Care Quality Commission

Meadow Grange Nursing Home Limited

Meadow Grange

Inspection report

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Derbyshire
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Date of inspection visit: 2 October 2015
Date of publication: 04/12/2015

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?	Good

Overall summary

This inspection was unannounced and took place on the 2 October 2015. .

Meadow Grange Care Home provides personal care for up to 60 older adults, which may include some people living with dementia. There was a registered manager at this service. 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 last inspection in May 2013 the provider's systems and arrangements did not fully protect people from the risks of unsafe or ineffective care and treatment. This included their arrangements for infection control and prevention; ensuring appropriate consent or authorisation for people's care and checking the quality

Summary of findings

and safety of people's care. These were respective breaches of Regulations 12, 18 and 10 of the Health and Social Care Act (Regulated Activities) Regulations 2010. Following that inspection, the provider told us what action they were going to take. At this inspection we found that the improvements were made.

People felt safe in the home, which was kept clean and well maintained. The provider's arrangements to prevent and control infection in the home met with recognised guidance for this, which staff understood and followed.

Staff followed the Mental Capacity Act 2005 (MCA) to obtain people's consent or appropriate authorisation for their care. Staff understood and provided care in people's best interests when required. Measures to improve record keeping for this were being introduced which helped to mitigate the risk of people receiving in appropriate care.

The provider's arrangements for staff recruitment and deployment and for managing known risks to people's safety, helped to make sure that people were protected from harm and abuse. This included risks associated with their health conditions and medicines.

People's health and nutritional needs were being met in a way that met People were supported to access external health and social care professionals when they needed to and staff followed their instructions for people's care when required.

Many people spoke highly of the care they received from staff who were provided with the training, support and supervision they needed.

People had good relationships with staff that were kind and caring. Staff treated people with respect and promoted their rights and choices in care. People and their relatives were informed and involved in the care provided and made welcome in the home.

People were appropriately consulted and happy with their care. They were confident to raise any concerns or complaints, which were listened to and addressed by the service.

People were actively encouraged and supported to engage in home and community life; to participate in a range of social, leisure, spiritual and recreational activities and be as independent as they could be. People were positive about their daily living arrangements, which were flexibly planned to suit their needs and choices.

Staff were observant of people's needs and they responded promptly when people needed them. People's views about their care and daily living experiences were routinely sought and used to make improvements when required.

The home was well managed and run and people, relatives and staff were confident about this. Systems were in place to inform the quality and safety of people's care and improvements were made when needed. This helped to make sure that people received safe and effective care. Further improvements were assured in relation to record keeping.

Staff understood their roles and responsibilities and they were encouraged and motivated to make improvements when needed. They were appropriately supported to share their views and concerns and report any changes about people's care. The provider met their responsibilities to inform us about important events that occurred at the service when they needed to.

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.

People lived in a clean, well maintained home where they felt safe.

The provider's arrangements for people's care helped to protect people from harm and abuse and the risk of infection.

Good

Is the service effective?
The service was effective

Staff followed the Mental Capacity Act 2005 to obtain people's consent or appropriate authorisation for their care when required. Staff received the training and supervision they needed to provide people's care.

People's health and nutritional needs were met in consultation with external health professionals when required.

Good

Is the service caring?
The service was caring.

People were satisfied with their care and had good relationships with staff that were kind and caring and treated them with respect. People's relatives were made welcome and kept appropriately informed and involved in people's care.

Staff promoted people's dignity and rights and they consulted with people and supported their care and daily living choices.

Good

Is the service responsive?
The service was responsive.

People's diverse needs and choices were recognised and taken account of when they received care. People were supported to follow their interests and hobbies and to engage and participate in home and community life as they chose.

Staff were observant and supported people promptly when they needed assistance.

People were confident and supported to raise concerns and complaints or suggest improvements about their care, which were appropriately responded to and addressed by the service

Good

Is the service well-led?
The service was well led.

The service was well managed and run. The provider arrangements assured the quality and safety of people's care and informed improvements when required.

Staff understood their roles and responsibilities and they were encouraged and motivated to make improvements when needed.

Good

Meadow Grange

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.

We visited the home on 2 October 2015. Our visit was unannounced and the inspection team consisted of two inspectors, a shadowing inspector and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before this inspection we looked at all of the key information we held about the service. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law.

