Four Seasons (DFK) Limited

Meadowbrook Care 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?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 7 and 9 December 2015 and was unannounced.

Meadowbrook Care Home is registered to provide accommodation with nursing care for up to a maximum of 79 people. There were 66 people living at the home on the days of our inspection. People were cared for in three units. These included the Mary Powell unit which provided support for people with physical health needs. The Garrett Anderson unit which provided support to people living with dementia. The remaining unit was the Agnes Hunt unit which provided support to people living with neurological needs.

There was a registered manager in place who was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

The home was last inspected on 30 April 2014 where we gave it an overall rating of "Requires Improvement". We asked the provider to make improvements to their infection control procedures. This was because they had not protected people from the risk of infection because guidance had not been followed. At this inspection we found improvements had been made.

At our last inspection we asked the provider to review their staffing levels as there were not sufficient numbers of staff to ensure people received the care and support they required. At this inspection we found that improvements had not been made.

Although people felt safe they did not feel there were always enough staff to care for their physical and social needs. People often had to wait for support and this sometimes compromised their dignity. There had been a high turnover of staff and staff morale was low. There was a lack of consistent supervision to allow staff to have discussion about their training and support needs.

People did not always receive their medicine at the required time. The morning medicine round sometimes only just finished before the lunch time medicine was due. Staff felt there was risk of medicine errors because they were expected to support people with their breakfast whilst undertaking the medicine round.

People and staff felt that communication was poor and were not confident in the management ability. They felt able to raise concerns and complaints but were not confident that these would be acted upon.

People's preferences were not always known or acted upon. People had limited opportunities to pursue their interests and hobbies. People living with dementia did not receive adequate stimulation to promote their emotional well-being.

Staff knew how to keep people safe from harm and abuse and who to report any concerns to.

People's health and nutrition were regularly monitored and people had access to health care professionals as and when required.

People thought staff were kind and caring and supported them to keep in touch with people who were important to them.

People told us that staff asked their consent before supporting them and respected their wishes when they declined support. Where people were unable to make decisions for themselves we saw that decisions had been made in their best interest.

People were offered choice in day to day matters and staff promoted their independence by encouraging them to do as much as they could for themselves.

You can see what action we told the provider to take at the back of the full version of the 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 safe

There was not adequate staffing to meet people's needs. People felt safe but told us there were not enough staff to meet both their physical and social needs. Staff were aware how to keep people safe from harm or abuse and who to report any concerns to.

Requires improvement

Is the service effective?
The service was not effective

People were cared for by staff who did not have consistent support and supervision to undertake their roles. Staff sought people's consent before supporting them. Where people were unable to make decisions for themselves these were made in their best interest. People had access to health care professionals when needed.

Requires improvement

Is the service caring?
The service was not consistently caring.

People's dignity was not always maintained. People told us staff were kind and caring. People were offered choice. We saw that staff talked with and about people with kindness and respect.

Requires improvement

Is the service responsive?
The service was not responsive.

People were not consistently involved in decisions about their care and support. People's preferences were not always known or respected. People did not receive adequate support to enable them to partake in hobbies and interests. People knew how to raise concerns and complaints but were not always confident that they were listened to or acted upon.

Requires improvement

Is the service well-led?
The service was not well-led.

People felt that there was a lack of communication and leadership. People and staff did not always feel listened to and staff morale was low. The provider had quality checks in place to monitor the quality and safety of the service. These had picked up some but not all of the issues we found.

Requires improvement

Meadowbrook Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 took place on 7 and 9 December 2015 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor 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.

We had received concerns about the service prior to our inspection. As part of the inspection we reviewed these concerns and other information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We asked the local authority and Healthwatch if they had information to share about the service. We used this information to plan the inspection.

During the inspection we spoke with 16 people who lived at the home and four relatives. We spoke with 18 staff which included the regional and registered manager, nursing staff, care and support staff. We also spoke with a visiting health care professional. We viewed 14 records which related to people's medicines, assessment of needs and risks and consent. We also viewed other records which related to the management of the home such as complaints, accidents and recruitment records.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is specific way of observing care to help us understand the experience of people who were unable to talk with us.

Requires improvement

Is the service safe?

Our findings

At our last inspection we found people were not protected from the risk of infection because guidance had not been followed. The provider sent us an action plan which detailed training and supervision in relation to infection control. We found that improvements had been made. Staff had completed the required training and took the necessary action to protect people from the risk of infection.

