

Meadow Care Homes Limited

Meadowcare Home

Inspection report

2 - 3 Belvedere Road
Redland
Bristol
BS6 7JG
Tel: 0117 973 0174
Website: www.meadowcare.co.uk

Date of inspection visit: 19 May 2015
Date of publication: 03/07/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

We carried out this inspection on 19 May 2015 and this was an unannounced inspection. During a previous inspection of this service on March 2014 there were no breaches of the legal requirements identified.

Meadowcare Home provides personal and nursing care for a maximum of 34 people. At the time of the inspection there were 34 people living in the home. The home has four floors with access via a passenger lift or the stairs. The home provides care to people living with dementia.

A registered manager was 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 and associated Regulations about how the service is run.

People received their medicines on time, however medicines were not always stored appropriately. Medicines that required storage at room temperature were being stored in an environment that exceeded the

Summary of findings

medicine manufacturers guidance and national guidance. The home was clean however we identified areas where cross infection risks to people could be reduced.

People felt safe within the service and people's relatives commented positively about the staff at the service. Staff understood safeguarding procedures and reporting processes. Safeguarding and whistleblowing policies were being updated to reflect new legislation.

People's needs were met and there were sufficient staff on duty. People or their relatives felt there were sufficient staff available and staff felt they could meet people's needs.

There were systems that ensured new staff members were recruited safely. Correct pre-employment checks were completed with the Disclosure and Barring Service for staff. Checks to ensure nursing staff were correctly registered were completed.

People and their relatives gave positive feedback about the staff at the home and the standard of care that was provided. Staff were provided with regular training to meet the needs of people living at the service and received regular support through supervision.

The service were had completed applications where a need had been identified in regard to the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities to ensure compliance with the DoLS framework and staff understood how the Mental Capacity Act 2005 impacted on their work.

People were provided with sufficient food and people received the support they required when eating. Advice from a person's GP or other healthcare professional was sought when a need was identified.

We observed caring interactions between people and staff during our inspection. Staff knew how to interact with the people they were caring for and understood their communication needs. People and their relatives were involved in decisions about the care and support they received.

The provider had a complaints procedure and people felt confident they could complain should the need arise. Activities were arranged for people and people were observed taking part in activities during the inspection.

The registered manager was well respected and staff thought the service was well led. A notification had not been sent to the Commission as required.

People and their relatives commented positively about the management of the home. There were systems to communicate with staff and the systems to monitor the quality and safety of care provided to people at the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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. Medicines were not always stored correctly.

Staff knew how to respond to suspected abuse and were aware of external agencies to whom concerns could be reported.

There were sufficient staff on duty to keep people safe and recruitment procedures were safe.

The home was clean but not all cross infection risks were reduced.

Requires Improvement



Is the service effective?

The service was effective. Staff were trained to meet the needs of people using the service.

The home was meeting the requirements of the Deprivation of Liberty Safeguards. The registered manager had taken steps to ensure the correct authorisations were in place.

Staff were aware of the Mental Capacity Act 2005 (MCA) and told us how they applied it to their roles.

The home enabled people to use relevant healthcare services.

Good



Is the service caring?

The service was caring. There were good relationships between people, their relatives and staff.

People were treated with consideration and respect by staff.

People's privacy was respected and people's visitors were welcomed at the service.

Staff offered people choices and knew people well.

Good



Is the service responsive?

The service was responsive to people's needs. People's care needs were met.

The provider was responsive to people's changing care needs.

Activities were provided within the home for people to participate in.

The provider had a complaints procedure and people or their relatives felt able to complain.

Good



Is the service well-led?

The service was not consistently well-led. A notification required by law had not been sent to the Commission as required.

Requires Improvement



Summary of findings

Staff felt supported by the management team and systems to communicate with staff were in place.

There were systems in place to monitor people's health and welfare.

There were systems in place to monitor the standard and quality of care provided.

Meadowcare 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 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.

This inspection was carried out by one 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. A previous inspection of this service was undertaken on March 2014 and we had not identified any breaches of the legal requirements.

