

Coseley Systems Limited

Meadow Lodge 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?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We inspected this home on 8 and 9 April 2015. This was an unannounced inspection. Meadow Lodge Care Home provides accommodation for a maximum of up to 22 people. There were 18 people living at the home when we visited although two of the people were in hospital. Each person had a single bedroom. Bedrooms were located on ground and first floors of the home and there was a chair stair lift fitted to one of the sets of stairs to provide access for people to the first floor. Shared shower-rooms, bathrooms and toilets were located on both floors of the home.

The home had a registered manager, who was present during the visit to the home. 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.

At our previous inspection of this care home in November 2014 the provider was not meeting the requirements of the law in relation to staffing; obtaining consent from

Summary of findings

people and acting in accordance with the law in respect of deprivation of liberty; suitability of the premises and how the quality assurance of the service was being monitored. Following that inspection we met with the provider and manager to discuss our concerns. After the meeting the provider sent us an action plan to tell us the improvements they were going to make. During this inspection in April 2015 we looked to see if these improvements had been made in line with the action plan that had been produced by the provider.

We saw that some improvements had been made within the home, and other measures were planned, included the provision of some new furniture in the lounges and improvements to the garden and patio. Some issues related to infection control in the home were in need of attention. We found that the majority of the home, including communal rooms and peoples bedrooms, were cleaned regularly but we found that the management of infection control and some aspects of cleanliness was not protecting people from the risk of infection. This was not meeting the requirement of the regulations. You can see what action we have told the provider to take at the back of the full version of the report.

People living at the home and their relatives told us that the staff were kind, considerate and caring. People had regular access to a range of health care professionals which included general practitioners, district nurses, dentists, chiropodists and opticians.

People's safety and care needs were met by sufficient numbers of staff who knew how people liked to be supported and the records were mostly reflective of the level of support that people needed. Staff were trained to provide care and support and were supported to obtain qualifications to enable them to ensure that care provided was safe and appropriate.

The Mental Capacity Act 2005(MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS)

requires providers to submit applications for authority to deprive someone of their liberty The manager had ensured that referrals had been made to the authorising body (the Local Authority) in respect of people who were unable to exercise choice in respect of their ability to go out from the home safely. Whilst all staff had received training not all staff who were interviewed during the inspection were confident about how they would respond to people who were intent on exercising choice in respect of decisions which placed them at risk. Further improvements are needed to ensure that all the staff were confident about how to comply with the MCA and DoLS.

Some people told us that they were very happy at the home and were happy with the care provided. Our own observations were that people were supported by staff who were intent on making sure that people received care that met their needs in ways that they preferred. Some people preferred to stay in their own rooms and did not spend any time in communal areas of the home and we saw that staff took action to check regularly on people to ensure that they were not isolated. People who lived at the home told us that activities organised and provided met their needs although some people expressed no interest in taking part in any organised activities and preferred to watch television in their own rooms and occupy their time alone.

The systems in place to check on the quality and safety of the service had improved since our last inspection. We found the checks and audits had started to be effective at identifying issues that required improvement and this had resulted in the home running more smoothly with an improved experience for people living at the home. The current systems and plans in place to make further improvements had ensured that people who used the service and their relatives were consulted with and more involved than in the past. Staff had started to be involved in identifying aspects of the home that could be improved to better meet the needs of people living in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Arrangements and some practices in the home failed to ensure that people were fully protected from the risk of infection.

Systems were in place for the safe management and administration of medicines.

There were sufficient numbers of staff available to meet people's individual needs.

Staff were aware of the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

Requires improvement



Is the service effective?

The service was not consistently effective.

Not all staff were confident to deliver the key requirements of the Mental Capacity Act 2005 should people make decisions that placed themselves at risk.

Staff were trained to deliver care and support and received regular updates and training in essential tasks.

People were supported to have enough suitable food and drink when they wanted it and staff understood people's nutritional needs.

People were supported to maintain good health and had access to health care professionals to meet their specific needs.

Requires improvement



Is the service caring?

The service was caring.

Staff had positive caring relationships with people using the service. Staff knew the people who used the service well and knew what was important in their lives.

People had been involved in decisions about their care and support and their dignity and privacy had been promoted and respected.

Good



Is the service responsive?

The service was mostly responsive to meeting people's needs.

People had opportunity to participate in some activities of interest to them and plans to improve the garden area were in place to improve access. People were supported to spend their time in the home doing what they wanted to do.

Requires improvement



Summary of findings

People and relatives knew about the formal complaints procedure and felt confident to direct or raise any concerns with members of staff or the manager. Concerns brought to the manager's attention were dealt with but some repeated concerns were being raised.

