Healthcare Homes Group Limited

Home Meadow

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?	Requires improvement
Is the service well-led?	Good

Overall summary

Home Meadow is registered to provide accommodation and personal care for up to 46 older people including those living with dementia. The home is all on one level with various communal areas for people to sit and meet with relatives. There were 29 people living in the home on the day of our inspection.

This inspection was unannounced and took place on 15 April 2015. During our previous inspection on 25 September 2014, we found that all of the regulations that we looked at were being met.

The home had a registered manager in post. 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 legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Staff had received training and had an understanding to ensure that here

Summary of findings

people lacked the capacity to make decisions they were supported to make decisions that were in their best interests. People were only deprived of their liberty where this was lawful.

There was a process in place to ensure that people's health and care needs were assessed and, planned so that staff could support their needs safely and effectively. Staff knew people's needs well. People were provided with sufficient quantities to eat and drink.

People's privacy and dignity was respected at all times. Staff were seen to knock on the person's bedroom door and wait for a response before entering and by using suitable means to protect people's dignity when providing personal care.

The storage and recording of medication was in good order. Although people living in the home could not be assured that they would receive all of their medicines in a timely manner.

Care records we viewed and people we spoke with showed us that wherever possible people were offered a variety of chosen social activities and interests.

The provider had an effective complaints process in place which was accessible to people, relatives and others who used or visited the service.

The provider had a robust recruitment process in place and staff were only employed within the home after all essential safety checks had been satisfactorily completed. Statutory checks had been completed for items such as lifting equipment and gas and electrical safety in the home to ensure people were kept safe

The provider had effective quality assurance systems in place to identify areas for improvement and appropriate action to address any identified concerns. Audits, completed by the provider and registered manager, showed the subsequent actions taken, which helped drive improvements in the home.

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?

Requires improvement

The service was not always safe.

People were kept safe because staff had a good understanding of what abuse was, how to report it and also who they could report their concerns to.

Although there were systems in place for the storage and recording of medication people living in the home could not be assured that they would receive all of their medications in a timely manner

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Good

The service was effective.

People were cared for staff who knew them well. People were provided with sufficient quantities to eat and drink especially those who were at an increased risk of dehydration or malnutrition.

People's needs were met by staff with the right skills and knowledge.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the home.

Is the service caring?

Good

The service was caring.

Care was provided with compassion and was based upon people's known needs.

People were supported to be involved with their care planning and were enabled to express their views on a regular basis.

People's dignity was respected by staff at all times.

Is the service responsive?

Requires improvement

The service was not always responsive.

Care plans did not always reflect peoples current needs

People were supported to take part in their choice of activities, hobbies and interests.

People's complaints were thoroughly investigated and responded to in an open and professional way.

Summary of findings

Is the service well-led?

Good

The service was well led.

There were various opportunities for people and staff to express their views about the service.

A number of systems were in place to monitor and review the quality of the service provided to people to ensure they received a good standard of care.

Home Meadow

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 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.

The inspection took place on 15 April 2015 and was unannounced. It was undertaken by two inspectors.

Before our inspection we looked at all the information we held available about the home. This included information from notifications. Notifications are events that the provider is required by law to inform us of. We also looked at the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and any improvements that they plan to make.

During our inspection we observed how the staff interacted with people and how they were supported during their lunch. We spoke with seven people who used the service and two visiting family members. We also spoke with the director of quality, the registered manager, a peripatetic manager, two senior care workers, four care staff and two visiting health professionals.

We also looked at six people's care records, staff training and recruitment records, and records relating to the management of the service including audits and policies.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe living at the home and what they would do if they had any concerns. One person said: "The staff are good and look after me well, I feel safe". Another person said: "If I ever saw anything of concern or staff shouting I would tell the manager or another member of staff". All three relatives and friends and a visiting GP told us that they had no concerns about people's safety. Another relative told us: "I feel [family member] is 100% safe here".

Medicines were stored safely. Temperatures of storage areas and the fridges were seen to be within the required range to keep medicines effective. The medicine administration records were accurate. There was a system in place for the management of medicines and spot checks were undertaken by a member of the management team which showed that the amount in stock was recorded correctly.

We were told that senior care staff administered medication and that these members of staff had received training. However at the time of our inspection, no senior members of staff were working during the night. This meant that if people required medication during the night they had to wait for a member of staff who was on call to come to the home. Records showed that staff had had their competency checked to ensure they were safely able to administer medicines. One person said: "I am always asked if I need any pain relief". Protocols were in place for medicines that were given as required to ensure staff knew when these should be administered. We were told by the director that they were looking to train some additional staff in the administration of medication.

Staff told us they had received training and demonstrated they were knowledgeable about the different types of abuse and how to safeguard people. One member of staff said: "I have training about recognising the signs of abuse and I would take any concerns to a senior". Another said: "We have a lot of training and are always being reminded about keeping people safe". Staff told us they would have no hesitation in raising concerns if they had a need to. Information about safeguarding people from harm was displayed in the home so that it could easily be accessed by everyone.

