MACC Care Limited

Meadow Rose Nursing Home

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?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 15 and 17 March 2016 and was unannounced. The inspection was undertaken by two inspectors. We previously inspected the service on 12 August 2014 and the service had an overall rating as good. We brought this inspection forward due to a number of concerns that had been raised by a visiting care professional and the number of safeguarding incidents reported to the local authority by relatives.

Meadow Rose Nursing Home opened in December 2013 and has accommodation for up to 49 older people who require nursing care. There were 47 people living there at the time of our inspection.
We found that the management of the service was not robust and this affected the quality of the service people received. This was a breach of regulations.
The provider was not fulfilling their legal responsibility to keep us informed of all incidents that occurred in the home. This was a breach of regulations.
There was no registered manager in post at the time of our 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.

Whilst people felt they were safe we found that procedures were not always followed to keep people safe from harm. Senior staff were not always aware of what action to take to ensure people were safe from harm. We found that the systems and processes were not operated effectively to ensure that when safety issues relating to people's care were identified appropriate acknowledgment and actions were taken to keep people safe.

We found that the service did not learn from incidents, so incidents affecting the safety of people were sometimes repeated.
People could not be confident that their complaints and concerns would be listened to and the appropriate actions taken to resolve them.

We found that the majority of people that lived at the home were living with dementia care needs and the environment was not suitable to support their needs. People's privacy and dignity was not always respected by staff.

We found there were sufficient staff available to meet the needs of people, and resources were available to increase staffing numbers as necessary.

People received their medicines as prescribed and systems were in place to ensure medicines were safely administered.

People had a choice of food and drink and were supported to maintain a healthy diet. People had access to

health care professionals to ensure their health care needs were met. People's rights to consent to care and treatment was respected by staff.

People felt staff were caring towards them and their independence was respected. A range of activities were available for people to participate in if they wished and visitors were welcomed at the service.

The action we told the provider to take can be seen at the back of the full version 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.

People told us they felt safe. However, the significance of some incidents were not always recognised, so were not always acted upon appropriately.

Systems in place to manage risks to people were not managed effectively.

There were sufficient numbers staff to provide care and support to people. Staff were not always recruited in a safe way.

People received their medication safely and as prescribed.

Is the service effective?

Good

The service was effective.

People's rights were protected and staff obtained consent before providing care and treatment.

People received support from staff that were trained and supported to perform their role.

People had a choice of food to ensure a healthy diet and had access to health care professionals.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff showed a caring and sensitive attitude towards people.

People's privacy and dignity was not consistently maintained.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People felt their needs were being met.

People could not be confident that their concerns and complaints would be listened to, investigated and acted upon.

People could take part in social activities, if they wished and their visitors were welcomed.

Is the service well-led?

Requires Improvement

The service was not well led.

People were happy with the service they received. The service was not managed in an open and transparent way by someone with the skills and knowledge to ensure a safe service.

Notifications about people's safety were not always made to us as required by law.

The environment did not meet the needs of people living with dementia.

Effective systems were not in place to monitor and improve the quality of the service people received.

Meadow Rose Nursing 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 inspection took place on 15 and 17 March 2016 and was unannounced on the first day but announced on the second day. The inspection was undertaken by two inspectors on the first day and one inspector on the second day. We brought this inspection forward due to a number of concerns that had been raised by a visiting health care professional and the higher than expected number of safeguarding incidents reported to the local authority by relatives.

As part of our inspection we looked at the information we held about the service. This included, the last inspection report, notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authority that purchased the care on behalf of people and reviewed reports they sent to us on a regular basis.

The provider had completed a Provider Information Return (PIR). This is information where we asked the provider to tell us about what they are doing well and areas they would like to improve.