During our inspection we spoke with 12 people who lived at the home, four relatives and two visiting health professionals. We spoke with five care staff including a senior and the deputy manager, a cook, an activities co-ordinator and the registered manager. We also spoke with the provider. We observed how staff provided people's care and support in communal areas and we looked at six people's care records and other records relating to how the home was managed. For example, medicines records, meeting minutes and checks of quality and safety.

As some people were living with dementia at Meadow Grange Care Home, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

Good

Is the service safe?

Our findings

At our last inspection in May 2013 the provider's arrangements for the prevention and control of infection did not fully protect people from the risk of infection because recognised guidance was not being followed. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2010. Following that inspection, the provider told us what action they were going to take to rectify the breach and at this inspection we found that improvements had been made.

We observed that the home was clean and well maintained. Staff understood their roles and responsibilities for the prevention and control of infection and hygiene in the home. They were provided with the equipment, guidance and training they needed and followed this. For example, for the appropriate storage and transportation of waste and laundry. The registered manager regularly checked their arrangements for the prevention and control of infection and cleanliness in the home.

People said they felt safe at Meadow Grange. People's relatives said they had no concerns about people's safety and confirmed they had never seen anything that would worry them. One person told us, "Yes, I feel safe here and they are very good on security." Another person' said, "I feel safe; when I first came to live here staff went over and above to make me feel safe and welcome."

Information was provided to inform people of their rights and how to keep safe. This included information about what to do if they witnessed or suspected abuse of any person receiving care at the home. One person said, "Staff are lovely, they have never mistreated me." Staff knew how to recognise and report abuse and they were provided with regular training and appropriate procedures to follow in any event. Since our last inspection, the registered manager had notified us of any alleged or suspected abuse of a person using the service and the action they were taking to protect people when required. This helped to protect people from the risk of harm and abuse.

People's care plan records showed that potential or known risks to their safety and welfare were assessed and identified before they received care. This included risks to people from their environment or associated with their health needs. For example, risks of developing skin sores.

Care plans also showed how those risks were being managed and they were mostly regularly reviewed. For example, risks form falls, pressure sores, poor nutrition and risks relating to people's mobility needs. Management checks of these were regularly undertaken and used to inform people's care and also staff deployment arrangements in the home. As a result, record keeping improvements had commenced in relation to people's risk assessments and related care plan reviews. Minutes of a recent staff meeting showed this had been discussed with staff. This helped to ensure that identified risks to people were safely managed.

Staff understood identified risks to people's safety and the care actions required for their mitigation. For example, we observed that staff supported people who required assistance to mobilise or eat and drink safely. This was done in a way, which met people's risk assessed needs and helped to make sure they received safe care and treatment.

People's medicines were safely managed and people received their medicines when they needed them. We observed staff responsible, giving people their medicines safely and in a way that met with recognised practice. Records kept of medicines received into the home and given to people showed that they received their medicines in a safe and consistent way.

Staff responsible for people's medicines told us they were provided with relevant training and information to support their role. This included an assessment of their individual competency and periodic training updates. Staff training records, the provider's medicines policy and related guidance supported this and helped to make sure that people's medicines were safely managed.

Most people and relatives we spoke with felt that staffing levels were sufficient for people's needs to be met. Three people told us there were 'odd times' when they felt the home had been short staffed. They said this had resulted in them having to wait longer than usual for assistance. We discussed this with the registered manager, who told us their staff planning arrangements took account of people's needs and staff absence and recruitment requirements. All of the staff we spoke with felt there were enough staff and said that shortages were 'very rare.' One of them told us, "If there's staff absence at short notice, they do their best to get people in to cover; they are very good here." In relation to this, another staff member said, "We have relief staff' they are usually able to fill in."

Good

Is the service safe?

Throughout our inspection we observed there were sufficient and visible staff who provided people with timely assistance when they needed it. Recognised recruitment procedures were followed to check that staff, were fit to work in the home before they commenced their employment. This helped to make sure that staffing arrangements were safe and sufficient to meet people's needs.

Emergency plans were in place for staff to follow in the event of any emergency in the home. For example in the event of a fire alarm; and routine fire safety checks were undertaken and recorded. The registered manager showed us a report from Derbyshire Fire and Rescue Service following their last fire safety checks at the service in March 2015. This showed satisfactory fire safety arrangements.

