

Mrs Beverley McHale

Meadowbrook Manor

Inspection report

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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 29 June 2016 and was unannounced. Our last inspection took place on 27 November 2013 and, at that time; we found the service was meeting the regulations.

Meadowbrook Manor is a care home registered to provide personal care and accommodation for up to 31 people. At the time of inspection 29 people were living there. 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.

At this inspection we found people were happy with the care they received. People felt staff were caring. We saw people received good support during the inspection and enjoyed the company of staff.

People told us they felt safe and didn't have any concerns about the care they received.

We found the provider was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS) and of the Mental Capacity Act 2005 (MCA). Staff understood how to help people make day-to-day decisions and were aware of their responsibilities under the MCA and (DoLS).

We found staff had training throughout their induction and also received refresher training in areas such as dementia care, MCA, DoLS, safeguarding, health and safety, fire safety, first aid and infection control. This meant people living at the home could be assured staff caring for them had up to date skills they required for their role.

Medicines were administered to people by trained staff and people received their prescribed medication when they needed it. Appropriate arrangements were in place for the ordering, storage and disposal of medicines. However, two topical creams were not labelled so we could not determine when these had been opened. Specific times for medication were not on the medication of administration records (MAR). The assistant manager dealt with this straight away by liaising with the doctor on the day of inspection.

People enjoyed some social activities and had good experiences at mealtimes. People's health needs were met.

People told us the food at the home was good and they had enough to eat and drink. We observed lunch being served to people and saw people were given sufficient amounts of food to meet their nutritional needs.

The assistant manager and registered manager had reviewed staffing numbers to help ensure there were enough staff to keep people safe. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service. Staff felt supported and had regular supervisions

and appraisals.

There were systems in place to monitor accidents and incidents; however, there were no outcomes in relation to these to ensure what the service had learnt from incidents at the time of our inspection.

People told us they would feel comfortable raising concerns or complaints. People provided positive feedback about the assistant manager and registered manager.

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 always safe.

Medicines were managed safely and administered in line with the prescribing instructions. They were ordered, stored and disposed of correctly. However, two topical creams were not labelled and specific times for administering medication were not recorded on the MAR sheet.

Staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

There were enough staff in the home to ensure people were safe.

Is the service effective?

Good ●

The service was effective.

People were offered a varied and well balanced diet.

People received appropriate support with their healthcare and a range of other professionals were involved to help make sure people stayed healthy.

Mental capacity assessments were completed in people's care plans and Deprivation of Liberty Safeguards applications had been appropriately sought.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us they were well cared for.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Staff understood how to treat people with dignity and respect

and were confident people received good care.

Is the service responsive?

Good ●

The service was responsive.

There was opportunity for people to be involved in activities.

People felt confident raising concerns. Complaints were responded to appropriately.

People received support as and when they needed it and in line with their care plan.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Staff and resident meetings took place which meant people were involved in the service.

There were systems in place to monitor accidents and incidents; however, there were no outcomes in relation to these to ensure what the service had learnt from incidents at the time of our inspection.

People spoke positively about the registered manager.

Meadowbrook Manor

Detailed findings

Background to this inspection

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

This inspection took place on 29 June 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted health professionals and the local authority. No concerns were reported to us.

During our visit we spoke with five people who lived at Meadowbrook Manor, four visiting relatives, four members of staff, the registered manager, assistant manager and the administrator. We observed how people were being cared for. We looked at areas of the home including some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and to the management of the home. We looked at four people's care plans.

Is the service safe?

Our findings

All the people we spoke with said they felt safe in the home. These were some of the comments people made, "Yes I feel very safe." And "Yes I am safe and happy here." We spoke with a person's relative who told us, "I feel my [name of person] is safe here, when I come she is always well looked after, they all are."

In the PIR the provider told us, 'People feel safe because their human rights and dignity are respected. People are protected from discrimination. Staff know what to do when safeguarding concerns are raised and they follow policies and procedures.'

Staff we spoke with said there were enough staff to meet people's needs properly. One staff member told us, "I feel there is enough staff, we all work together." Another member of staff told us, "I feel we could do with an activity co-ordinator to support with the activities. We use a lot of people from outside which is good who come in, but it would be better with someone here full time."

We were told by the assistant manager the usual staffing levels were; three care staff and a team leader. This was the same on an evening and night. We looked at the rotas for the last six weeks in the home and could see the staffing overall was as planned. The rotas showed planned staffing levels had been maintained. This meant there were enough staff to meet the needs of the people in the home.

Our observations and discussions with people who used the service and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. The assistant manager said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed.

We looked at the recruitment records for five staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. One staff member told us, "I would report anything I was unsure of straight away." All the staff we spoke with said they would report any concerns to the management and they were confident they would respond appropriately. The service had policies and procedures for safeguarding vulnerable adults and these were available and accessible to members of staff. Staff said they were aware of how to whistle blow (report concerns inside and outside of the organisation) and confirmed they covered this on their training. This showed staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Care plans contained risk assessments for health and support, which covered areas such as moving and handling, and ill health and how to manage risk.