The majority of people living at the home had dementia care needs; however, we were able to talk to people who could tell us about their experience of living there. We spoke with 11 people that lived at the home, three relatives, the nominated individual (this is the person who acts on behalf of the provider), a director, the manager, the deputy manager, two trained nurses, three care staff, a voluntary worker and the maintenance person. We also spoke with two health care professionals and a commissioning officer and reviewed feedback from social workers. We looked at the care records of three people to check they received care as planned. We looked at the recruitment records for two new staff, staff supervision and training

records. Other records looked at were in regards to the management of the service and included, audits and monitoring records completed by the manager and nominated individual; safety records and medication audits completed by the pharmacist. We also observed a senior staff meeting; this was a meeting where the senior care staff met with the deputy and manager to discuss operational issues during the day.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person told us, "Yes, I feel safe." Another person said, "Yes, I feel and nice and safe." A relative told us, "[Person name] definitely safe here." Staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from harm. However, since our last inspection we had been notified of a number safeguarding incidents that had taken place. These incidents were mainly related to the basic care of people living there. For example, an incident of a person suffering a significant injury from having sore skin was not reported under the local safeguarding procedures and was not being managed appropriately by staff at the home. The majority of these safeguarding incidents were raised by relatives and visiting professionals, rather than staff at the home staff recognising them as safeguarding.

All care staff knew the provider's procedures for reporting any concerns about people's safety, including contacting external agencies if necessary. We saw that information about keeping people safe was on display throughout the home, along with the contact number of the local safeguarding team. Although training and information was provided, concerns about people's safety were not identified and referred appropriately by staff that were responsible for reporting these incidents.

We saw that incidents were not analysed for trends and learning. Some of the incidents we were told about by the local authority, when looked at, were avoidable incidents. For example, the local authority notified us about an incident where someone living with dementia and at risk of getting lost had left the home without staff knowing, and was returned by a member of the public. The provider confirmed to us that the person lacked the capacity to make informed decisions about leaving the home and that an application had been made to protect the person's rights. However, it was concerning that a similar incident occurred again with the same person showing that adequate safeguards had not been put in place since the first incident. Risks to people were not always managed in a timely way . We saw that one person's needs had impacted on other people that used the service. The manager told us there had been an incident, where the person's behaviours had affected other people that lived at the home. We saw that there was no specific care plan in place to support the person and to prevent their needs impacting on other people in the long term. Since the inspection the provider has notified us that there had been another incident between this person and someone else that lived at the home. Information from this notification showed that an appropriate management plan has now been put in place to support the person and ensure that other people were not affected.

We saw that there were some bed rails with gaps down the sides and the bed rail bumpers on these beds were not always fitted correctly, so posed a risk of entrapment. We saw that compliance audits undertaken by the nominated individual did not identify the risk of possible entrapment for individuals.

Staff that we spoke with knew the procedures for handling emergencies, such as fire and medical emergencies and a member of staff told us that the senior care staff were designated first aiders. A member of staff told us that they all received fire safety training and that fire drills took place on a regular basis. We saw and staff told us that equipment used for people's care were serviced regularly and the environment

was maintained.

We saw that people had some risk assessments on their care files. These included moving and handling, falls, skin damage, medication and nutritional risks. The risk assessments detailed what actions staff were to take to reduce any risks, for example, what equipment was to be used to help move people safely. Staff were able to tell us what equipment they used to move people and what we observed confirmed they were able to do this safely. We saw that equipment was in place to reduce the risk of people getting sore skin including, pressure mattresses and cushions. At the time of the inspection the manager told us that there were two people with pressure ulcers. The care staff and nursing staff we spoke with knew what action to take to support people that were at risk of developing pressure ulcers.

People told us they felt there were enough staff to meet their needs. One person told us, "There are always staff around. They are really good for getting you to the toilet; you don't have to wait long for them." Another person said, "I have an alarm there, I've used it twice and they did come." Relatives spoken with said they had no concerns about staffing numbers. A relative said, "Good staff and enough of them." We saw that there were sufficient numbers of staff to meet people's needs throughout our inspection. Staff said resources were available to cover for staff sickness and annual leave. The manager also told us they were increasing the staffing levels to allow for two staff floating between the floors to ensure that there were additional staff to support people.

People told us they received their medicines as prescribed. A relative told us that an agency staff nurse had previously put drops prescribed to be given orally into their relation's eyes. We asked the manager about this. They told us they had now trained senior care staff to support the nurses with giving people their medication. This ensured that a member of staff that knew people and their medication regime was supporting new nurses with giving people their medicines. We saw a senior member of staff administering medicines to people. This was done safely from a medicine trolley administering to one person at a time. Medication administration records (MAR) that we looked at showed no gaps in medication recording. Procedures were in place to ensure medicines were ordered, received stored and administered safely.