Before the inspection we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Most people in the home were living with dementia. People had complex needs and not all were able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home such as undertaking observations. This included observations of staff and how they interacted with people. We looked at eight people's care and support records.

On the day of the inspection we spoke with six people who used the service and six people's relatives. We also spoke with 10 members of staff. This included the registered manager, the deputy manager, the administrator, clinical staff and care staff.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

The service had systems for the ordering, administration and disposal of people's medicines which were safe. However, we found that the storage of medicines was not always safe. Some medicines were required to be stored below a maximum temperature. Within the medicines storage room there were no windows or no means of ventilation. There was a fan in operation distributing cool air, however records showed this was not always effective. Published guidance from the Royal Pharmaceutical Society gives guidance that medicine storage areas should not exceed 25 degrees. We reviewed the room temperature records from 1 January 2015. They showed that on only two occasions had the recorded temperature been 25 degrees. At all other times the temperatures ranges were between 26 and 29 degrees. This meant there was a risk that medicines may not be effective or unsafe to use.

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

People gave positive feedback about the staff and the level of care provided. Relatives told us they felt that people in the service were safe and thought they were well cared for by the staff.

There were enough staff on duty to ensure people were supported safely. The registered manager told us that a set number of staff were employed throughout the day and night and people's needs were met. People and their relatives told us that staff were available to support them and we made observations that supported this during the day. Call bells were answered promptly when we made observations during the inspection. Staff felt there were sufficient numbers to support people safely. The registered manager showed us a staffing risk assessment tool they used and told us this had calculated that additional staff were needed when people's needs had increased. Staff confirmed this extra member of staff had been added to the daily staff numbers.

Staff knew how to respond to suspected abuse. All staff we spoke with about safeguarding adults told us they would immediately report any safeguarding concerns to senior staff and management within the service. Staff were familiar with the concept of whistleblowing and how this was a process where you could contact external agencies in confidence if they wished to report any concerns about bad

practice in the workplace. We highlighted to a senior member of staff that the current policies did not have the full details of all external agencies available for staff to report concerns to. They told us the current policies for safeguarding and whistleblowing were currently being reviewed and updated to reflect the new fundamental standards and that the new policies would contain this information.

Safe recruitment processes were completed before new staff were appointed. Staff completed an employment application form and references were obtained. Proof of their identity was available and where appropriate documentation had been obtained when foreign nationals were employed. A Disclosure and Barring Service (DBS) check had been completed for staff which ensures that people barred from working with certain groups such as vulnerable adults are identified. When nursing staff were employed, the applicant's registration with the Nursing and Midwifery Council was confirmed and held on file.

The service had undertaken an assessment of the risks associated with people's care and management care plans had been completed. Risk assessments had been completed in relation to people's risk of falls, nutrition and skin breakdown. Where a risk was identified there was a plan completed that showed how to manage the risk. For example, if a person was identified as being at risk of falling, there was guidance on the footwear and mobility equipment the person should use. There was guidance in relation to skin care and what intervention was needed by staff, for example the person should be encouraged to be mobile and what creams the person needed to be applied by staff to reduce risks.

Additional risks to people were assessed and risk management plans recorded. For example, where a person was identified as being at risk of choking due to swallowing difficulties this was assessed. Guidance for staff on how to manage the risk through support techniques when the person was eating were recorded. People who lived with diabetes had a care plan that showed how their assessed needs were met safely. For example, the care records showed the person's safe blood sugar range, how often the person's blood sugar levels were monitored and symptoms the person may present if they became unwell.

Incidents and accidents within the home were monitored and reviewed. The registered manager explained how falls and incidents were monitored using documentation

Is the service safe?

aligned with the local authority falls prevention project. A reported fall was recorded and matters such as the cause and equipment involved were highlighted. The time of the fall was recorded on to a separate document which helped to assist in identifying patterns or trends of falls. No trends had been identified during recent audits.

Equipment was maintained to ensure it was safe to use. Maintenance and servicing of mobility equipment such as hoists was completed. The passenger lift was serviced and maintained and a running programme of maintenance and servicing on gas appliances, the boiler, fire alarms and emergency lighting was completed. A portable appliance test was completed on electrical equipment within the service. Servicing of the call bell system to ensure it was working correctly was completed and first aid boxes were checked that ensured the correct items were present and were safe to use.