Is the service well-led?

The service was not always well led.

There were procedures in place for the manager and owner to monitor the quality of the service provided. Whilst some of the systems and audits that were in place to monitor and improve the service were effective some were not and had failed to identify issues identified at this inspection.

People, relatives and staff said the manager and provider were approachable and available to speak with if they had any concerns.

Plans were in place to further improve the service provided.

Requires improvement



Meadow Lodge 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 unannounced inspection was undertaken over two days by three inspectors on the first day and one inspector on the second day.

We visited the home on 8 and 9 April 2015 and spoke with ten people who lived there, four of their friends and relatives, six members of staff, registered manager and the provider (owner of the care home). We also spoke with two visiting health professionals during the inspection. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us about their experience of living in the home.

Providers are required to notify us about events and incidents that happen at the service including unexpected deaths, injuries to people receiving care including safeguarding matters. We refer to these as notifications. Before our inspection we reviewed the notifications the provider had sent us and any other information we held on the service to plan what areas we were going to focus on during our inspection. We also contacted the local authority who commission services from the provider.

We observed how care and support was delivered by care staff. We looked at records including four people's care plans and medication administration records. We sampled records from staff meetings and regular meetings with people who lived at the home. We also looked at some of the provider's quality assurance records which were used to check and monitor the quality of the service being provided at the home.

Is the service safe?

Our findings

When we inspected this service in November 2015 the provider was not meeting the requirements of the law in relation to the maintenance of the premises. We asked the provider to send us an action plan outlining how they would make improvements. They told us the improvements needed in the home environment would be completed in phases with final external repairs and improvements to the garden area to be completed in June 2015.

One senior member of staff was the infection control lead in the home and although the lead staff member had ensured that all staff had up-to-date knowledge about best practice and measures to be taken in the home, some staff practice was not compliant with good infection control practice. We saw that staff had access to protective gloves and aprons to prevent the spread of infection and keep people safe. In conversation with staff they were able to outline steps and measures they had taken to protect people in the home. However, we saw that the practice did not consistently reflect what staff had said. We saw that dirty laundry was not always moved around the home in laundry containers and we saw one member of staff who had been engaged in emptying waste bins go into the kitchen without any protective clothing.

We found that some other areas and practices in the home needed to be improved to protect against the spread of infection. The toilets on the ground floor of the home were not being maintained to an acceptable standard. The ground floor toilets, which also had shower facilities, were in frequent use and we found that the standard of cleaning, décor, lighting and placement of clinical waste bins together with a lack of deep cleaning all contributed to unsatisfactory standards to protect people from risk of infection. We saw that some commode pots were left in bathrooms after they had been emptied and no specialised equipment for cleaning the commode pots was available. We saw one soiled commode pot had been left in a first floor bathroom on the floor for more than two hours and during this time the bathroom was used by people living in the home.

Visiting health professionals advised that there had been occasions when they had been concerned about infection control practice within people's bedrooms and they had raised the issues directly with staff. We were advised by the

manager and staff of measures that were being taken to manage odours in one bedroom which needed a high level of input from staff. During the visit we noticed that some wheelchairs, which were infrequently used and were in a corner of one lounge, that had not been cleaned properly. We found that the provider had not protected people against the risk from poor standards of hygiene and infection control. This is a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that improvements had been made within the home, flooring had been replaced in the lounges and some communal areas and some redecoration was underway to improve other communal areas of the home. We were advised that shortly after the inspection new chairs were to be delivered for the lounge areas to replace the old and worn furniture. We noted that the small designated smoking room was in a poor state of decoration and cleanliness. Whilst it was clear that some redecoration was planned the room had not been maintained in a fit state to use and needed some attention. One the second day of the inspection it had been cleaned and the provider advised that redecoration and refurbishment was planned for the room which was just for the use of people living in the home who wished to smoke, and not for staff or visitors.

The garden and patio area was accessible to people living in the home and we saw that two of the people accessed the areas to walk around and on occasions smoke. Part of the garden area was marked off with warning tape to prevent people accessing it, but the two people we spoke with who went into the garden were generally steady when walking and well aware of need to avoid uneven surfaces. We spoke with one person when they were in garden and they commented that "It's nice out here, I come out for a smoke when I want." The provider confirmed that the action plan to improve the surface of the patio, replace the patio furniture and dispose of any garden waste material was planned for June 2015.

Problems that had been experienced with heating when we last inspected the home had been addressed with new thermostats fitted to ensure that the temperature in the home could be properly adjusted to suit individual preferences.

Is the service safe?