At our last inspection we had concerns about staffing levels at the home. There were not sufficient numbers of staff to ensure people received the care and support they required. We asked the provider to make improvements and to send us a copy of their action plan to tell how they were going to make these improvements. The provider told us they used the Care Home Equation for Safe Staffing (CHESS) and would do daily walk round of the home to assess and review the level of staff required to meet people's needs. At this inspection we found improvements had not been made. We spoke with the registered manager who told us they used the CHESS dependency tool to determine staffing levels. Although they had a few people to add to the tool they felt that staffing levels were in line with CHESS recommendations. This was also the view of the deputy manager who felt that the staffing levels were above the dependency tool levels. However what people and staff told us and what we observed contradicted this.

People reported having to wait for staff to respond when they used the call bell system. When we asked if they had raised this one person said, "There is no point, I don't want to create problems or get the staff into trouble". People stated that they had become used to waiting as they were aware that other people were, very ill or worse off than them. One person told us they had recently used the call bell to request assistance to the bathroom. The bell rang for a long period of time during which they saw staff passing their bedroom door and no one came to their assistance or asked them what they wanted. By the time staff attended this person had been inadvertently incontinent. This person was clearly distressed by their experience, they said, "I don't ring unless I need help. I don't ring the bell to annoy staff, I ring because I want help". They went on to tell us they frequently had to wait for help and often got stomach ache from waiting so long. One relative told us that when they visited their family member the previous week they had used the call bell to call for assistance, after ten minutes of waiting they went looking for staff. When they found staff they were told they would need to get another member of staff to help and the person had to wait about another seven minutes for staff to attend. During our visit we saw that most calls were responded to in a timely manner. However, we heard a call bell ringing for 25 minutes before staff attended to a person. We asked the maintenance worker if the call bell system alerted staff to how long people had been waiting. They advised that it did not but, that if people were able to press the button on the wall this could alert staff that the need was urgent. The call bell system could report on call response times but the machine was faulty. When we spoke with the registered manager they told us they did not routinely monitor call response reports and therefore did not use take these into account when monitoring staffing levels.

People also had concerns about availability of staff in the lounge areas. One person said, "We need more staff, sometimes there is no staff in here. When people are in here staff should walk around and make sure people are alright, check on them". On the Garrett Anderson unit we saw that people were sat at the breakfast table for over an hour while staff attended to other people. Some people were getting anxious and others were falling asleep at the table.

Staff we spoke with reported feeling overwhelmed with the workload and level of responsibility. They told us the morning routine would often only be completed just in time for lunch. They felt that this was impacting directly on the standard and quality of care provided. One staff member said, "We can't spend quality time with the people as there is always another task to complete so we prioritise higher levels of need". Another staff member told us they only time they got to spent time with people was when they assisting them with personal care tasks.

People and relatives had different views on how medicines were managed. One person explained that it was important to have their medicine at the right time due to their medical condition however, this did not always happen. Whereas a relative told us their family member was given their medicine when they needed it. Nurses we spoke with raised concern that medicine rounds took until late morning to complete. This meant they had to prioritise those people whose medicines needed to be administered at specific times. They told us they were also expected to

Requires improvement

Is the service safe?

observe and assist with breakfast when doing medicine rounds. They stated that the policy was for staff not to be disturbed when administering medicine as this could lead to medicine errors. They also raised concern that telephone calls were also put through to them during medicine rounds. When we spoke to the registered manager they told us they would reinforce that staff were not to be disturbed when giving medicines. Staff told us that they received competency checks to ensure safe management of medicines. We saw that medicines were recorded and stored appropriately.

This is breach of Regulation 18 HSCA 2008(Regulated Activities) Regulations 2014.

People felt safe living at the home. One person said, "I am very well looked after. I feel safe and all my things are safe in my room". Another person we spoke to said "They [staff] do what they have to, to make sure things are in place to keep people safe. They come in twos to move me". People knew who to report concerns to if they worried about their safety. One person told us they would report any concerns to the nurse. Staff we spoke with were aware of how keep people safe from harm and abuse and knew how to recognise signs of abuse and who they should report concerns to. Staff told us they kept people safe through observation and using equipment. For example they used sensor mats to alert them when people at risk of falls needed help. Staff also stressed the importance of using pressure relieving equipment and regular repositioning to reduce the risk of skin breakdown. Records we viewed demonstrated pressure areas were monitored and reviewed and were effectively managed. Risk assessments were completed when people were admitted to the home and were reviewed on a monthly basis. These included risk assessments for use of bed rails, falls and risk of choking.

