

East And West Healthcare Limited

Meadowview Care Home

Inspection report

rear of 1072 Manchester Road
Castleton
Rochdale
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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?

Requires improvement



Is the service well-led?

Good



Overall summary

Meadowview Care Home is situated in the Castleton area of Rochdale and is close to public transport. The service provides accommodation and support for older people and people living with dementia. Accommodation comprises of several communal rooms as well as 39 single bedrooms over two floors. There is an enclosed garden to the rear of the property and car parking available to the front of the property.

This was an unannounced inspection of Meadowview Care Home on the 10 and 29 September 2015. The registered manager was not available on the first day of

inspection. Not all records were accessible as only the registered manager had access to the keys; therefore a second visit was made. At the time of our inspection there were 32 people living at the home.

There was a registered manager in day to day responsibility of the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

Checks were made to the premises, servicing of equipment and fire safety. These checks help to ensure people are not place at risk of harm or injury.

Accurate records were not completed to show that people received all their medicines as prescribed.

We found breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the back of the full version of the report.

Records showed that relevant checks had been carried out on those people who had applied to work at the service. Whilst interviews were held with applicants, we have made a recommendation about interviews being recorded to evidence their suitability for the position applied for

Opportunities for people to participate in a range of activities needed enhancing to meet their individual needs of people. We have made a recommendation about the type of opportunities made available to people to promote their well-being and encourage their independence.

People's care records clearly directed staff in the care and support people needed. We have made a recommendation about the service exploring how plans are written based on the wishes and preferences of people.

Sufficient numbers of staff were employed to support the needs of people. Staff received on-going training to meet the physical and emotional needs of people living at Meadowview. Informal meetings to support staff were held. The registered acknowledged these should be recorded.

The registered manager was able to demonstrate their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Some staff were also able to tell us what they would do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

A programme of refurbishment was being completed throughout the service to enhance the standard of accommodation and facilities provided for people.

We saw how the staff worked in cooperation with other health and social care professionals to help ensure that people received appropriate care and treatment. Staff told us there was enough equipment available to promote people's safety, comfort and independence.

During our visit we saw examples of staff treating people with respect and dignity. People living at the home and their visitors were complimentary about the staff and the care and support they provided.

People were offered adequate food and drinks throughout the day ensuring their nutritional needs were met. Where risks were identified, these were monitored and acted upon where necessary.

The registered manager had a system in place for the reporting and responding to any complaints brought to their attention. CQC had been formally notified of any accidents or incidents involving people, as required by law, to show that people were protected from unsafe care and support.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Records needed to be improved with regards to the safe administration of medicines and recruitment practices to ensure that people were kept safe.

We found up to date satisfactory safety checks were in place. We also saw safe systems were in place with regards to fire safety.

People were cared for by sufficient numbers of staff who knew how to keep people safe. Staff had access to procedures to guide them and had received training on what action to take if they suspected abuse.

Requires improvement



Is the service effective?

The service was effective. The manager was aware of their responsibilities with regards to the deprivation of liberty safeguards so that people's rights were protected. Information and training to guide and support staff was provided.

Opportunities for staff training and development were provided. This helped staff to develop the knowledge and skills required to meet the specific needs of people.

People were provided with a choice of suitable and nutritious food.

We found the service worked closely with health and social care teams so that people were appropriately supported to maintain their health and well-being.

Good



Is the service caring?

The service was caring. People and their visitors spoke positively care and kindness of the staff. We saw that staff treated people with curtesy and respect. The staff had a good understanding of the needs of people they were caring for.

We saw individual care records were in place for people living at Meadowview. Information was secure so that confidentiality was maintained.

Good



Is the service responsive?

The service was not always responsive. We saw a choice of activities and outings were offered as part of people's daily routine. These could be enhanced with more meaningful activities, particularly for those people living with dementia to help promote their health and mental wellbeing.

People and their relatives were involved and consulted about how people wished to be cared for. People's care records clearly directed staff in the care and support people needed. We have made a recommendation about the service exploring how plans are written based on the wishes and preferences of people.

Requires improvement



Summary of findings

Systems were in place for the reporting and responding to people's complaints and concerns.

Is the service well-led?

The service was well-led. The service had a manager who was registered with the Care Quality Commission (CQC).

Systems to monitor, review and assess the quality of service provided were in place to help ensure people were protected from the risks of unsafe or inappropriate care and support. Opportunities were provided for people living and working at the home to comment on their experiences. Where improvements were identified these were acted upon.