People's health risk assessments had been completed for risks such as choking, falls, the risk of developing pressure ulcers and nutritional risks. We saw that these had been regularly reviewed to ensure the risks continued to be managed safely and also identify any potential trends such as people suffering more than one fall. Appropriate health care professional advice had been sought and followed, for example when a weight loss was identified a referral was made to the community nurse and pressure relieving equipment and nutritional supplements were provided as necessary.

Whilst rotas showed there were a sufficient number of staff on duty with the right skills to safely meet people's identified care needs, care staff told us that at times there were not enough staff available as senior carers and team leaders did not always help support people with their personal care. Senior staff informed us that they were responsible for the administration of medication and writing and updating care plans. We spoke with the director and registered manager who confirmed they would discuss the roles of all staff at the staff meeting that was to be held the following week. They also told us and staff confirmed that they will pick up extra shifts and agency staff are used as a last resort to cover staff shortages.

One person said: "They [staff] are run off their feet but will always help when I need it". Both relatives we spoke with said they felt there were usually enough staff on duty to meet people's needs.

Staff were only employed at the home after all essential pre-employment checks and evidence of their good character had been satisfactorily established. Staff we spoke with told us that they had been offered employment once these checks had been completed. This meant that people could be confident that they were cared for by staff who were safe to work with them in the home.

Good

Is the service effective?

Our findings

One person told us: “Staff talk with me about my care and they listen to what I say and always ask if I am alright”. One person told us: “Staff know I like to get up early and come and help me every morning”. We observed staff responding to call bells promptly throughout the day.

All of the staff we spoke with told us they felt well trained and supported to effectively carry out their role. Staff told us they had received supervision in the past, but that this had been put on hold because the registered manager had been away from the home and had only just returned. They did say that they had felt able to seek advice and support from the interim manager should they have required it. Staff told us, and the training records we looked at showed that staff had received training in a number of topics including fire awareness, infection control and food safety, moving and handling, safeguarding people. One member of staff told us that they had received a good induction when they started which included up to two weeks shadowing an experienced member of staff who knew the people in the home very well. This helped them get to know the people’s needs and routines. Another member of staff said: “We are always told when training needs to be refreshed and if we want some additional training to meet someone’s needs we can ask for it”.

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Documentation in people’s care plans indicated that staff understood about the need to assess and record the areas where people lacked capacity such as what to wear or what to eat or drink, to ensure decisions were made in their best interests. Staff were confident in discussing the importance of consent to care and told us they always ask people about what support they need before supporting them. The registered manager advised us that DoLS applications had been submitted to the authorising agencies where they thought people were being deprived of their liberty.

We observed lunch being served to people. People commented on the food provided. One person told us: “I enjoy my food and always get plenty”. Another person said: “There is a good choice of food, if there is nothing I like they offer me another choice”. We saw that where people were either unable to eat in the dining rooms as they were being cared for in bed or chose not to, they were offered meals and refreshments in their rooms. At mealtimes people were assisted by staff in an unhurried and calm manner. The support people received from staff was sensitive and respectful. Where people had any risk issues associated with potential inadequate nutritional intake we saw that dieticians had been consulted. This was to help ensure people ate and drank sufficient quantities to maintain their health and wellbeing.

People’s health records showed that each person was provided with regular health checks through arrangements for eye tests, dentist and support from their GP. One person told us: “If I need to see a doctor the staff arrange this for me very quickly”. Another person said: “I see a GP if I need to, the staff will arrange this for me”. Staff told us that they attend handovers at the start of the shift where they are given information about people, which included areas such as health, GP and chiropody visits.

We saw that a doctor, district nurse, optician and dietician had visited the service to advise the staff and support them with meeting people’s needs. We noted all of this advice and information had been incorporated into people’s care plans and risk management strategies. We spoke with two healthcare professionals who were visiting the home. They told us that they had no concerns about the care that people received. They told us that people were referred appropriately and staff were always around to assist when they came to support peoples care. People and their relatives told us if they needed to follow anything up with the staff they could always find them and ensured it was sorted out straight away. For example when their relative had been visited by the GP and an update on the visit was provided. This meant people could be confident that their health care needs would be reliably and consistently met.

Good

Is the service caring?

Our findings

People told us that they received good care and were happy with the care provided. One person said: “Staff are all very kind” and another said: “The girls [staff] are good and help me when I need it”. We saw that staff showed patience and gave encouragement when they supported people. For example when they assisted a person to the table at lunchtime they asked if they needed any help before providing the support required.

Relatives told us they were very happy with the care people received. One said: “We [family] are very happy with the care [family member] receives and can see how well the staff get on with everyone and they really care about the residents”.

There was a welcoming and calm atmosphere within the home which was reflected in the comments we received from people, their relatives, staff and visiting healthcare professionals. Relatives said that they were able to visit whenever they wanted to. A relative said: “I am always made to feel welcome and get a cuppa when I come in. I can pop in at any time”.