People told that they felt that staff kept them safe and acted on issues brought to their attention which could place them at risk. One person said “They [the staff] look after me to keep me safe”. Another person said “I can raise any concerns and know they will take action”.

Staff received training in action to take to keep people safe from abuse. One staff member told us “The manager [name] would report it to the authorities if she saw anyone hurting someone here”. Staff expressed confidence that any issues of possible abused would be addressed and advised that in addition to the managers contact number they had access to the contact details for the local authority out of hour’s emergency duty team. Two people who lived at the home commented specifically on being able to raise issues with any of the staff and also said they would inform the manager if they had any concerns.

Risks to people who used the service had been assessed and were managed to keep people safe whilst they were being supported to make decisions for themselves. One person spoke about how they liked to go out to local shops but knew that they were at risk if they went out alone because of their health condition. They told us that they were happy with arrangements that had been put in place to provide support to keep them safe when they went out and about in the local vicinity of the home.

People told us that the staff ensured that risks related to their health conditions were acted upon promptly and medical advice sought as necessary.

There were sufficient numbers of staff on duty to meet the needs of people using the service. Each shift was led by a senior care staff member and when staff called in to notify senior staff that they could not work, arrangements were made to contact other staff to ask them to provide cover. Staff said that the sickness and absence cover arrangements worked well. All of the staff were qualified to NVQ level 2, which is a nationally recognised level of training for staff.

Medication was safely managed in the home. One person told us that their prescribed medication was always administered as necessary, “Staff make sure I get medication I need as I would not remember to take it myself”. Another person said “My medication is always given on time in the way I like to take to take”.

We saw that medication was stored in a locked medication trolley. We checked the records and stocks of medication held for four people and found that records and stocks balanced and were clear. Medication supplies were delivered every four weeks and the supplying pharmacist undertook an annual audit of the medication administration system. Senior staff administered medication to people and undertook refresher training via ‘online’ computer training. Staff told us that the manager conducted spot checks and regular audits of the medication system. We were advised that the provider intended to fit individual cupboards for each person in the room should they be needed for their stocks of medication.

Is the service effective?

Our findings

When we last inspected the home in November 2014 we found that systems in place to restrict people's movements were not understood by staff which meant that legal requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) were not being met.

At this visit we found that improvements had been made, staff had been provided with training on the MCA and DoLS. The manager had ensured that referrals had been made to the authorising body (the Local Authority) in respect of people who were unable to exercise choice in respect of their ability to go out from the home safely and deprivations to their liberty. Whilst all staff had received training not all staff who were interviewed during the inspection were confident about how they would respond to people who were intent on exercising choice in respect of decisions which placed them at risk. Further improvements were needed to ensure that all the staff are confident about how to comply with the MCA and DoLS. We saw that people were asked for their consent in respect of care and support that staff offered and people told us that this happened on a daily basis. A number of people chose to remain in their rooms at all times. People who remained in their rooms made positive comments about receiving support and assistance when they wanted.

People were supported and cared for by staff who had been trained to meet their needs. One member of staff said "I've had loads of training and updates in the last year". All staff either had NVQ level 2 training in care or were engaged in the training to achieve this level of competency. Some staff had achieved NVQ level 3 in care. Staff received regular supervision from the manager.

People were supported to eat and drink sufficient amounts to meet their needs and maintain good health. One person advised "The staff bring my meals to me and know what I like, and they make sure that I get what I have chosen." Another person said "The portions are good and I am never hungry".

We saw that the meals provided were varied with at least two choices available at each meal, although we were told that if neither choice was wanted another alternative would be provided. The selection available to people was evident in the home. Some people chose to have a cooked

breakfast and others choice cereal based breakfasts each day. Snacks and cakes were provided between meals and fruit was available in the main dining room for people to help themselves. In addition to meeting individual preferences special diets for medical reasons were routinely catered for. People said that the food served was usually of a good quality, although one person commented that the quality of meals varied when the cook was not on duty. One person who had requested culturally appropriate meals told us that the home had attempted to cook and provide meals that met their taste preferences. They said it had not been successful but they appreciated that staff had tried adding saying "They did try but just couldn't do it as I liked". The person then advised that their relatives brought them in food that they did like. Hot drinks were provided at regular times throughout each day and people were able to have cold drinks at all times. We saw that people were served fresh mugs of tea or coffee at regular intervals throughout the day.

People spoke about having the choice about where they ate their meals, either in one of the two dining rooms or in their own rooms. We noted that although condiments were available on tables in the dining rooms, meals served in bedrooms did not have condiments supplied and most people did not receive full sets of cutlery, but were served with a spoon. Tables to eat from in bedrooms were seen to be used by people for easy access to drinks and toiletries which resulted in people eating meals from trays or from plates balanced on their laps. In some instances this meant that people had only one free hand to eat their meal as they held the tray or plate with their other hand. In discussion at the conclusion of the inspection manager and the provider advised they would look into options to improve the dining experience and comfort of people eating in their own rooms.