Good

Is the service effective?

Our findings

People living at the home and relatives that we spoke with had no concerns about the skills of the staff. Staff we spoke with were able to tell us about the training they had received. They were satisfied with the range of training available to them. They told us they had training specifically related to the needs of the people they were caring for, for example, dementia care training and pressure care. They told us that some of their training was computer based and some was facilitated by outside trainers. They told us they had received induction training when they commenced their employment which included shadowing more experienced staff. This ensured they had all the necessary skills and knowledge needed before they started working on their own. We saw that the provider adopted a planned approach to staff training and training records showed that staff received training.

Staff told us they received support when necessary from the manager and senior staff. Staff told us they received supervision from either the manager or deputy manager. One staff member told us supervision took place every three months another staff member was unsure how often these were to take place. All staff spoken with felt they received enough support.

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 saw that mental capacity assessments were in place for the people that may have limited capacity to make major decisions about their care. Staff said they received training to enable them to understand how to protect people's rights. Staff were able to describe how they obtained consent from people on a daily basis.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that applications for DoLS had been made to the local authority for some people, but authorisations had not yet been granted. Where applications for DoLS had been made these were available on people's records.

People we spoke with were satisfied with the meals at the home. One person told us, "Food is good." Another person told us, "It's (the food) very good here." A third person said, "The food here is fantastic." People confirmed they had choices at all meals and were able to choose where they sat to eat their meals. People told us they were asked what they wanted to eat. We saw that there was no menu available to remind people about the choices on offer and when we asked people they could not remember what they were having for lunch.

Before our inspection we received concerns about how the care of people at risk of losing weight was being

managed. At the time of our inspection we saw that people received the support they needed to maintain their weight. For example, we spoke with a relative who told us their relation had been admitted into the home with weight loss and dehydration. The relative told us, "Mom now has fortisip to keep her strength up. She now eats better because staff have noticed that she eats better when sitting out of bed."

We saw that nutritional assessments and care plans were in place for people. These detailed people's specific needs and risks in relation to their diet. We saw that where people were at high risk of not having enough to eat or drink they were referred to the appropriate medical professionals, for example, speech and language therapy teams. Records showed people's weights were monitored. Staff were able to tell us about people's specific needs in relation to their diets, for example, people who required thickened fluids and soft diets. Staff told us how they encouraged people to remain as independent as possible when eating but they would keep a watch and assist if people needed help. We saw that staff were available to assist people with their meals in their bedrooms and the dining room.

People told us and records showed that people had access to a range of health care professionals to ensure their on-going health care needs were being met. One person told us about the numerous hospital appointments they had attended and they said, "I have physio Fridays to exercise my foot." Another person said, "Just came in and I saw the G.P. to give me the once over and saw the physio yesterday."

Requires Improvement

Is the service caring?

Our findings

People told us they felt their privacy and dignity was respected however, our observations did not always support this. One person told us, "Staff are very respectful. I have never been treated so nice." We saw that staff knocked on bedroom and toilet doors before entering to help promote people's privacy. Most people were asked discreetly about their personal care. However, we heard one staff member talking a little loudly to one person about their personal care. We also heard someone asking to go to the toilet and a staff member reminded them that they wore an aid to support them to go to the toilet. This showed that staff did not always listen to people and did not always respect people's dignity. The member of staff did eventually take the person to the toilet.

We saw that there were details about some people's care needs on the walls in their bedrooms. This information could be seen by anyone going into the room and in some instances by anyone passing as the doors were open. We saw that some of the details included information about a person's underwear and another person's oral care. This did not promote people's privacy and dignity. When asked people said they were not unduly concerned about this.

All the people we spoke with were positive about the staff team. One person told us, "No problems with staff, absolutely brilliant." Another person said, "Staff are very good very helpful." A third person said, "Staff are nice to me." People were satisfied that the staff listened to them. A relative told us, "Staff are very approachable, caring and know mom well."

