

Little Meadows

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

The inspection took place on 4 November 2015 and was unannounced.

Little Meadows provides care and accommodation for people who require support with their personal care for a maximum of 20 people. There were 19 people living in the home at the time of the inspection.

A registered manager was in post. 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.

People's risks were assessed in a way that kept them safe from the risk of harm. Where possible people's right to be as independent as possible was respected.

People who used the service received their medicines safely. Systems were in place that ensured people were protected from risks associated with medicines management.

We found that there were enough suitably qualified staff available to meet people's care needs. Staff were trained to carry out their role and the provider had plans in place for updates and refresher training. The provider had safe recruitment procedures that ensured people were supported by suitable staff.

Summary of findings

Staff understood people's ability to make decisions and give consent.

People's health needs were monitored and referrals to health care professionals had been made in a timely way. People had enough to eat and drink and were supported with their nutritional needs.

People told us that staff were kind and caring. Staff treated people with respect and ensured their privacy and dignity was upheld.

People received care and support how they wanted it and felt informed and involved in their care.

People had opportunities to be involved in hobbies and interests that were important to them. Activities and entertainment at the home were well managed.

The provider had a complaints procedure available for people who used the service. People and families thought that the manager was approachable and that complaints were appropriately managed.

Staff felt able to raise concerns about poor practice knowing that they would be supported to do so and felt supported by the registered manager.

The registered manager had systems in place to monitor and improve the service.

Appropriate records had not always been maintained in respect of care plans, daily care charts, staff recruitment and information about menus. Further improvements were planned to ensure controlled medication was stored appropriately. Parts of the home were in need of redecoration and refurbishment. There was a plan in place for this to be done.

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 safe.

Staff knew people's needs and how to keep people safe.

Staff knew how to raise concerns about poor practice and abuse.

Staff were recruited safely.

Risks to individuals were managed and there were enough staff provided to keep people safe and meet their needs.

Medicines were managed safely

Good



Is the service effective?

The service was effective.

Staff were trained to deliver care and support to people and were aware of people's needs.

Staff knew how to gain consent from people for care and treatment.

People were supported to have enough to eat and drink and people's health care needs were monitored.

Timely referrals to health care professionals were made when people's needs changed.

Good



Is the service caring?

The service was caring.

Staff were kind, caring and respectful with people.

Privacy and dignity was promoted and upheld by staff.

People and their families felt involved in making decisions about their care and support needs.

Good



Is the service responsive?

The service was responsive.

People received care and support in the way they wanted it. People's preferences were taken into account in respect of how they wanted their care and support delivered.

People were given opportunities to be involved in activities and entertainment and to maintain hobbies and interests.

People and their families knew how to raise concerns and the provider acted on information received.

Good



Summary of findings

Is the service well-led?

The service was not consistently well-led.

Records were not always accurate and up to date and some records did not contain required information.

People who used the service felt able to raise concerns with the manager and knew that they would be taken seriously.

The quality monitoring system in place helped to ensure that improvements were made where required.

Requires improvement



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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 4 November 2015 and was unannounced.

The inspection team consisted of one inspector and one 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.

The provider had kept us updated of events by sending us relevant notifications. Notifications are reports of

accidents, incidents and deaths of service users. We reviewed the information we received from other agencies that had an interest in the service, such as the local authority and commissioners.

We spoke with the registered provider, the registered manager, three care assistants and one senior care assistant, the activities person and the cook.

We spoke with 12 people who used the service and three relatives. We observed the care and support people received in the home. This included looking in detail at three people who used the service and whether the care and support they received matched that contained in their care plans. We also looked at these people's daily care records and records of their medication. This is called case tracking.

We looked at records relating to the management of the service. These included audits, health and safety checks, staff files, staff rotas, incident, accident and complaints records and minutes of meetings.

Is the service safe?

Our findings

People who used the service felt that there was enough staff around to keep them safe. A person said, “It’s marvellous here, I feel safe and well looked after”. We observed staff presence throughout the home and staff were attentive to the needs of people.