Good

Is the service effective?

Our findings

At our last inspection people were not always protected from receiving care without appropriate consent or authorisation because the Mental Capacity Act 2005 (MCA) was not always being followed. Following our inspection the provider told us about the action they were going to take to address this. At this inspection we found that improvements had been made.

Staff had received training about the MCA. Staff told us some people whose freedom they were restricting in a way that was necessary to keep them safe, because there was no other way of looking after them. We saw that formal Deprivation of Liberty (DoLS) applications were either authorised by or had been submitted to the local authority responsible for this. DoLS are part of the MCA. They and aim to make sure that people are looked after safely in a way that does not inappropriately restrict their freedom.

Some people's care records showed they were not always able to make important decisions about their care and treatment because of their health needs. Staff, understood and were able to describe people's care requirements associated with their best interests. However, some people's records did not always show how decisions about their care were being made in their best interests.' The registered manager explained that a revised assessment and care planning approach was being introduced to address this. They showed us some people's care plans, which had been revised in this way. This included appropriate mental capacity assessments (known as Stage Two assessments) and the type of care and support that staff needed to provide in people's best interests when required. This helped to mitigate the risk of people from receiving inappropriate care.

Records showed that two people had made advanced decisions about their care and treatment in the event of their sudden collapse or serious illness, which staff understood. Staff told us that some people had appointed relatives who were legally authorised to make specified decision on their behalf, such as decisions about their finances. Records to show this, were retained alongside people's care plans to inform staff. This helped to make sure that related decisions were appropriately made when required.

People spoke well of staff and the way their care was provided. One person said, "I like living here, staff look after us well." People's relatives said that staff understood them and acted on their needs. One person's relative told us, "I'm completely confident they are well looked after." Many described the care as being "very good," and all felt their needs were being well met.

People told us that staff supported them to see their own GP and other health professionals when they needed to. This included the arrangements for people's routine and specialist health-screening such as optical care or diabetic health screening. People's care plan records reflected this and showed that staff followed relevant instructions from external health professionals when required. For example, in relation to people's nutritional needs and particular dietary requirements.

People's care plan records showed their health conditions and related care needs. Improvements were being made to the home's care planning format, to provide additional general information for staff about people's health conditions and how they may affect them.

People received a balanced and varied diet, which met their health needs and choices.

Everyone we spoke with praised the quality and choice of meals and drinks and said there was always plenty. One person said, "The choices are excellent, I really enjoy my meals." Another person told us, "The food is really good; I now try a lot of different food – it's not repetitive." Ninety one per cent of people recently surveyed by the provider said that the catering service at the home was either good or excellent. Nine per cent said the catering service was satisfactory.

People said they were consulted at least once a day about their meal choices. Food menus offered seasonal produce and were regularly reviewed with people. At lunchtime, we observed a busy, sociable and relaxed atmosphere in the main dining room and people enjoying their meals. A choice of drinks offered included, water, wine and juices with the meal and teas, coffees and mints afterwards. Staff knew people's food preferences and served different combinations of food to people for their main meal. Food menus provided several choices at each meal, including main and lighter meals and a hot and cold alternative.

Staff supported people who had difficulties eating and drinking relating to their health conditions. We observed

Good

Is the service effective?

that staff served different types and consistencies of food to people, which met with their dietary requirements. Staff also provided people with a choice of drinks and snacks, which were offered at regular intervals and available throughout the day.

Staff told us they received the training, support and supervision they needed to provide people's care. Records reflected this and showed that staff, were supported to achieve a recognised vocational care qualification. They also showed that staff received regular training updates when required.

Good

Is the service caring?

Our findings

People and their relatives were happy with the care provided and all spoke highly of staff, who they described as, "Excellent;" "Caring" and "Approachable." We received many positive comments. One person told us, "Staff are lovely; it's 100% here." Another person's relative said, "Staff are welcoming and caring; they have a fantastic relationship with mum and they know her likes and dislikes."

People and their relatives felt they had good relationships with staff who kept them appropriately informed and involved in home life and people's care. One person told us that staffs' reassurance and caring manner had particularly helped them to settle and feel they belonged in the home, when they first came to live there. Everyone we spoke with felt they were given the opportunity to be fully involved in their care planning and their day to day care and felt that staff kept them well updated.