In the PIR the provider told us, 'People are safe because the service assesses and manages the risks associated with the environment. The service safely installs, maintains, tests and services equipment. People are safe because the service complies with: relevant legal requirements for the premises manufacturer's instructions for equipment.'

We looked around the home and reviewed a range of records which showed people lived in a safe environment. For example, fire-fighting equipment was checked, and fire drills and training were carried out. Contracts were in place for the maintenance of waste management. Electrical equipment had been tested. Environmental risk assessments such as maintenance and repair, and electrical equipment were in place.

In the PIR the provider told us, 'People receive their medicines as prescribed medicines are stored, administered and disposed of safely in line with current and relevant regulations and guidance There are clear procedures for giving medicines in accordance with the Mental Capacity Act 2005.'

We checked the systems in place regarding the management of medicines within the home. We found records were all accurate.

Four random medication administration records (MAR) were checked and administration was found to be accurate in terms of stock held. Each MAR had a photograph of the individual person for identification purposes and allergies were noted. Any incidents of non-administration or refusals were noted on the (MAR). However, there were no specific times on the MAR for administration of any medications this only included breakfast, lunch and tea. Two people's topical medication were not labelled with the date opened or expiry date. We spoke with the assistant manager and registered manager who arranged for this to be rectified on the day of inspection.

We looked at medication storage of medication which was adequate for the needs of the medication. Fridge temperatures were taken daily and recorded. 'As and when required' (PRN) drugs were in place at the home. It was noted there were protocol sheets with the MAR records indicating the rationale as to when they could be given and why. This meant there was guidance in place for staff to follow.

Is the service effective?

Our findings

At the inspection, we found people had access to healthcare services when they needed them. We saw evidence in four people's care plans showed they regularly visited healthcare professionals such as GP and opticians. It was evidenced and recorded monthly in all four care plans that people had maintained, or gained weight over the last 12 months.

Staff training records we looked at showed staff had completed a range of training sessions, which included mental capacity and Deprivation of Liberty Safeguards, food hygiene, medication, safe moving and handling and dementia awareness. Staff we spoke with told us they had completed training courses and then received refresher training. Staff said they felt the training they received supported them in their work and if they felt they needed further training they would speak to the assistant manager. We looked at five staff files and were able to see information relating to the completion of induction and all relevant training needs.

During our inspection we spoke with staff and looked at staff files to assess how they were supported to fulfil their roles and responsibilities. The staff files we looked at confirmed each member of staff had received monthly supervisions. The assistant manager stated they would look into this. We saw staff had received an annual appraisal throughout 2015. Staff said they received support from the management team; describing them as approachable.

In the PIR the provider told us, 'A person's capacity is considered under the Mental Capacity Act 2005. When a person lacks capacity to take particular decisions, those decisions are always made in their best interests. People have assessed needs, preferences and choices are met at all times by staff that have the necessary skills and knowledge.'

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.

We spoke with staff about their understanding of the Mental Capacity Act (2005). One staff member said, "You should assume the person has capacity to be able to make their own decisions." We looked at staff training records and saw staff had completed MCA training. This meant all staff had knowledge and understanding of the Mental Capacity Act (2005). The care plans we looked at contained information relating to people's capacity being assessed and these where appropriate. They also showed family involvement.

People can only be deprived of their liberty so that they can 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). At the time of our inspection two people was subject to DoLS which were carried out appropriately. A further application was in process.

We looked at the food menus and could see two meal options were offered at all meal times daily. There was a stand in the entrance to the dining room with the menu choices located on these. The staff were observed walking round each person with the choices of the day asking them individually which they would prefer. One staff member said, "We ask people what they would like just in case they have changed their mind. One person said, "I like the food its lovely." Another person told us, "I am going out today for lunch but I do like the food here."

Food was served from a heated trolley. Portions were generous and the food was well presented and looked appetising and hot. People received support and encouragement to eat their meals where needed. One staff member sat beside a person to talk with them while they were eating their meal to try and encourage them.

Is the service caring?

Our findings

We observed good interactions between staff and people in the home. Staff spoke kindly and respectfully to people they supported. All the people we spoke with told us they liked the staff. There was a friendly atmosphere in the home. People said they were well cared for. One person said, "I like living here." Another person said, "Staff are always here for us." Staff were supportive in their communication with people. People enjoyed the friendly relaxed communication from the staff. There were a few visitors during the day of the inspection. Visitors appeared to visit freely and were welcomed by all staff. One visiting relative told us, "Staff are what makes it so nice here they always make me feel welcome."

People looked well-presented and wore their own personal accessories which evidenced that personal care had been attended to and individual needs respected. People were dressed with thought for their own individual needs and hair was nicely styled.

In the PIR the provider told us, 'People have the privacy they need. People are treated with dignity and respect at all times.'

Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. Staff were trained in privacy, dignity and respect during their induction. Staff could describe the ways they cared for people, which included specific moving and handling needs.