Good



Meadowview Care Home

Detailed findings

Background to this inspection

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

This was an unannounced inspection and took place on the 10 September and 29 September 2015. The inspection team comprised of an adult social care 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.

During the inspection we spent time speaking with six people who used the service, four visitors, three care staff as well as the cook, the deputy manager and registered manager.

As some of the people living at Meadowview Care Home were not able to clearly tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also looked at five people's care records, staff training records as well as information about the management and conduct of the service.

Prior to our inspection we contacted the local authority commissioning, Healthwatch and health professionals who visit the service, to seek their views about the service. We were not made aware of any concerns about people's care and support.

We also considered information we held about the service, such as notifications, safeguarding concerns and whistle blower information. The provider was asked to complete a Provider Information Return (PIR), prior to this inspection. 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.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Meadowview Care Home. One person told us, "I feel very safe here. The staff are happy to help me if I feel unsteady. They will see to anything I need doing." Another person said they need help with a particular area of care. They told us, "There's a carer who does everything for me, she makes sure I'm safe, and this makes me feel very happy here." A third person commented, "I'm looked after very well here. This is my hotel and it's safe enough for me."

We looked at what systems were in place in the event of an emergency, for example a fire. Regular in-house fire safety checks had also been carried out to test the fire alarm, emergency lighting and extinguishers were in good working order and the fire exits were kept clear. We saw the fire risk assessment had been reviewed in May 2015 and personal emergency evacuation plans (PEEPs) had been completed for each person living at the home. These too had recently been reviewed to ensure information was accurate and up to date.

On the second day of our inspection we asked the registered manager for copy of the homes formal contingency plan, should assistance be needed in the event of an emergency arising. The registered manager told us that guidance was available in the homes policies and procedures however this did not provided specific information to guide staff if needed. The registered manager stated a contingency plan would be drawn up and made available to all staff. This information helps to ensure the safety and well-being of everybody living, working and visiting the home.

We looked at a random sample of documents that showed the equipment and services within the home were examined and maintained in accordance with the manufacturers' instructions. However we noted there was no up to date certificate in relation to gas safety and electric main circuits. The registered manager told us that the relevant checks had been completed however they were waiting for the certificate to be issued. Evidence of these were provided following the inspection. Satisfactory safety checks help to ensure people are protected against the risks of harm or injury.

We looked to see how the medication system was managed. We checked the systems for the receipt, storage,

administration and disposal of medicines including controlled drugs. We were told that staff responsible for the administration of people's medicine had received training. Records seen confirmed this. We also saw that competency assessments had been completed by the registered manager to check that staff managed the medication system safely.

We found the medication administration records (MARs) were completed in full. Handwritten entries were checked and signed by two staff to ensure information corresponded with the prescription. The management of controlled drugs was found to be safe. Stocks corresponded with the drug register and records showed that stocks were regularly checked and two staff signed when medicines were administered. This helped to ensure that controlled drugs were administered and accounted for safely.

We saw some people were prescribed PRN medicine (when required) medicines and topical creams. We asked the senior carer if information was provided to guide staff when PRN medicines maybe required, particularly as some people were not able to ask for medication. We were told that PRN protocols were not in place. We asked to see the records completed for topical creams. We were told that creams were applied by care staff when assisting people to rise or retire or following personal care. However we were told that a record of when the creams were applied was not completed. We raised this with the deputy manager who told us this would be would speak with the registered manager and information and records would be put in place. During the second day of inspection the registered manager confirmed that cream charts would be put in place to record when topical creams had been applied however this had not yet been addressed. This meant there was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Accurate record keeping helps to demonstrate people receive their prescribed medicines as required.

Prior to and during our inspection we were not made aware of any safeguarding concerns involving people who lived at the home. We saw that policies and procedures were in place to guide staff in the safeguarding of adults. Records showed that staff training had also been provided in this area. Staff spoken with were able to tell us what they would do if they would if an allegation of abuse was made to them or if they suspected that abuse had occurred. The

Is the service safe?

staff were also able to demonstrate their understanding of the whistle blowing procedures. They knew they could raise concerns in confidence and contact people outside the service if they felt their concerns would not be listened to. However staff had every confidence in the registered manager.

The care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition, pressure care prevention or falls. Care plans to help reduce or eliminate the risk had been put into place. The risk assessments we looked at had been reviewed regularly so that any change in a person's risk factor could be identified and appropriate action taken where necessary.