Where people were at risk of harm, risk assessments and care plans had been put into place to help reduce the risk. We saw that a person had fallen out of bed. The manager had taken immediate action to help prevent this happening again. The layout of a person’s room had been changed around, their bed moved and a special safety mat placed by their bed. This was to help reduce the risk of injury if they should fall out of bed. This person was checked regularly whilst they were in bed and there had been a meeting to discuss this with the person’s relatives. All of the relatives we spoke with told us that they had no concerns regarding their relative’s safety in the home. They also told us that there were always staff around to keep their relatives safe.

Some people needed assistance to move safely and some people required the use of special equipment to enable them to move safely. This was recorded in people’s care plans. We observed staff helping people to move around the home safely with walking aids and other pieces of equipment. Staff told us, and we saw records, that they had received training and regular updates in how to move and handle people safely.

People were protected from harm because staff knew how to raise concerns about abuse and poor practice. Staff we spoke with told us they had received training in how to recognise and report any suspected abuse and were able to provide examples of what could constitute abuse. One staff member said, “I know the different types of abuse and what to look out for, we have had training on this”. Another staff member said, “I would report abuse to the manager straight away”. The manager confirmed that they were aware of their responsibilities in making safeguarding referrals to the Local Authority and had done so in the past. We had received copies of these referrals..

Staff were carefully selected to work at the home to ensure they were suitable to work there. There was a staff recruitment procedure in place including carrying out relevant checks such as Disclosure and Barring Service (DBS). These are police checks and are carried out to ensure that staff are suitable to work with people who used the service.

We observed people being given medicines in the way they preferred to take them. The staff member administering medicines took their time with each person explaining to them about how to take their medicines. People were able to self-medicate following a suitable risk assessment. When we asked a person if they knew what tablets they were on they said, I am on warfarin, paracetamol, thyroxin and water tablets. I do my own, they would do it here but I said I would do it that’s why I’ve got the safe there with a key”.

Is the service effective?

Our findings

People who used the service felt their needs were met by the staff team. Staff knew people and were aware of people's day to day support needs. A person said, "If gold medals could be awarded then they should have one here". Another person told us, "I think they look after us very well here". We saw that staff had received the training required to meet people's needs. New staff received induction training and there was on going training and supervision to support staff in their role. We saw that staff understood the needs of a person who was at risk of developing skin damage. There was an up to date risk assessment and care plan in place and staff delivered care and support as directed in the care plan. A staff member said, "[Name of person's] position needs to be changed every two hours to help stop them developing a pressure sore". The staff member said, "The person has a skin bundle in place which supports us to deliver the care the person needs to avoid skin damage".

We saw that staff had received training in dementia care and understood the needs of people with dementia. We saw how a staff member spoke reassuringly to a person with dementia care needs when they were becoming anxious about their relative. We saw how another staff member was looking after a person at the end stages of dementia and knew from their facial expressions what they wanted. We saw how the person smiled when the staff member helped them to eat chocolate.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA and the DoLS set out the requirements that ensure where applicable, decisions are made in people's best interests when they are unable to do this for themselves. We saw that there were some people with dementia care needs who were unable to make some decisions for themselves. Although there were no formal mental capacity assessments in place for these people staff knew people well. Staff were aware of people's ability to make decisions and/or give consent.

We saw that the provider had considered that three people were being deprived of their liberty. For these people an application had been made to the relevant authority and a DoLS order had been granted. Staff understood why the

three people were subject to a DoLS restriction order. A staff member said, "[Persons name] is under a DoLS because they keep trying to get out and they don't understand what they are doing or why they are doing it".

"Some people told us that they were not always aware of the choices on offer and a person said that what was displayed on the menu board was not always what was actually on offer for that day. We noticed that the menu was changed from the morning when we arrived. This meant that people who use the service may not always be fully aware of the meal choices on offer each day.

We met with the cook who told us, "There is a choice but we can cook anything people like or want. If we ask them the day before what they want they forget so I cook enough of each dish for everyone". We observed people eating two different dishes for lunch. We saw how a staff member was asking a person what they would like for lunch. The person said, "What is it?" The staff member replied, "It's gammon or fish pie, what would you like?" The person chose fish pie and enjoyed their lunch.