On the first day of the inspection we noted that some of the dishes used to serve deserts were more suitable for infants or children as they were decorated with child friendly images and characters. On the second day of the inspection we were advised that the plastic dishes had been replaced with suitable crockery.

Arrangements were in place to ensure that the healthcare needs of people were addressed. People told us "The doctor or nurse is called when I am not well". The district nursing team attended some people on a daily basis. During the inspection we spoke with visiting district nurses

Is the service effective?

who advised that staff did contact them regularly and as necessary if they had concerns about individual health risks to people using the service. They advised that health care

plans to manage specific conditions or issues were adhered to by staff. Regular chiropody services were arranged for people and domiciliary dental and optician services were arranged by the home.

Is the service caring?

Our findings

We were told by people using the service that the staff were caring and very helpful. One person commented that “The staff are good at caring for me. They make sure I am happy”.

People made positive comments about the ability of staff and told us that staff encouraged them and were helpful. One person advised that staff made sure that they received care that they needed to keep them safe and well.

We saw that support provided to one person who was cared for in bed was provided in a caring and thoughtful manner and all care tasks were undertaken with kindness by staff. People had been supported to feel that their bedrooms were their own personal space and as bedrooms had been redecorated the person had been consulted with and involved in selecting the colour scheme and soft furnishings that they liked.

Staff demonstrated that they understood how people communicated their preferences in respect of everyday tasks and activities of daily living. We saw that people’s individual routines, preferences and support needs were met by staff who approached people discreetly when necessary to discuss aspects of personal care such as the need to use the toilet and other personal issues. When one person had got up well after breakfast had finished staff approached the person and made sure that they knew what the person wanted to eat and drink and ensured they received what they had chosen. One person who remained in their own room commented “They [the staff] help me to help myself as I want to keep my standards up”.

Whilst some people were resistant to being supported and refused staff support, staff responded respectfully and

accepted that this was the person’s choice. One person who was cared for in their room had been supported by staff to regain a degree of independence and had started to do regain the ability to complete some self-care tasks with only minimal support or assistance. Staff were consistent in how they described the support that the person had received and recognised that as the person had become more able to undertake some tasks they had been less agitated and frustrated. One staff commented “They [the person] sometimes refer to how they were when they first came into the home, and are pleased with themselves now”. Another person spoke about being frightened of falling and commented that staff were really helpful and provided her with reassurance and confidence when she walked assuring her that she would not fall. People who were able to maintain their own personal care without support advised that staff did not impose on them and gave them the privacy and right to make choices they wanted at all times.

The staff ensured that people were able to celebrate birthdays and other occasions and had a list of birthdays available, however the list used for this purpose was also a list that contained some confidential information that people may not have wanted to share. This issue had not been identified by staff. Care and support was provided with due regard for people’s privacy and dignity and secure storage had been provided for records that contained personal information. We found that staff had not been consistently vigilant in ensuring that confidential care records were stored properly when they had finished being used and we saw that there was a folder containing confidential information for one person that was left out on shelf in the dining room.

Is the service responsive?

Our findings

We saw that people had opportunities to engage in some activities in the home that were organised by staff but most people occupied themselves in activities such as watching television programmes, viewing films of interest on DVDs and reading newspapers. The homes had asked people about activities or hobbies they would like to participate in and had taken some steps to provide opportunities for people liked to follow their interests. Daily newspapers were available in the home and one person told us “I sometimes go out to get my own newspaper myself from the shop”. Another person told us that staff brought the newspaper in every day.

A member of staff organised a soft ball activity in one lounge with four people, encouraging them to join in whilst also encouraging conversation between the people in the lounge. People were encouraged to join in the activity and those that did appeared to enjoy it; they willingly joined in without much prompting. They smiled and responded to the staff member who was encouraging participation and when she left the room for a short while to answer the front door they joined in again when she returned to the room and resumed playing. When the soft ball games had finished drinks were served afterwards in the lounge and people had either coffee or tea; one person said “They always give us lots of tea and I have two cups every time”. Some people then remained in the lounge and sat watching television and relaxing others went to their own rooms or out in the garden to smoke cigarettes.

People told us that they could please themselves about what they wanted to do and we saw that in addition to a selection of DVDs of interest to people living in the home there was a selection of table top board games accessible in one of the lounges as well as a small selection of books. We saw staff encouraging a person to play a board game and when they advised that they could not remember how to play staff were supportive and patient as they helped them to play.