We looked at the staffing arrangements in place to support people living at Meadowview Care Home. We spoke with staff and visitors, looked at staffing rotas and observed the support offered throughout the day. The deputy manager told us that staffing levels had been under review due to reduced occupancy levels at the service. From our observations there were sufficient numbers of staff available throughout the day. All the staff we spoke with said they felt there were enough staff available to support the needs of people.

We saw and an examination of staff rotas showed that in addition to the manager and deputy manager, there was a senior care worker and four care workers available to support people throughout the day. They were supported by kitchen, domestic, laundry and maintenance staff as well as a part time activity worker. Night cover comprised of one senior care worker and two care staff with additional 'on-call' support from the managers and senior care staff should further assistance be required.

We looked at staff personnel files to check if robust systems were in place when recruiting new staff. We looked at the files for the two newest members of the staff team. Information included an application form, written references and evidence of the person's identity. Checks had been carried out with the Disclosure and Barring Scheme (DBS). This service prevents unsuitable people from working with vulnerable groups, including children, through its criminal record checking functions. We noted that interviews held with applicants were not recorded to evidence their suitability for the position applied for. **We recommend the service considers current good practice guidance in relation evidencing that people employed to work at the service have the necessary knowledge, skills and experience needed to provide the care and support people need.**

We found the home to be clean, tidy and free from malodours. We saw there were infection control procedures in place for staff to refer to along with training in infection prevention and control. The registered manager carried out regular checks to make sure hygiene standards were maintained. These included mattress checks, the cleaning of commodes, hoist slings, wheelchairs as well as checks of the laundry, kitchen and medication room.

Prior to our inspection we had been informed that the local authority health protection agency had inspected the home in September 2014. The service had achieved 74% compliance and areas of improvement were identified. The registered manager had produced an action plan detailing what steps had been taken to address the shortfalls. We were told that a further inspection was to take place soon.

Is the service effective?

Our findings

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Prior to the inspection we had been informed that six people were subject to a DoLS. This was confirmed on examination of people's records. We were told that six people were currently subject to a deprivation of liberty safeguard and the registered manager was seeking further authorisation from the supervisory body (local authority) where it had been identified that person were potentially being deprived of their liberty.

We saw a policy and procedure was available to guide staff in the Mental Capacity Act 2005 (MCA) and DoLS procedures. Training records showed that on-going training was being provided for the staff team in MCA and DoLS. Care staff spoken had some understanding of the MCA and what could potentially constitute a deprivation of liberty. This training is important and should help staff understand that assessments should be undertaken, where necessary, to determine if people have capacity to make informed decisions about their care and support. It should also help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure that they are looked after properly and are kept safe.

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Meadowview. We spoke with the deputy manager and care staff and examined training records.

A new member of staff spoken with told us that their role was clearly explained to them, including a period of two weeks shadowing and experienced member of staff whilst they learnt the role. They told us, "I felt fairly confident after the two weeks" and "The staff have been really helpful and friendly." We spoke with the registered manager about a new national programme of induction called 'the care certificate' introduced in April 2015. The registered manager was aware of this and had liaised with a training provider about implementing the new programme.

An examination of training records showed that on-going training and development was provided. This was confirmed by those staff spoken with. Training records

showed that a range of topics were provided in specific areas of care and support, such as moving and handling, dementia care, safeguarding, medication, infection control and fire safety. This helps to ensure staff have necessary knowledge and skills needed to support people safely and effectively.

The deputy manager told us that the registered manager was responsible for the supervision of staff. The home's policy stated that these meetings were held six times a year. However staff spoken with told us that these were not formalised. On the second day of our inspection we spoke with the registered manager about the frequency of supervision meetings. The registered manager confirmed that whilst she spoke informally with staff on a regular basis, these were not recorded. The registered manager acknowledged a more formal system needed to be put in place. Staff spoken with did however tell us that they felt supported in their role and could approach the registered manager if they needed to discuss anything.

We looked at the care records for five people. These showed that people had access to external health and social care professionals. We saw evidence of visits from GPs, opticians, podiatry and community nurses. The service also liaised with the Outreach Team. This service offers advice and support to care providers with regards to the specific needs of people living with dementia.

Suitable arrangements were in place when people needed support to attend appointments or in the event of an emergency. The deputy manager told us staff would always provide an escort unless the person wished to go with a family member. We saw a 'hospital transfer form' which contained relevant information about people's medication and specific health needs. This would be shared with relevant health care staff. This helped to ensure the needs of people were communicated to other agency so that continuity of care could be provided.