People were supported to eat, drink and maintain a balanced diet. Nutritional assessments were in place for each person with related risk assessments and weight monitoring. Where people were losing weight appropriate referrals had been made to the GP and people had been prescribed nutritional supplements. We saw how a person had re-gained weight after receiving a fortified diet for weight loss.

People's health care needs were monitored and the provider made appropriate referrals to health care professionals as and when required. A person said "[Staff name] has been very good and contacted the surgery about my eye and [staff name] did all the paperwork to refer me back to hospital". We saw that a person with dementia care needs had been referred to the memory clinic when their memory deteriorated. The person's medication had also been reviewed by their GP and the Community Psychiatric Nurse (CPN) had been to the home to support staff to meet the person's needs. The practice nurse had conducted a review of people with dementia care needs to ensure people were receiving best practice care and support. People with diabetes received diabetic monitoring from the practice nurse and people who were at risk of developing skin damage were referred to the district nurse when required.

Is the service caring?

Our findings

We observed close and friendly relationships between staff and people using the service. People were treated with respect and approached in a kind and caring way. A person was worrying that their relative hadn't visited them. A staff member spoke reassuringly to them, "It's ok I am sure [relative's name] is fine. There will be nothing to worry about. Shall we go and have some lunch now?" The person calmed down and went to eat their lunch. A person told us, "The staff are lovely, I have no complaints at all". Another person told us, "The staff are very caring, for instance they know if someone needs a hand, say they need their crusts cutting off their bread, they do that, they are good".

Staff treated people with dignity and respect. People appeared well cared for and had received support with personal care and to dress in the way they wanted. Personal care was carried out discreetly in bedrooms and bathrooms. People were visited by health care professionals in private. Care plans documented how staff

should promote privacy, dignity and respect for people. A staff member said, "I always say you should treat people as if they were your own mum or dad. I think we do that here. I get emotional because I am so passionate about my job".

We saw where a person was nursed in bed and had difficulty communicating with staff. A staff member was feeding chocolates to the person. The staff member said, "I know [person's name] enjoys these chocolates, look at how much enjoyment they are getting from this". The staff member said, "Would you like another [person's name]?" The person nodded and smiled with their eyes closed and the staff member spent time supporting the person to eat the chocolates which they clearly enjoyed.

People's families were made to feel welcome by staff at any time. A visitor told us, "I can visit at any time and very often do. They always make you feel welcome and ask if you want a cup of tea".

People who used the service and/or relatives were kept informed and felt involved in planning their care. A relative said, "Everything seems fine. They always keep me informed of any changes". Another relative said, "Liz (the manager) keeps me informed of what's going on".

Is the service responsive?

Our findings

Care and support was planned around what each person needed and how each person preferred their care. People were able to participate in activities of their choice. Two people had a newspaper delivered regularly. One person went out to the local shop most days and another person went shopping regularly. A staff member told us the person goes out shopping when they feel a bit low as shopping cheers them up. People were supported to uphold their spiritual beliefs. Local clergy visited the home monthly to hold a service and holy communion. Another person was supported to attend another church of their choice. The manager told us that there was a policy and procedures in place to support people with different spiritual needs and beliefs.

People told us they liked the person who was employed as the activity coordinator. A person said, “[Staff's name] is lovely. They are like a breath of fresh air with new ideas and suggestions”. A relative said, “Since [staff name] has taken over activities these have really improved”. The manager said, “Their role is growing, they have taken some of the ladies shopping and managed to get them to a local hotel for dinner too. They enjoyed that”. We saw the staff member interacting with people and encouraging people to join in an activity. The staff member said, “I’ve found certain things really grab people’s attention like Hoopla and Bingo”. This showed the staff member had an understanding of the degrees of needs and preferences of people. The staff member showed enthusiasm for introducing new activities. They told us about introducing exercises in the morning and later that the new influx of painting books around was really good and how much

people had enjoyed painting with them. The staff member said, “I try to theme the activities and tomorrow it will be Bonfire night. Things that are very specific to people and the time of year are important”.