We observed some positive interactions between staff and people who used the service and saw people were relaxed with staff and confident to approach them for support. We saw that when people called out for staff they responded quickly. It was clear that there were friendly relationships between the staff and the people using the service. For example we observed a domestic staff member talking to people whilst cleaning their room. They talked to the person in a respectful and caring manner.

It was evident from observing and speaking with staff that they knew the people who lived at the home and had learned their likes and dislikes. We saw that where new staff were on duty they asked more experienced staff about people's needs. Staff knew what people were able to do for themselves and what they needed assistance with. We saw that people were asked to make a variety of decisions about their care during the day, for example, what they wanted to eat and drink, if they wanted to take part in an activity and where they wanted to sit. Staff told us how they encouraged people to remain as independent as possible but they would keep a watch and assist if people needed help. Staff said they encouraged people to support themselves with eating and drinking and getting washed and dressed to encourage their independence.

Requires Improvement

Is the service responsive?

Our findings

People said they would complain to any member of staff if they were unhappy or worried about anything. There was a complaints procedure in place and people said they knew how to use it. A relative told us they had raised concerns, but was unhappy with the response they received. They said they had a meeting arranged with the nominated individual and manager to sort things out. A health care professional sent us copies of correspondence; they recently received from a relative complaining about the standard of care.

We tried to sample some complaints that had been investigated. However, from the records we could not tell when complaints were received, the nature of the complaint and when they were completed. We found that complaints were not analysed for trends, so that they could be used to inform learning and staff practice.

Some people felt the activities provided did not suit them and were not asked about the things that they liked to do. One person told us, "There are things going on but they are not my cup of tea." Another person told us they did not get bored they said, "Sometimes I watch TV, do a bit of reading and bits and pieces." A third person told us, "I'm bored to tears." However, a relative told us, "It's good here. They do lots of activities; they have singers, exercise and do make up." We saw people knitting, doing jigsaws, watching television, chatting to each other and reading magazines. The home employed an activities coordinator and there was a programme of activities in place. Staff told us that there were various activities on offer from Monday to Friday including, bingo, board games, people bringing pets into the home, occasional outside entertainers and a library trolley. Staff did comment it would be beneficial for people to have some activities on offer over the weekend.

People using the service and relatives spoken with said people's needs were being met. One person told us, "Oh yes, they are meeting my needs." People spoken with appeared satisfied they were consulted about their care needs.

Before our inspection a number of the concerns we received related to staff not knowing people's needs. One staff member told us that the care staff did not get a handover at shift changes. The staff member said they were updated later on in the day by the senior care workers, but this impacted on their knowledge of the changing needs of people.

Staff spoken with were aware of people's needs and were able to tell us what people liked, how they wanted to be cared for and what they were able to do for themselves. We saw that people had a variety of care plans on their files which gave some details of how they wanted to be cared for. Some care plans were not very personalised. For example, we saw two care plans for pain which read exactly the same for both people.

People maintained relationships with their family and friends. People told us their families visited whenever they wished; this was confirmed by relatives spoken with. One person told us, "My family visit every day." We saw several relatives and friends visiting the home during our inspection.

Requires Improvement

Is the service well-led?

Our findings

We saw that the provider had a number of processes in place to monitor the quality of the service. However, we found that these processes were not effective. The monitoring process included regular visits by the nominated individual who completed a report. The manager also completed a regular report to the directors. Health and social care professionals have notified us of numerous issues that they have identified about care practices and the safety of people. We saw that the providers monitoring processes had not identified these concerns and the quality of the service people received had been affected by the shortfall in the monitoring process. This was a breach of Regulation 17 of the Regulated Activities Regulations 2014.

The provider has a legal responsibility to ensure that we are notified of some incidents that occur in services we regulate. Where recent safeguarding incidents had been reported to the manager, we had not received the appropriate notification from the service. This meant the provider was in breach of regulation 18 of the Care Quality Commission Registration Regulations 2009.

This service was first registered with us in December 2013 and we inspected the service on 12 August 2014 when it was rated to be good overall. Since then the registered manager left. There was no registered manager in post at the time of our inspection and two different people had been employed as manager since the registered managers left in February 2015. Relatives and visiting care professionals told us they were identifying care issues that posed a risk to people and bringing them to the attention of the manager. This showed that the current management systems were not providing good leadership and care.