Three visitors told us that their relative's health care needs were met. One visitor said, "My relative is now seen by the local doctor who appears to monitor the changes in her health." Another visitor added, "I know my relative had their toenails cut yesterday and they have had their eyes tested, even though they can hardly see." A third visitor told us, "They [the staff] contact my relatives own podiatrist who comes regularly to do his toenails. The manager will also

Is the service effective?

ring the audiology clinic that provide my relatives hearing aids, and the audiologist pays a visit here to ensure he can hear. Recently they found that one of his hearing aids wasn't working correctly and this was replaced."

We checked to see if people were provided with a choice of suitable and nutritious food to ensure their health care needs were met. On the first day of our inspection we were told the provider had made changes to the ordering and supply of food. Staff spoken with said this had been problematic and at times stocks were low, there was a lack of choice and on occasion the kitchen had run out of items. We discussed this with the registered manager during the second day of our inspection and were told they had reverted back to the previous arrangements. We looked at the food stocks and saw that sufficient dried, frozen, fresh and tinned items were available.

Kitchen staff were able to tell us how they fortified people's meals to help people maintain or gain weight, where necessary. The care records we looked at showed that additional monitoring was completed where people were at risk of inadequate nutrition and hydration. We saw that action was taken, such as referral to a dietician or their GP, if people were identified at risk of poor nutrition and hydration.

We observed the lunchtime service. The staff on duty were very attentive to people who required prompting. However, we saw that some people found it difficult to eat the fillet of chicken, which may have been better served in small pieces for people to manage. We found the food provided was cooked well and tasted good, and the portions were not too big. There were also plenty of hot and cold drinks available. One person told us, "The food is good."

We spent some time looking around the service. Information received prior to our inspection stated that refurbishment was taking place throughout the home. Looking around the home we saw some improvements had been made and work was continuing. The communal lounge and dining areas had been redecorated. The corridors had been repainted; new carpeting and lighting had also been fitted. Areas appeared brighter and more spacious. Handrails were also in place to help people move around the home safely. One of the bedrooms had been fully refurbished with new furniture and redecorated. We were told this standard was to be provided in each of the bedrooms as well as improvements to the bathrooms and toilets.

Is the service caring?

Our findings

All the people we spoke with and their visitors were happy with the care and support offered at Meadowview. One person told us, “The staff take good care of me. They bring me the local paper so that I know what’s going on in Rochdale. This gives me something to talk about.” We visited one person who was being cared for in bed. This person was happy and relaxed. They told us, “I feel the staff are doing their best for me and I feel safe.”

For those people not able to tell us about their experiences, we spent some time observing how they were spoken to and supported by care staff. We saw staff respond quickly to calls for support from people in the lounges. Staff were seen to support people in a patient and unhurried manner. Staff respected people’s privacy and were seen knocking on bedroom doors before entering. Staff spoken with described how they provided care for people ensuring their privacy and dignity was maintained, such as keeping curtains closed and ensuring people were covered whilst personal care was carried out.

Visitors said they were made welcome and were able to visit at any time. One visitor told us, “My brother appears to be content here. The care he receives is very good. Both his wife and myself feel that my brother is well looked after and feels safe here. He doesn’t appear to be in need of anything.” Another visitor said, “The staff are very good when it comes to my relative’s needs.”

We saw that people were assisted with their personal appearance. People were clean, tidy and appropriately dressed. We were told there was a designated laundry person who took good care of people’s clothing. One person’s visitor said, “The laundry lady sorts out any problems or mix-ups with clothes and my relative always looks smart.”

Staff spoken with had a very good understanding of the needs of the people they were looking after. We observed staff interactions with people were pleasant and relaxed. People were spoken to politely, treated with respect and shared humour, whilst carrying out their duties.

We were able to see some bedrooms during our inspection. Rooms seen were homely and comfortable. We saw that people had personalised their rooms with belongings from home.

We saw people’s care records were stored securely in the main office, which was kept locked when not occupied. All staff had access to the office, which meant information was easily accessible for them to refer to when needed. The care staff told us, and we saw, that daily reports were completed twice a day. The deputy manager also carried out monthly reviews of all care records. A staff handover was carried out at each shift change, providing an update for care staff on any changes in people’s needs.

Is the service responsive?

Our findings

We looked at how people and their relatives, if appropriate, were involved in making decisions about people moving into the home. The deputy manager told us they, along with the registered manager would visit and speak with people. We were told an assessment would be completed so that important information about the person and how they wished to be cared for could be gathered. We were told that people and their families were able to visit the home prior to making any decisions. One visitor told us, “At the initial assessment, my brother, sister and father attended the meeting with my mother and myself. We were all included in the discussion involving the care and health needs of our mother.”