The home was clean and there were dedicated domestic staff to ensure the service was cleaned daily. Staff were observed wearing personal protective equipment such as gloves and aprons at times when personal care was being given. The service had designated equipment and procedures to deal with soiled laundry and reduce cross infection risks.

Liquid anti-bacterial gel was available at the entrance of the service and at numerous points throughout all floors of the service. It was noted that some of the bins within the shared toilets needed to be opened by hand and were not pedal operated to reduce the risk of cross infection. A shared toilet on the lower floor had an empty hand soap dispenser. This meant if people used this bathroom they would not have the correct equipment needed to reduce cross infection risks.

Is the service effective?

Our findings

Staff were observed providing effective care and people's relatives commented positively about the care provided by staff. One person commented that whenever they visited their relative they were always well presented and appeared well cared for.

People received additional support from healthcare services and professionals when required. Most people were registered with a local GP practice and a named GP completed scheduled weekly calls to ensure people's needs were met. The registered manager told us that in addition to the scheduled calls, a GP from the practice would attend if required in response to concerns about a person's health. Records showed that where required, referrals had also been made to other professionals such as a Speech and Language Therapist (SALT) and chiropodist to meet people's needs.

We spoke with people and their relatives about the food provided at the service and made observations in the dining area over the lunch period. People had a daily choice of meals and the chef told us that an alternative meal could be provided should somebody not like either choice available. When people required support from staff to eat their meals, this was provided in line with their needs. The service regularly weighed people and had a monitoring system that ensured people at risk of malnutrition were identified. Where people were assessed as requiring a record to monitor their food and drink intake these records had been completed as required.

The registered manager had made applications for people they believed required an authorisation to be lawfully deprived of their liberty. At the time of our inspection the registered manager had made a Deprivation of Liberty Safeguards (DoLS) application for most people in the service. DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to live in the home and restrictions on their liberty are required to keep them safe. The registered manager understood the process for making the DoLS application and understood the impact a previous court ruling had on when applications may need to be made.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and how they applied the MCA to their work. Staff supported people in making daily decisions about

their lives to promote independence and empowerment. Staff gave many examples of how they ensured people were involved in decisions about their care. One staff member said, "It's all about choices." Examples given by staff included how they offered people a choice of clothing when supporting them with personal care, a choice of drinks throughout the day and choices relating to the activities or events happening that day within the home.

The provider had acted in accordance with the principles of the MCA when required. Some people had a Lasting Power of Attorney (LPA) appointed by the Office of the Public Guardian. An LPA is a legal document that identifies a person who is able to make decisions on their behalf. Where people had an appointed LPA, the correct documentation was available or in the process of being obtained.

Best interest decision meetings had been held when required. Records showed a meeting had been held to establish if covertly administering a person's medicines was in their best interest. The records showed that a meeting was held between staff, a member of the person's family and the person's GP.

Staff received training to provide safe and effective care to people. Staff received regular training from the provider and told us they felt confident and enabled to undertake their roles. The essential training completed by staff included emergency first aid, safeguarding, infection control health and safety and moving and handling. In addition to the essential training provided, training to meet the needs of people living at the service was completed. Training in dementia and the challenging behaviour some people may present due to their dementia was also given to staff.

New staff received an induction. The induction schedule demonstrated the training and support given to new staff. The staff member completed a set induction training schedule and completed documentation to ensure they understood their role. The training included safety at work, safeguarding vulnerable adults and the principles of care. The registered manager told us a full essential training schedule was completed that included moving and handling and first aid. We spoke with a new member of staff who told us they had completed the induction and found it informative.

Is the service effective?

The provider had recently implemented the new Care Certificate as their induction process. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. The registered manager told us that four staff were currently undertaking the new induction process.

Staff were supported through supervision. Staff said they received performance supervision and told us they were helpful. Supervision records showed that staff received supervision approximately six times per year. The records highlighted the staff member's achievements, aspects of their roles they had completed well, and difficulties the staff member had experienced or any support they needed. Where support was required, a plan of how to achieve this was recorded.