We saw that staff supported people who wanted to watch television to select a programme that they liked. When they found that there was nothing of interest on the staff member then helped two people to choose a DVD film of particular interest to them. One person told us that they could be sure that they could select what to watch on television, although they said that on a few occasions some

staff turned the television to a different programme without checking with the people watching first. This person said “When they do that I just get up and leave, I don’t say anything”.

Staff told us that activities generally were organised for people after lunch and advised that even when people were reluctant to join in they were encouraged to do something. Whilst some people did use the garden, staff said that when the garden and patio areas were improved they hoped that more people would go for a walk around the garden. Staff advised that they spent some time each day with people who remained in their rooms chatting with them and sometimes providing manicures if the people wished. People who remained in their own rooms told us that staff were good at checking them to see if they were comfortable and they told us that they enjoyed hearing about what was going on from staff. People told us that staff were attentive and supported them to follow their own interests. One person liked to spend time knitting and one member of staff had responded to a request to bring in a darning needle that the person had requested. Another person told us that the staff knew which magazines she liked to read and had ensured that she received copies regularly.

People told us that they saw the manager every day and on most days the owner was in the home and had a walk-around; one person said “He checks that everything is okay”. People told us that they could raise complaints with any member of staff and knew that they would be responded to. Relatives advised that if they had any concerns they would raise them with the manager. One person advised “If it’s just an everyday issue I would raise it with staff and know they would solve it”. One person told us “The only issue is that sometimes my clothes don’t come back from the laundry, but then staff have a good look and find them for me”. They then added that some of their clothes were always missing after being laundered. Staff said that they tried to resolve complaints themselves and if they could not they then recorded the complaints and raised them with the manager. Although complaints were being resolved at the earliest opportunity the failure to record meant that any repeated complaints were not being identified.

Is the service responsive?

Relatives said that had approached the manager direct when they had complaints and they were addressed by either the manager or the provider. The manager maintained a record of complaints that had been raised with her or the provider and how they had been addressed.

Is the service well-led?

Our findings

We last inspected this service in November 2014. At that time we found the home was not meeting the requirements of the Health and Social Care Act 2008, as the systems in place to monitor the safety and quality of the service were not effective. Following our inspection the provider submitted an action plan detailing the work they would undertake to address this and to ensure they were providing people with good quality, safe care and support. At this inspection we found the work had been undertaken and the home was now meeting most of the requirements of the law and the needs of the people living there, although further improvements were needed.

Previous inspections had identified that the management of the home was largely reactive and responded to requirements or feedback rather than being proactive to identify what needed to be done. In response to this the owner and manager had developed a wider range of quality audits and tools and were seeking support and input from external bodies to further develop systems to effectively audit and monitor the quality of service provided. The provider's audits had not identified all of the issues we identified at this inspection which was acknowledged by the manager and provider. In particular it was of concern that the issues related to some of the infection control standards and practices that could place people at risk had not been identified.

People who lived at the home and their relatives spoke positively about the manager. People knew the manager by name and told us they could approach her with any problems they had. The majority of people we spoke with told us that the manager spent time talking to them and checked on their well-being.

Staff we spoke with described a change in culture within the home. Staff told us that they attended regular staff meetings and were given the opportunity to contribute to the development of the service. Staff were aware of plans to further improve the service provided and expressed confidence in being able to raise issues. They advised that the report from the previous inspection had been shared by the manager and discussed with staff. Staff spoke about improvements that had been introduced. Most staff told us they felt confident to approach the manager and to raise ideas and concerns. Their feedback included, "The manager is approachable. I can talk to them about anything," and another staff member said "I think the manager and owner are listening. I feel I can speak to them. I feel that they deal with things quickly."

The involvement of relatives in the home was limited to visits and updates from the manager. The provider shared with us ways in which they were intending to improve involvement of relatives in the home. The plans included developing regular newsletters and offering them regular opportunities to make suggestions and join in social events. Relatives said that they felt they could speak with the manager at any time if they had concerns.

Both the manager and the provider had ensured that they were aware of their responsibilities under the Health and Social Care Act 2014 and recent changes in legislation. They had ensured that they knew about new regulations that had been introduced and confirmed that they used on-line services regularly to keep up to date. This included being aware of the implications of the new regulation regarding the duty of candour so that they could act in accordance with current legislation if something went wrong. The home had few links to any external organisations or groups to help them keep up to date with wider developments in the field of providing good quality care.

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	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>People who use services and others were not protected against the risks associated poor standards of hygiene and infection control. Regulation 15 (1) (a) (c) (2).</p>