Minutes of recent meetings held with people and their relatives showed that the registered manager sometimes discussed people's rights with them. For example, in relation to agreeing their care plans with them and for obtaining their consent or appropriate authorisation for their care before this was provided. This showed that people were and their relatives were informed and involved in care planning.

People told us that staff treated them with respect and supported their rights to dignity, privacy, choice and independence. One person said, "I'm very happy here; Staff are respectful and they respect my privacy."

Throughout our inspection we observed that interactions between people, visitors and care staff were warm and good natured. One person commented to us, "It's very friendly here, I feel as though I have known everyone for years."

We saw that staff spent time with people and supported them to make choices about their care, such as where and how to spend their time and what and where to eat and drink. We also saw that when staff supported people with their care, they were respectful and patient in their approach. For example, supporting people to make daily living choices or to mobilise.

We saw that people were given information about the service, which informed them of their rights and the provider's expectations of staff in relation to promoting these. Staff told us they received training in relation to this, which included equality and diversity and promoting people's human rights and their dignity in care. All of the staff we spoke with understood the provider's aims and values for people's care. This helped them to ensure people's rights, including their privacy and dignity. They gave us examples of how they promoted this. One staff member said, "We try to make it as near to their home life as we can and respect people's dignity, privacy and choices." Another said, "It's about providing good quality care; the sort that treats people as individuals; It's about knowing who people are." Other examples staff gave included, "Making sure toilet doors and curtains were closed properly'" and "Taking time to explain to people what you are going to do before you provide care."

Staff felt it was important to do the best they could for people; to help people to feel they belonged and to support them to be as independent as they could be." Staff described ways in which they promoted this. Some of their comments included, "We support people and encourage them to do as much as they are able, such as walk short distances;" and "We ask people to make choices about their food, daily activities and their gender preferences of staff for their intimate personal care.

This showed that people were treated with kindness and compassion and that staff promoted people's inclusion and their rights to dignity, choice and respect.

The provider had recently asked people for their views about their care by way of a questionnaire type survey. The results showed that people felt their care was either excellent or good. This was supported by many positive comments. One person said, "All of the staff; care, cleaners, laundry and kitchen, know our names and always have time to make conversation."

Good

Is the service responsive?

Our findings

People were supported to follow their interests and hobbies and to engage and participate in home and community life as they chose.

People said that staff supported their preferred daily living routines, lifestyle preferences and choices in consultation with them. People's care plan records and meeting minutes showed they were regularly consulted and involved in agreeing their care and daily living arrangements. One person said, "There's plenty to do here if you want to; I enjoy the trips out and to visit my old haunts." Another person told us, "I really enjoy the gardening activity; it's nice."

Everyone we spoke with described flexible routines to suit their needs and preferences. We received many positive comments about this. One person said of staff, "They know my routine; I press my buzzer and they take me to breakfast." Another person told us, "They know I prefer a female staff member for my personal care and adhere to it.

Information was displayed about forthcoming planned activities, entertainments and trips out, together with daily activities that were routinely provided. This showed that people's religious beliefs were catered for and people were supported to engage in a wide variety of activities that regularly took place both within and outside the home. For example, bell ringing, crafts, quizzes, singing, cultural activities and gardening. The arrangements for these were flexibly planned to encourage, support and stimulate people in a way that met their assessed needs and choices.

We saw that a number of adaptations and arrangements had been made or were planned to support people and promote their independence. This included support for people's physical and emotional health and their dexterity and cognitive needs. For example, specialist art groups were brought in for particular projects, to enable people who may be living with a physical or cognitive disability, to participate. Framed examples of people's artwork from this were displayed together with photographs of people participating in a range of social recreational and leisure activities, seasonal and cultural celebrations and trips out.

One of two care staff employed as dedicated activities co-ordinators, told us about training they were undertaking to introduce recognised chair based physical exercises for people with mobility difficulties. There were also plans to measure the benefits from this by assessing any related improvements in people's health in consultation with the training provider.

Two people told us they often liked to spend time in quieter areas of the home, such as the conservatory or the library room, which provided a large range of books and comfortable seating. The registered manager showed us the provider's plans and an agreed work tender for a large fully accessible garden greenhouse with all necessary adaptations and to meet people's needs.