Staff were able to tell us what action to take in the event of an accident or incident. They would initially check the person over and seek medical attention if necessary. They would inform the family and complete an incident form which would be overseen by the registered manager. The registered manager explained that they would analyse the information gathered for signs of deterioration in a person's health or for trends.

We reviewed how people had been recruited. There had been a high turnover of staff where a lot of staff had left and new staff had been recruited. In the interim there had been a reliance on agency staff and existing staff doing more hours. Staff told us that the provider completed necessary checks to ensure that they were suitable to work at the home. These included checks with the disclosure and barring service and references from previous employers. Records we saw confirmed this.

Requires improvement

Is the service effective?

Our findings

Staff we spoke with had mixed views on the quality of supervision and support they received. While some staff felt they could access support when they required it, other staff told us they had not received regular supervision or feedback and felt undervalued. When we discussed supervision and support with the registered manager they told us that supervision sessions had been completed with staff. They said that they used different forms of supervision including individual, instant and group supervision. Instant supervision was when staff were given feedback on their practice by senior staff as they undertook their work. The registered manager acknowledged that formal supervision sessions had been missed for some staff and that staff may not have understood that instant and group supervision were considered as supervision. Lack of clarity around supervision and staff opportunity to discuss their support needs may have contributed to staff feeling undervalued. The registered manager agreed to review their supervision process.

People felt that staff were competent in their role. One person said, "They [staff] are brilliant". This was confirmed by a visitor who said that staff were skilled at their job. Staff were positive about training they had received. One staff member had found the dementia training helpful as it made them think about the person, what they were feeling, and how to do things better for them. However, some staff felt that the lack of supervision meant that they did not have the opportunity to discuss their training and support needs. For example, one staff member said they did not feel competent in an aspect of their work and they felt they would benefit from additional guidance but had not had supervision recently to discuss their concerns. Regular supervision would provide the opportunity to discuss training and development needs and provide clarity on actions required.

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.

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.

People and their relatives told us that staff asked their permission before they supported them. One person said staff asked their permission before they did everything. A relative confirmed they had heard staff explaining things to their family member and asking for their consent. Staff demonstrated a good understanding of the MCA and the need to gain people's consent before supporting them. Where people were unable to make decisions for themselves staff told us they would follow the best interest process. Where people declined support they respected this and told us they would go back at a later time. We observed one person refuse their medicine, the nurse returned later and the person then took their medicine. Records we viewed showed that DoLS applications had been appropriately made and authorised. When we spoke with one staff member they were able to tell us about a person who was subject to DoLS and how they supported them in the least restrictive manner.

We received varied responses on the quality of meals available to people. One person said, "The food is excellent, you can't fault it". However, another person told us that the quality of food was not good. A further person said, "The meals are very nice again now, we did have a hiccup recently but they have gone back to normal. There is always a choice and if you don't want the choices you can have something else". When we spoke with the registered manager they told us that the provider had changed caterers in October and many concerns had been raised about the deterioration in the quality of food. CQC had received concerns about the quality of food prior to the inspection. We saw that the quality of meals had been discussed at meetings held at the home and that the catering company had a comments book in reception where people had expressed their views on the quality of the food and received responses. We spoke with the catering manager and cook who told us they were given details of people's dietary needs when they were admitted to the home. They kept a list of these needs as well as list of people's likes and dislikes. They showed us the menu and

Requires improvement

Is the service effective?

told us that the menu had recently been changed but they had reverted back to the previous menu due to feedback they gained from people. The registered manager acknowledged that whilst improvements had been made regular monitoring and review was required to maintain standards.

People's nutritional needs were routinely assessed, monitored and reviewed. Staff we spoke with were aware of people's dietary needs. Where there were concerns about people's nutritional intake staff told us they would complete food and fluid charts in order to monitor what people were eating and drinking. We saw that one person had suffered significant weight loss and food and fluid charts were in place. Staff had been in contact with the doctor on a number of occasions. However, it was unclear what action was planned for this person. We spoke with the registered and regional manager who had also viewed this person's records. They agreed to speak with the doctor and review the person's care plan. Where required we saw that staff helped people to eat and drink. While some people told us they could have a drink when they wanted one, other people told us that drinks were served at set times. People told us that if they called for a drink they would have to wait as staff were often busy helping other people.