Is the service caring?

Our findings

People's relatives told us they found the staff caring and no concerns were raised with us. The provider had a system that allowed people's relatives to provide continual feedback through a survey. We looked at 11 recently completed surveys from people's relatives and all gave positive feedback about the level of care and staff at the home.

The provider also used a nationally recognised website to obtain feedback. A notice in the entrance foyer encouraged people's relatives to comment on the website about the service. The service had received eight recommendations since May 2014. One comment received from people's relatives read, "My mother-in-law was treated with great care and compassion, she had severe dementia and was unable to communicate but the staff seemed to know her every need." Another read, "The wonderful loving care she [service user] received at Meadowcare was fantastic and it made me extremely happy to be able to leave [service user name] in their loving care knowing she would be looked after."

The compliments received at the service reflected the information received from people's relatives and the information recorded on the national website. We saw there was a selection of compliments praising the staff at the service. For example one compliment read, "To all the very caring team at Meadowcare - Thank you so much for all of the love and support you gave to Mum."

People's relatives were welcomed to the home and visited during our inspection. Friends and relatives were permitted to visit at any time during the day. Our observations showed that there was a good relationship between the staff and the visitors. Some visitors assisted their relative during the day and over the lunch period. Comments on the national website from people's friends told how they were welcomed to the service, with one person saying, "Made to feel very welcome on every visit whatever time of day."

People's privacy was respected and their dignity was maintained. Staff were observed knocking on people's

doors prior to entering and also closing doors when they needed to assist people with personal care. People's privacy and independence was promoted by staff when using the toilet facilities. The staff gave examples of how they supported people and ensured their dignity was ensured in the best possible way. They told us how they ensured people were dressed in a dignified way and that they ensured people were well presented. This was evident during our observations where people were well dressed and tidy in appearance.

People were involved in choices and decisions about their care and treatment. People said they could make choices and we observed that staff respected the decisions people made. We saw people being offered choices during our observations. These included choices of drinks, meals, what they wished to do, where they would like to go and if they wanted to be involved in any activities being provided.

Staff communicated with people in a friendly and caring way. Staff communicated with people to meet their needs and in a way the person understood which demonstrated they had an understanding of people as an individual. Staff used non-verbal gestures at times such as a hand wave or smile when entering a room and would often receive a similar gesture back.

Staff demonstrated they knew people well when people became anxious or there was a negative change in a person's behaviour. We observed at times people may display behaviour that was challenging for staff. Staff were able to de-escalate situations quickly through speaking with people and offering an explanation to the questions they were asking. This showed that staff understood people well and what may cause them to have a change in their behaviour and how to deal with certain situations.

Staff communicated with people differently at times, speaking at a normal volume with some and raising their voice slightly with others to ensure the person heard. This demonstrated that staff were aware of people's different communication needs. Staff would lower themselves or sit next to people which allowed them to make eye contact and speak with people on their level to aid communication.

Is the service responsive?

Our findings

People's relatives told us the service met the needs of their relative. Examples were given about how the service had met their relative's care needs by ensuring they were regularly checked and ensuring their relative received specific drinks required to promote weight gain.

Staff understood people's needs and were able to respond to their needs. Through conversations with staff it was clear they understood how people preferred to be cared for and gave examples of how they met people's needs in line with their preferences. Staff understood person-centred care and how understanding people well was important to achieve this. Staff demonstrated an awareness of people's life histories and had an awareness of people's previous employment and life achievements. They told us how this helped them communicate with people and discussed the person's life with them to encourage people to talk and interact with them.

Staff responded to meet people's care needs. We saw that where required, equipment used to meet people's needs was used. For example, we saw that where people required pressure-relieving cushions to reduce the risk of skin damage these were being used. People who required air mattresses on their bed to relieve pressure had this equipment in use and there was a system in operation that ensured the air mattresses were working correctly and operating at the correct level.

Records demonstrated staff had been responsive when a health concern was identified. For example when a person who had diabetes presented with symptoms indicating they may have been unwell, there had been appropriate intervention from nursing staff to ensure they were safe. In

addition to this, where people living with diabetes required specific regular appointments to monitor their condition, these had been completed and the person's needs were met.