Residents and relatives meetings were held where people and their families were kept informed about events. A relative said, “We come back from the relatives’ meetings with a list of the entertainment and activities going on in the home”. Planned events were displayed on the notice board in the home. These included a Halloween party, a bonfire party and dinner at a local hotel.

People said they felt involved in the planning of their care. A relative said, “We are aware of [person’s name’s] care plan and we attend reviews and updates about this”. We saw that people and/or their relative had signed in agreement with their care plans. A person who used the service told us, “Yes, I do receive care how I like it. There is a care folder sometimes I will get involved with it or I will ask them and they come and show me”. We saw information on display in the home informing people and families of activities and events going on in the home.

There was a complaints procedure displayed within the home. People knew how to raise concerns and make complaints and were sure that complaints would be addressed. A person said, “I have no complaints at all but if I did I would go to Liz (the manager) she would sort it out for me”. Another person told us, “I haven’t got any complaints and If I did I think I know who I’d need go to but I have never had need to complain. I like the owner Jenny and think she would take notice of you”. We saw that the manager kept a record of complaints and this showed that action was taken to address and investigate each complaint within appropriate timescales.

Is the service well-led?

Our findings

We saw that some of the record keeping was not always up to date and/or had details missing. For example we saw that a person's care plan did not contain adequate detail around risk assessments and this was not up to date. We saw that there was some records missing regarding how often a person's position had been changed to avoid skin damage whilst they were being nursed in bed. There were no records of mental capacity assessments for some people who required this. The menu for each day did not always accurately reflect the dishes served.

There was a quality monitoring system in place to help bring about improvements. We saw that improvements had been made in the way dementia care was provided. People with dementia care were supported to have a "dementia care review" by the GP surgery (practice nurse). This helped to ensure that people received best practice care and support in dementia. The provider had taken made improvements to medication processes as recommended by the pharmacist report.

There had been a pharmacist advice visit carried out at the home in March 2015 where some suggestions for improvement had been made. All but one of the suggestions had been carried out. The suggestion to move the Controlled Drug Cabinet from the office to the medication room had not yet been addressed. The manager stated that they were looking at ways to do this as there was a lack of space in the medication room. There was no room thermometer in the office where the controlled medication was kept so the provider could not be sure that this medication was being stored within acceptable temperature guidelines. The manager told us that a thermometer would be installed to monitor the temperature of the room.

People felt that their views and suggestions about the service were not formally obtained but that they could raise suggestions generally on a day to day basis and that these would be addressed. People told us they did not complete surveys but could speak to the manager. When we asked a

person if they had completed a survey where the views about the home were asked for they said, "No, oh no, they don't ask you that but I would just speak to Liz [the manager]". The manager told us that formal surveys had not been completed recently but these would be sent out to people and their families to complete.

People who used the service knew the manager and provider and told us they often saw them around the home and that they were available for a chat if they wanted one. People and families felt that the manager and provider were approachable and ran an open door policy. A relative said, "Liz (the manager) keeps me informed about what's going on with [person's name]. I could ask her about anything". We saw that the manager had a good friendly rapport with people who used the service and visitors.

Staff felt that they would be supported to question practice and raise concerns about poor practice under the Whistle Blowing policy. A staff member said, "I wouldn't hesitate to report any concerns if I had them and I know that it would be kept confidential by the manager". Another staff member told us how supportive the manager had been with them recently.

Staff felt motivated and supported in their job role by the manager. Staff told us, and we saw that staff supervisions took place which gave staff an opportunity to discuss any concerns about their role and to identify any further training needs. A staff member said, "If you want to do any specific training you are able to do so". The three senior care staff had a National Vocational Qualification (NVQ) in care levels two and three and one to level five.

The registered manager understood their responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.

We noted that some areas of the home were in need of deep cleaning, refurbishment and redecoration. The manager explained that there were plans to address this and showed us the programme of redecoration/refurbishment for the home.