People were able to see the doctor and other health care professionals such as the chiropodist or diabetic nurse when required. They said they only had to ask staff and they would arrange appointments for them. One person told us they felt unwell and the doctor was due to visit later that day. The home was supported by a local surgery who visited each week. We spoke with a health care professional from this surgery during our visit. They said that staff completed a reasonable assessment on people before they contacted them. They felt communication with the staff was good and that they were good on following through actions recommended by health professionals. They told us that many of the people living at the home had complex needs and that staff supported each other well in meeting the people's needs. Prior to and during our inspection people raised concerns about their access to physiotherapy as the physiotherapist had recently left. People acknowledged that the physiotherapist still provided some support to the home but stated that their therapy had been reduced. When we spoke with the registered manager they confirmed that the physiotherapist that had left still supported people at the home for three hours per week. They said that they had increased the assistant physiotherapist hours and were due to interview a person for the vacant post.

Requires improvement

Is the service caring?

Our findings

People told us that whilst staff tried their best to meet people's needs they had limited opportunities to sit and spend time with them. One person said "My nails are only half painted, staff member was doing them yesterday but the nurse called them away so they couldn't finish them. It drives me mad, I can't bear to see my nails like this, half done, I like it done properly". The person went on to tell us that the staff member would not come back that day because they were too busy. Staff we spoke with said that their work plan each day was centred around meeting people's physical care needs and had therefore become task focussed to ensure people's basic care needs were met.

People told us that staff were patient and they felt that they listened to them and involved them in day to day decisions about their care. One person said, "Staff are patient, you can talk to them and they listen to you. We just need a couple more". People told us they were given choice about when they got up and where they would like to eat their meals. One person said, "I am well looked after. I get up and go to bed when I want". Another person said, "If I don't want to go up to the dining room for lunch I can have it here". A relative commented that a staff member had recently taken the time to tune the radio so that their family member could listen to Christmas songs in their room which gave them great pleasure. Staff we spoke with told us they always offered people choice of what they wanted to do. They encouraged people to do as much as they could for themselves in order to promote their independence. During our visit we observed a staff member push a wheelchair whilst the person was in front walking with a walking frame. When the person became tired the staff member supported them to sit in the wheelchair. Staff told us they promoted people's dignity by ensuring people's doors and curtains were kept shut when they were delivering personal care and knocked on people's doors before entering.

People felt that staff were caring and kind. One person said, "They [staff] are very good, I don't want to go home for Christmas." Another person pointed out a staff member who they thought was "Very good" and "Really Lovely". Relatives were also very positive about staff approach one relative said, "They speak respectfully and gently to [Person's name]". Another relative praised the support staff provided to both them and their family member, they said, "I am blown away with how brilliant it is. I feel as cared for as my [Relative]". During our visit we observed and heard people talking with people in a caring and respectful manner. We saw that staff showed regard to people who had visual or hearing impairment by using other forms of communication to include them in discussions and decisions. People told us that staff supported them to keep in touch with family and friends. A relative found that staff remembered things about family and friends. They went on to tell us that they were given privacy when they visited their family member.

Staff we spoke with talked about people with respect. They demonstrated kindness and compassion and a commitment to providing care to the best of their abilities. One staff said, "I love caring, just doing the little things that help people feel better". Another staff member said, "I love my job". They went on to say that got satisfaction from seeing people smile and making them happy.

Requires improvement

Is the service responsive?

Our findings

People's preferences were not always known or respected. While one person told us they were asked their preference about the gender of staff that provided their support and did not receive support from certain staff, another person told us they had not been asked about their preferences. They said, "I have male carers, I don't like it, I haven't told them [Staff], I just put up with it". We saw that one person's care records specified that they only wanted female staff to attend to their needs. It was noted on their records that 'this may not always be possible but a female will always be present'. When we spoke with staff they told us they were not aware of this request. However, one staff member later told us when this person was able to communicate their wishes they were listened to. The registered and regional managers agreed to take action to ensure that people's preferences were known and respected.

People told us they had limited opportunities to follow their interests and hobbies. People said that they wished they could have activities of their choice. Some people liked to spend time on activities outside of the building. Staff reported that they did not have time to go out for walks with people. Two staff employed specifically to promote activities were off work and there was no one to drive the mini bus. One person told us that staff were asked to reduce the external day trips some months ago. People felt that this restricted their choice and opportunity to access community facilities. This had a direct impact on people's wellbeing as they enjoyed the trips and looked forward to planning them. One person said, "I miss the trips out, and wish we could have them again". The registered manager told us that due to staff sickness there were no qualified staff to drive the mini bus. They told us there were no contingency plans in place but they could and would look at hiring taxis to take people out.