Activities were available for people to participate in. The home had dedicated activities co-ordinators and activities were provided throughout the day. The activities co-ordinator had been employed at the service for a long period of time and was spoken of highly by people and their relatives. Observations were made throughout the day of staff engaging in different activities with people. People appeared stimulated when the activities staff engaged with them and interested in the different activities being provided.

A record of activities were completed by staff to monitor what activities people had completed. It was highlighted to senior staff at the service this has resulted in a similar document within people's care record not being regularly completed. The senior staff told us these records would be adapted to ensure this information was only required to be recorded in one location in future.

The service had a policy on complaints and a complaints procedure was available within the entrance foyer of the service. The complaints procedure outlined how the service would respond to a complaint and in what timescales. There was also information on how to escalate a complaint to external authorities such as the ombudsman should any matter not be resolved to the satisfaction of the complainant. People and their relatives felt confident they could formally complain and that their complaint would be listened to. No person or relative we spoke with told us they had complained before. This was reflected by the complaints log which showed that no complaints had been received by the service since our last inspection.

Is the service well-led?

Our findings

Although the provider had notified the Commission of most incidents as required by law, it was identified that an incident at the service requiring police attendance had not been reported. Whilst reviewing care records it was established an incident had occurred at the service in January 2015 that resulted in the service requesting police attendance. A notification was required by law to be sent to the Commission to advise us of this and to provide us with information about the incident and the measures taken to reduce the risk of a similar incident happening again. The notification had not been sent as required.

People's relatives understood the management structure of the service. We received positive feedback from people's relatives about communication they had with the registered manager. One person's relative told us the registered manager was helpful and supportive. They told us they would be happy to raise a concern or an issue and felt they would be listened to and effort would be made to resolve the issue.

Staff felt the service was well led. Staff said the registered manager and senior staff were always available and told us they were visible throughout the day. Staff felt the registered manager and senior staff were approachable. All staff spoke highly of their employment and all said they were happy in their roles. Comments we received from staff were, "It's a good place to work" and "I enjoy it here, it's a good staff team and everything I need is provided."

There were systems to communicate with staff about the service. The registered manager told us that staff meetings were held to communicate key messages about the service and that the meetings were also used as an opportunity to deliver additional training to staff. We looked at the minutes of a previous meeting that showed that training and information about epilepsy had been discussed with staff. In addition to this, matters such as concerns at work, covering staff absence, recruitment and discussions about individual roles and responsibilities were addressed. Staff told us the meetings were held and said they felt they were useful.

The provider had a programme of regular audits to monitor service quality and the environment. Audits included the monitoring of infection control and cleanliness within the service. Records showed these audits had been completed monthly and that no matters of concern had been identified. An audit of risk assessments were completed quarterly to ensure that assessments completed by staff were accurate and current. A six monthly audit for the environment was completed that ensured fire equipment, emergency lighting, gas appliances and the call bell system were operating safely.

Additional audits for service quality monitoring were completed. A monthly meal and nutrition audit monitored the quality of food and staff practice at meal times. A previous audit had identified some residents were struggling due to the large size of the spoons on the table. An identified action of purchasing smaller size spoons was highlighted and had been completed. A dignity audit was completed that ensured staff were treating people with dignity. It ensured people were addressed by their preferred name, that staff were polite and knocked on people's bedroom doors. A previous audit had identified improvements following staff being spoken with about talking to each other instead of the person receiving support when the staff were providing care together.

The registered manager was going to complete training to learn more about the needs of people within the home and told us this training would be used in the home to make any changes. They told us they were enrolled onto a part time course with a local college in dementia awareness. In addition to this, the registered manager regularly attended local Clinical Commissioning Group (CCG) meetings to learn about training available for staff and best practice. The registered manager was a member of the Registered Nursing Home Association and had attended courses provided by them on the new fundamental standards and inspection methodology.

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 |
| Diagnostic and screening procedures | The provider did not ensure medicines were stored in a safe and suitable environment. Regulation 12(2)(g) |
| Treatment of disease, disorder or injury | |