During our inspection we found that staff, were observant of people's needs. For example, staff noticed one person was uncomfortable in their easy chair. They promptly made the person more comfortable and fetched them their blanket and placed this over their legs in the way they preferred. Another person had difficulty finding their way to the dining room and staff promptly supported them to do so. However, some people were living with dementia at the service and we saw that the environmental aids were not always sufficient to promote or support their orientation. We discussed this with the registered manager and they agreed to take the required action to address this.

People and their relatives said their views were often sought about the care provided and suggestions for improvements were listened to and acted on. Examples they gave us included, fund raising for a mini bus, provision for people and their relatives to make their own drinks safely when they needed to and mealtime improvements.

The provider had recently surveyed people about their care and daily living arrangements. The results found that people felt some improvements were needed at mealtimes. Minutes of meetings subsequently held with people showed they were consulted further about this and pleased that improvements were being made in response to some of the suggestions they had made. This included providing a choice of menu starters and wine with the main meal and also coffee and mints afterwards, which we saw during our inspection. However, people felt further improvements were needed in relation to the organisation and timeliness of meals being served. We discussed this with the registered manager and found that they had agreed to determine specified timing procedures for staff to follow and to review progress with people following implementation. This showed they were taking action to address the improvements needed.

Good

Is the service responsive?

The provider's complaints procedure was visibly displayed. People and their relatives knew how to raise concerns or make a complaint and said they felt comfortable to do so if the need arose. All said they were comfortable to discuss any day to day issues with staff, which they felt were resolved without the need to make a complaint. Staff knew how to handle complaints and felt it important to encourage people to voice any concerns they may have. One care staff said, "People often don't like to complain, but we tell them it's important so that we can learn and improve from them." The provider's records showed that two complaints had been made during the last 12 months, which were thoroughly investigated, recorded and responded to.

This showed people's views about their care and daily living experiences were routinely sought and used by the provider to make improvements when required.

Good

Is the service well-led?

Our findings

At our last inspection the provider did not have wholly effective systems to regularly assess and monitor the quality of services provided. This was because they did not fully account for complaints, fire safety and record keeping. This was a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2010. Following that inspection, the provider told us what action they were going to take to rectify the breach and at this inspection we found that improvements had made.

The registered manager described comprehensive arrangements for checking the quality and safety of people's care and records showed this. For example, checks relating to people's health status and consent arrangements for their care and checks of people's medicines and safety needs. They also included checks of the environment, equipment and the arrangements for the prevention and control of infection and cleanliness in the home. Checks of accidents, incidents and complaints were monitored and analysed to help to identify any trends or patterns and used to inform any changes that may be needed to improve people's care.

Since our last inspection some improvements had been made to the quality and safety of people's care. This included the arrangements for obtaining people's consent or appropriate authorisation for the care and for the prevention and control of infection and arrangements for fire safety and complaints handling. Further improvements were planned and in progress in relation to record keeping. Other improvements were made or in progress as a result of people's feedback about their daily living arrangements and meals.

People, relatives and staff were confident about the management and running of the home. Some commented about improvements, which had been made during the previous 18 months in relation to people's care arrangements and since the appointment of the registered manager. One person commented, "The home has improved considerably over the past two years."

A few people commented that they felt the manager was not always as visible to them as they would like. However, our findings at the inspection did not support this. Overall, people and their relatives knew staff and their designated roles. Recent results from the provider's periodic survey with people about their care showed that 89 per cent of people found management to be excellent or good. Eleven per cent found this to be satisfactory. The results were based on questions about the availability and responsiveness of the manager.

There were clear arrangements in place for the management and day to day running of the home and external management support was also provided. The provider's nominated external management lead regularly visited the home to check the quality and safety of people's care and they were present for part of our inspection.

Staff described the registered manager as "visible" and "fair" and said they were well supported. They also said they were regularly asked for their views about people's care and instructed about any changes that were needed in staff group and one to one meetings, which records showed.

Staff understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. They understood how to raise concerns or communicate any changes in people's needs. For example, reporting accidents, incidents and safeguarding concerns. The provider's procedures, which included a whistle blowing procedure, helped them to do this. Whistle blowing is formally known as making a disclosure in the public interest. This supported and informed staff about their rights and how to raise serious concerns about people's care if they needed to.

The provider had sent us written notifications telling us about important events that had occurred in the service when required.