The provider was also in breach of their conditions of registration due to not having a registered manager in post since 6 February 2015. However, they have kept us informed of all the changes as they are required to.

Some of the concerns we had been notified about indicated that health care professionals were concerned that some nurses did not know the needs of people. We are aware that the service employed agency staff to support the staff group. We noted that a summary of people's needs was not available for new staff to have a clear overview on each person's needs.

Health and social care professionals told us they were concerned about the manager's ability to address the number of safeguarding concerns that had been raised about poor care practices. One health care professional told us that when they had raised issues with the manager, they [the manager] had commented, the home had lots of elderly, frail residents and they would not be surprised if any of them deteriorated quickly.

They were also concerned about the lack of openness of the manager and their ability to accept overall responsibility when issues arose. Health and social care professionals felt there was a culture of blame developing in the service. For example when issues were discussed with the manager, they would become defensive and point the blame at other staff, rather than accepting that they needed to put strategies in place to rectify the issues.

During our inspection we found evidence to support these views. For example, at the start of the inspection we asked the manager to confirm the number of people at risk of poor nutrition, they told us no one was at risk. We were told by relatives and staff that there were several people at risk of poor nutrition. Whilst giving feedback of the inspection, the manager said they had misunderstood the question. We identified some shortfalls in the recruitment process and again the manager did not seem to know that it was their responsibility to monitor this process, instead they asked the administrator to confirm the process. We asked about how health and safety was monitored, and again the manager did not seem to realise it was their responsibility to check that this was done, they asked the maintenance person to verify the process.

Throughout the inspection the manager did not answer direct questions when asked. Information we needed was not forthcoming. For example, we were aware that a health care professional was visiting the home weekly to undertake comprehensive reviews of people's care due to their concerns about poor care practices. At the start of the inspection we asked the manager if there were any concerns from the health care professional's last visit. The manager told us there were no concerns from the visit. We later received confirmation from the local authority and the health care professional that they had raised concerns with the manager about care planning and inappropriate oral care practice for someone at the end phase of their life. This manager was not registered with us and whilst acknowledging they had been in post only about four months we were concerned about this person's abilities to manage this service. We discussed our concerns with one of the director's and the nominated individual during the inspection and confirmed our concerns in writing following the inspection. The provider was not aware of the number of recent concerns that had been reported to the manager by professionals and said they thought the issues were historical.

At the time of the inspection the manager said that surveys seeking people's views about the service had not been done. However, they said they held meetings with relatives, who had put forward the idea for a tuck shop and this had been implemented. The manager told us that of the 47 people that lived at the home, there were 42 people living with dementia care needs. We noted that the environment was not designed to be dementia friendly and there was no dementia strategy in place. This showed that the provider was not anticipating and responding to the needs of the majority of people that lived at the home.

People that we spoke with were happy with the service and a relative that had raised concerns about the care said they did not wish to move their relation from the home. This relative told us, "Even with the concerns I feel the home is good for mom. I am happy to work with the home to sort things out." We also saw that relatives had sent a number of compliment cards to the service, thanking the staff for the care their relations received.

Staff that we spoke with did feel that the manager listened to them and was approachable. Staff told us that the manager had changed how tasks were delegated which meant they could spend more time with people. A staff member said that the senior staff meetings they had during the day had been an improvement. This was something they said had been introduced by the new manager. Staff said they were aware of the whistleblowing policy and felt they could raise issues with the manager. A member of the care staff told us that they felt that the care planning process could be improved to include care staff having an involvement. The staff member said that the care staff had developed a lot of knowledge about people's needs, whilst caring for them.

The provider submitted the PIR when requested and they told us about what systems they had in place and improvements they planned to make to the service.

Following the inspection the provider confirmed to us that they had reviewed the management structure and that the nominated individual would take over direct management of the home with immediate effect.

The nominated individual was a previous registered manager of the service, so had the skills and competencies to manage the service.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider did not always keeping us informed of allegations of abuse of people using the service. Regulations 18 (1) (2) (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not effectively monitored and managed, to mitigate the risks to the health safety and welfare of people and to ensure a quality service.