In the PIR the provider told us, 'People are involved as partners in their own care; staff support and involve them in planning and making decisions about their care, treatment and support. People are given the information they need at the time they need it. People, are encouraged to make their views known about their care, treatment and support.'

Care plans we reviewed had been developed using a person-centred approach. The registered manager told us people and their families had been involved in developing and reviewing care plans. We saw care plans were dated and signed by the assistant manager and the care workers.

Is the service responsive?

Our findings

Records showed people had their needs assessed before they moved into the home. This ensured the service was able to meet the needs of the people they were planning to admit to the service. Following an initial assessment, care plans were developed detailing the care needs/support, actions and responsibilities, to ensure personalised care was provided.

Staff spoke highly of the care plans and supporting documentation such as the food and fluid charts. One staff member told us, "I am involved in the care plans." We saw care plans were reviewed and updated as indicated whenever the needs of the person changed. Daily records showed people's needs were being met. Staff spoke confidently about people's needs. We concluded staff knew people and their needs well.

In the PIR the provider told us, 'People have access to activities that are important and relevant to them and are protected from social isolation.'

At the time of the inspection the home did not have an activity coordinator. The registered manager told us the care staff supported people with activities and the home accessed outside professionals with some activities. These included, chair exercises, writing group and sing along. There was a hairdresser who was located in the home which people were observed accessing throughout the day. Other activities included arts and crafts, cooking, bingo, jigsaws and gardening. We spoke with the management team around recruiting an activity coordinator for the home. The registered manager was going to look into this.

People chose to sit in different areas of the home. On the ground floor people were involved in a chair exercise class. On the first floor people had just finished having their hair done. People told us there were things for them to do. One relative told us birthdays were celebrated with cake and family could use the library or purple room which was a room located upstairs to have family celebrations.

In the PIR the provider told us, 'People know how to share their experiences or raise a concern or complaint and feel comfortable doing so. People, their relatives and friends are encouraged to provide feedback.'

The home had systems in place to deal with concerns, complaints and compliments, which provided people with information about the complaints process and a complaints policy. On the day of the inspection we saw complaints recorded and actioned. Staff confirmed they were aware of any complaints or concerns around the people in the home and this was evidenced in the staff meeting minutes which showed concerns were discussed in order to prevent re-occurrence of issues. Relatives of people told us they were aware of how to complain if they needed to. One relative told us, "I have complained previously and it was dealt with straight away by the assistant manager."

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager at the service. People told us the registered manager at the home was approachable. One person said, "The management are all approachable. Staff are lovely." One visiting relative said, "I had spoken to [person name] about something and it was dealt with straight away."

Staff said they felt supported in their role and the management team supported them in ensuring good standards were maintained. Staff said the management team were approachable and had time for them. They said they could raise ideas or concerns if they had any. The staff said they all worked alongside each other as a team.

We saw staff meetings were held on a regular basis. We looked at the minutes of staff meetings and concluded that effective mechanisms were in place for the staff to have the opportunity to contribute to the running of the home. In addition, care issues were discussed which meant any key issues relating to the people were communicated to the staff.

We looked at minutes of relatives meetings and saw ideas and suggestions on doing a cookery afternoon and monthly trips out to the sea side. These had all been placed on the weekly planner where they had recently enjoyed a trip to The Deep in Hull.

In the PIR the provider told us, 'Robust quality assurance and governance systems are in place and used to drive continuous improvement. Management have appropriate information governance systems. Management recognises innovation. Management use information from compliments to extend best practice across the service. The service works in partnership with key organisations, including the local authority and safeguarding teams.'

We saw evidence the assistant manager and registered manager audited people's care plans and risk assessments on a monthly basis. All safeguarding referrals had been reported to the Care Quality Commission. We saw the management team also checked the staff training matrix on a weekly basis to make sure accurate and up to date information was in place. Maintenance checks were in place as well as fire drills with all staff. Medication audits were in place monthly; these looked at stock held and any missed signatures. However, these audits failed to pick up two people's medication had not been labelled or the MAR's not having specific times for administration of medication. The assistant manager told us a new auditing system for this would be revised to reflect the changes.

People who used the service were asked for their views about the care and support the service offered. The registered manager showed us the results of the survey undertaken in 2016, comments included, 'Staff are wonderful' and 'pleasant and helpful' and 'no complaints.' One person stated they would like spicy food which was then placed on the menu the following month.

Relatives of the people who used the service completed a questionnaire in October 2015. Relatives told us, 'Happy with care' 'my relative is well cared for' and staff are lovely.'

We looked at the records of safety checks carried out in the home which showed they were monitoring the quality and safety of the service. These included maintenance records, fire records and water safety checks.

There was evidence these were carried out regularly and that any actions identified were clearly documented to show they had been addressed. There were systems in place to monitor accidents and incidents; however, there were no outcomes in relation to these to ensure what the service had learnt from incidents at the time of our inspection.