. For example a person had had two falls from their bed. Action had been taken in line with input from other professionals to use bed rails to prevent further fall. The care plan review stated a

crash mat had been replaced with bed rails and the person had not had any falls since the bed rails had been in place but the care plan did not mention either a crash mat or bed rails being used. However, we saw most care plans contained a good level of detail including the care plan for someone with diabetes, and contained clear information for staff of the action to be taken if a person declined help or refused aspects of personal care.

Care records contained information regarding people's diverse needs and provided support for how staff could meet those needs.

People we talked with did not recall being told or being given any information about how to make a complaint but most said they would talk to staff or the manager. One person said, "I don't think I was told how to make a complaint but I would go to the lady in charge. I haven't needed to. They are all so very nice."

Staff were clear about how they would manage concerns or complaints. A staff member told us that if someone wanted to make a complaint or raised a concern they would try to deal with the issue if they could; they would write down the details, and discuss with the manager.

There had been no recent complaints. Guidance on how to make a complaint was displayed in the home and in the guide for people who used the service. There was a clear procedure for staff to follow should a concern be raised.

Requires Improvement

Is the service well-led?

Our findings

During our previous inspection on 10 and 11 February 2015 we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Audits had not identified or addressed shortcomings that we found during the inspection. At this inspection we found that some improvements had been made in this area but more work was required.

We saw that audits had been completed by the deputy manager and other staff at the home. Audits were carried out in the areas of the environment, care records and medication. However the medication audit was not detailed enough to identify the issues we identified at this inspection. The registered manager agreed to obtain guidance on a more detailed medication audit tool.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed and analysed. We saw that safeguarding concerns were responded to appropriately. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.

People did not recall there being any meetings for people who used the service. When we asked about surveys a person said, "Yes we do get them sometimes." A staff member told us there were meetings for people who used the service once a month and we saw that these meetings were well attended and actions had been taken to address any comments made. We saw that surveys had been completed by people who used the service and their families. Responses were positive and actions had been taken in response to any identified concerns.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues using the processes set out in this policy. The provider's values and philosophy of care were in the guide provided for people who used the service. We saw that staff acted in line with those values. A member of staff said, "[People who use the service] always come first, no matter what."

People told us that the atmosphere at the home was very good. A person said, "I never thought I would enjoy living here, but I do. I like the company." We observed that the home was calm and relaxed. People who used the service and staff joked with each other.

Staff said staff meetings were held on the first Wednesday of the month and they were able to raise issues. They felt listened to and valued by the registered manager. They said they also received information via a newsletter which was sent to all staff. We saw that regular staff meetings took place and the registered manager had clearly set out her expectations of staff. Staff told us that they received feedback in a constructive way. Staff had completed surveys on their experience of working at the home and their responses were positive.

A registered manager was in post and she was available during the inspection. She clearly explained her

responsibilities and how other staff supported her to deliver good care in the home. She also told us that sufficient resources were available to provide a good quality of care at the home. We saw that all conditions of registration with the CQC were being met, however one statutory notification had not been sent to the CQC when required.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment The registered person must (g) ensure the proper and safe management of medicines; Regulation 12 (g).