We received concerns about the availability and choice of activities prior to and during the inspection. We observed on the Garret Anderson unit that staff had limited time to spend with people living with dementia and there was a lack of stimulation. Some people sat in their chairs watching television or watching passively, while others fell asleep. Staff told us they were unable to spend as much time with people as they needed due to people's levels of need and the support they required. When we spoke with the registered manager they told us while the activity workers had been off work they had brought in additional care staff to assist with activities. They offered a range of activities as detailed in the activity schedules on display in the home. They said people living with dementia had memory boxes which staff encouraged them to engage with. The registered manager told us that they frequently had local entertainers attend the home and that a local choir was due in on the first day of our inspection. We later saw people from all three units attend this event. Staff we spoke with were unclear of their role in relation to activities and had been told to use their initiative.

This is a breach of Regulation 9 HSCA 2008(Regulated Activities) Regulations 2014.

People and their relatives knew how to report concerns or complaints but had mixed views about the responses they had received. One person told us they had raised a number of concerns with the registered manager who despite assurances had not dealt with them. On the other hand a relative we spoke with had raised a couple of questions and was happy with the response they had received. The complaint procedure was displayed in the home. We saw there was a procedure in place for dealing with formal complaints and reporting these to the provider. We spoke with the registered manager about they how recorded and dealt with concerns that had not been presented as formal complaints. They told us that they did not have a formal process for these types of concerns. They said they did not write everything down and therefore could not assure us that they had taken action to address concerns raised.

Requires improvement

Is the service well-led?

Our findings

Four Seasons were due to take on the running of all three units within the building as from 1 January 2016. People we spoke with raised concern about the lack of communication about the change in ownership. People said they had not had direct communication on this and were worried what impact this would have for them. Staff were also worried what the future may hold for them. Staff reported that they had not received regular communication from the registered manager about the takeover. When we spoke with the registered and regional managers and they acknowledged that people and staff were anxious about the takeover. They had held open door sessions giving staff the opportunity to ask and have questions answered. They also intended to send out written confirmation of the takeover to people and staff in the near future.

We received calls about the service prior to the inspection. People and staff had expressed a lack of confidence in the management. They did not feel listened to and felt that the high staff turnover was directly related to the management approach. People and staff we spoke with talked about the lack of leadership at the home. One person told us that there was a need for someone to take authority and manage the service. They said, "The staff are brilliant, they need support the same as us and I don't think they have got that". Some staff told us they felt that they were not supported in the role as the registered manager did not always respond to concerns they raised.

Staff we spoke with had different views on the opportunities to put their views forward and benefits of staff meetings. Some staff felt that issues that they had raised had been listened to and action taken. For example putting people's food and diet charts in the dining room and the purchase of glove and apron holders for outside people's rooms. Other staff said they were happy to raise issues at team meetings but felt things did not get done and they did not receive feedback. We spoke with the registered manager who said they tried to gain staff feedback through various methods. These included team meetings and the use of the staff online survey to express their views. We saw that some staff had completed the online survey. The registered manager had not yet produced an overview of their findings and actions taken. They said they would look at producing a report to feedback to staff.

The provider operated a number of audits to monitor the quality and safety of the services. These included medicine competency assessments and care plans audits. They had picked up some but not all of the concerns we had found during our visit. The registered and regional managers told us that they would take immediate action to address the issues we had raised.

The provider operated a quality assurance system to collect people's views on the quality of care. One person told us that someone went around each week and asked them how things were and encouraged them to ask any questions they may have. Another person had filled in a questionnaire. One relative said they had completed a questionnaire on the computer and in paper format. They went on to say they had attended meetings held at the home and had told the regional manager there was not enough attendees as they needed to get more information out to families. We saw that minutes of meetings included discussions around staffing and the quality of food. People told that meals had improved since concerns had been raised about the quality of them. We asked the registered manager how they communicated feedback of surveys to people, they showed us the first overview they had produced and said they would circulate this to people in due course.

The registered manager told us that the values of the home were to provide good care and ensure that people were treated with respect. They said that there was a clear management structure in place where the deputy manager or unit managers would take over the running of the home in their absence. The registered manager felt well supported by the regional managers who visited on a regular basis. The registered manager advised that they operated an on call system where staff were able to contact senior management should they require support or guidance outside office hours.

At our last inspection we found that the provider had not let us know that the registered manager had been absent from the home. At this inspection we found that the provider had ensured that they had submitted statutory notifications to us in a timely manner.

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 18 HSCA (RA) Regulations 2014 Staffing **The registered manager and provider did not ensure sufficient numbers of qualified, competent, skilled staff were deployed effectively**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The registered manager and provider did not ensure people received care and treatment that reflected their preferences.**

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.