Staff treated people with respect and referred to them by their preferred names, which was documented in their care records. We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. One person said: “You can have a laugh with the staff and they always appear happy”. We observed a member of staff who was patient by encouraging and reminding someone where to go for their lunch, allowing them to walk at their own pace and continually reminding them where they were going. People’s dignity was respected because staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care.

We observed the lunchtime period and when staff assisted people with their food, they allowed them time to enjoy the food and eat at their own pace. Staff sat with people and chatted whilst they ate their food. People were asked throughout the meal if they had had enough to eat and if they would like anything else.

Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe what people liked to eat and the music they liked to listen to and we saw that people had their wishes respected.

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, we were told that by the registered manager there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Requires improvement

Is the service responsive?

Our findings

People's care plans and risk assessments were kept under review although this was not consistently carried out. In the six care plans we looked at we found that whilst these had been reviewed each month some of the care being provided was not clearly reflected in the plan. For example one person's care plan detailed that staff needed to ask the person if they would like a bath daily, even though they often declined. Staff told us they persuaded the person to have a bath, but how they had achieved this it had not been documented. In another person's care records we saw that it was not clear if the short term plan available for them being at risk of dehydration was still in use. Staff confirmed that it was no longer in use as they were now eating and drinking well. This could potentially put people at risk of not receiving the correct care.

The two relatives we spoke with told us they had discussed the care of their family member with staff but had not signed anything or the care plan. However, some people told us that they were not aware of their care plans, although they said that staff had asked them what care they needed on a day-to-day basis.

We spoke with the activities co-ordinator who provided a variety of planned activities and hobbies including religious services, pamper days, quizzes, gardening and days out.

The activities co-ordinator engaged well with people and had planned a number of activities both inside and outside the home. They had arranged for the village over 60's club to hold a regular coffee morning at the home, which would allow those who live at home to participate. One person said: "I do get involved in the activities. I thoroughly enjoy the quizzes and I have a newspaper every day". Another person said: "I love getting out and about and [activities co-ordinator] is always arranging things for us to do. They are great".

Care records detailed people's spiritual and religious beliefs. People were supported to follow their beliefs and attended religious services which were held in the home.

A complaints procedure was available in the entrance to the home. Relatives and staff were aware of the complaints procedure and how to use it. One person said: "If I was unhappy, I would speak to the staff, but I have no complaints". Another person said: "I would speak to my daughter she deals with everything for me". Members of staff told us that they would listen to what people had to say and report their concerns to the registered manager. The record of complaints demonstrated that people's concerns and complaints were responded to the satisfaction of the complainant. Where they had identified learning this has been recorded and action taken to prevent a further occurrence.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of this inspection, although it was their second day back after a period of absence. There had been a peripatetic manager in post who had been managing the home in the interim (they were available to support the inspection). They had ensured people were having their needs met and staff were provided with the support that was required.

There were clear management arrangements in the service so that staff knew who to escalate concerns to. The peripatetic manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff. The peripatetic manager, with the support of the director, had put together an improvement plan, where it had been identified that improvements were needed to improve the quality of the service. This provided updates on where they had already achieved and included areas for further improvement.

The peripatetic manager was very knowledgeable about what was happening in the home. They knew which staff were on duty, if there were any appointments for people taking place on the day, any person whose health had worsened and if a GP visit was required. This level of knowledge helped them to effectively manage the service and provide leadership for staff.

Staff told us that they felt supported by the peripatetic manager in the absence of the registered manager. One staff member said: "[The peripatetic manager] has been very supportive and flexible and we are able to approach them at any time". Another said: "I love working here and feel like the home is on the up and there are so many improvements that have been made".

One member of staff said: "I have never had to raise anything, but I would have no hesitation in raising a concern if I thought something wasn't right." We saw that information was available for staff about whistle-blowing if they had concerns about the care that people received. Staff were able to tell us which external bodies they would escalate their concerns to.

One person said: "The staff are very friendly and help each other out, the atmosphere is good and there is lots of laughter and smiles".

There were links with local community and religious organisations to show that the management of the home operated an open culture and people were an integral part of the community. People were supported to visit the local amenities.

Staff were well led because of management support and systems in the home that provided guidance and opportunities to improve the service. For example a handover took place every day and each person's care was discussed and there were regular staff meetings for all staff at which they could discuss their roles and suggest improvements to further develop effective team working.

People were given the opportunity to influence the service they received through residents' meetings and an annual survey to gather their views and concerns. People told us they felt they were kept informed of important information about the home and had a chance to express their views. People told us that changes had been made to the menus following their suggestions

There were effective quality assurance systems in place that monitored care. We saw that audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such as infection control and cleaning, and health and safety. Where action had been identified these were followed up and recorded when completed to ensure peoples safety. The registered manager submitted quality indicator reports on a monthly basis to senior managers that monitored the service's performance and which highlighted any issues.

Records showed that the registered provider referred to these reports when they visited the service to check that people were safely receiving the care they needed. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training to make arrangements to provide refresher training as necessary.