We looked at the pre admission assessments for two people who had recently moved into the home. On one file we found the assessment was incomplete and did not address all areas of care and support. However additional information had been provided by the funding authority, which gave more detail about the person’s care needs and areas of potential risk. On the second file, the assessment was more thorough. A detailed assessment is essential to ensure only those people, whose needs can be effectively and safely met by the service, move into the home.

We looked at the records for three people to check if their needs, wishes and preferences were taken into consideration when planning their care. We found the care records contained sufficient information about people’s care and support needs including potential risks. We saw that whilst records had been reviewed on a monthly basis there was no meaningful evaluation. We also noted that the care records referred to ‘problem’ and ‘intervention’. We discussed with the registered manager the use of more positive language to promote people’s skills and abilities. **We recommend the service considers current good practice guidance in relation to positive approaches to planning care and support in a way people would wish.**

We spoke with people, staff and observed how people spent their time. A designated activities person had

recently been employed to work at the home, however they were not available during the inspection. The activity worker was available three days a week and had developed a programme of activities and events which were planned. These included, nail care, board games, bingo, crafts and reading and chatting. There were also regular visits from an entertainer, raffles and a MacMillan fundraising day had been planned.

The activity worker completed a record of all activities which had taken place and those involved. It was noted that the same few people were involved. Many of the people living at Meadowview live with dementia and were not always able to join in with some of the activities offered by the service. **We recommend the service considers current good practice guidance in relation to the choice of activities offered to help promote the well-being of people with living with dementia, promoting their involvement and enabling them to retain their independence.**

We saw that adequate equipment and adaptations were available to promote people’s safety, independence and comfort. Staff spoken with gave us examples of how they encouraged and supported people to be as independent as possible.

We saw a complaints procedure was available for people and their visitors to refer to. Information did not accurately advise people of the external agencies they may wish to contact should they need to. The registered manager told us that the statement of purpose and service user guide were currently under review and information would be updated. We were told and records showed that no formal written complaints had been received.

People spoken with said is they had any issues or concerns and that if they needed assistance their relatives would take care of it for them. One visitor told us, “If there were any problems, I wouldn’t hesitate to call the social worker or the matron to solve them.” We also spoke with the local authority prior to the inspection who advised us they had not received any complaints about the quality of service provided at the home.

Is the service well-led?

Our findings

The home had a manager in place that was registered with the Care Quality Commission (CQC). The registered manager had worked at the home for a number of years and was supported by a deputy manager, the care team and ancillary staff. The registered manager was not available during the first day of inspection. We returned for a second day so that relevant information could be checked, which only the registered manager had access to.

The registered manager said they felt fully supported in their role and had confidence in the staff team in carrying out their duties safely and effectively. The registered manager told us they took part in care provider meetings and attended courses to keep them informed about current good practice and local authority procedures. They were also a member of the care provider's safeguarding forum, which helped to increase their knowledge and understanding of local procedures.

Prior to this inspection we contacted the health and social care professionals to seek their views about the service. The adult social care team told us that the manager and home staff are co-operative and helpful when they were placing new people at the home or carrying reviews of care for existing people.

We looked at how the registered manager monitored and reviewed the service so that areas of improvement were identified and addressed. The registered manager told us and records showed that audits were completed in areas such as; infection control, medication, care plans and equipment. We saw that where improvements were

needed, action plans had been completed and followed up to check relevant action had been taken. The service was also carrying out a full refurbishment of the home to improve the standard of accommodation provided for people.

We were told that people were able to share their views about the service and their experience. We saw feedback surveys had been sent out in May 2015 and of the 20 questionnaires sent out six were returned. All the response we saw were positive about the care and support provided. Comments included; "My mum receives good care" and "The care staff are very nice." We saw questionnaires had also been distributed in April and September 2014. This demonstrated that people and their relatives were provided with opportunities to comment about the service.

We saw records to show that relative/resident meetings had been planned in November 2014 and May 2015. However no-one attended the more recent meeting. There were records to show that meetings had been held with care staff in April and May 2015. Minutes to the meetings showed that discussions had included events within the home, new staffing, the refurbishment and staff training. Staff spoken with during the inspection, were complimentary about both the registered manager and deputy manager and the support they received.

Before our inspection we reviewed our records and saw that events such as accidents or incidents, which CQC should be made aware of, had been notified to us. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Accurate records were not maintained to evidence people receive all their prescribed medicines as required. Regulation12(2)(g)