Accord Housing Association Limited

Meadowyrthe

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Meadowyrthe on 23 February and it was unannounced. Meadowyrthe provides residential care for up to 41 older people living with dementia; 31 places are for permanent residents and 10 are for respite accommodation. There were 38 people living at the service when we visited. The service had a registered manager. 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.

Meadowyrthe was last inspected in February 2016 and we judged that it required improvement. At this inspection we saw that improvements had been made in most areas. Improvements were still needed because people did not always have enough social stimulation to assist them to engage in activities and interests. The provider was implementing a personalised approach to supporting people but this had not been fully embedded. Some of the records which help to ensure that people received care which met their preferences and needs were not always up to date or clear for staff. There were enough staff to meet people's needs safely but not always to spend time supporting them socially in some areas of the home.

There were systems in place to drive quality improvement which included regular audits, developing the staff team and working closely with relatives. There was a complaints procedure in place and they were responded to in line with it, although the manager recognised that the responses could be more informative at times.

People were protected from harm because risk was assessed and actions were put in place to assist people to be safe. Staff received training and support to enable them to fulfil their role effectively and were encouraged to develop their skills. They understood their responsibilities to detect and report abuse. Medicines were managed to ensure that people had them when they should and that the risks associated with them were controlled.

Staff had caring relationships with the people they supported which were respectful and patient. They knew people well and provided care that met their preferences and they ensured that they could make choices. People's independence was encouraged and their privacy and dignity were maintained at all times.

Staff ensured that people consented to their care and that if they were unable to do this, then appropriate capacity assessments were made and decisions were made in their best interest. Mealtimes were planned to ensure that they were a pleasant experience for people and they were given a choice of meal. We saw that food and drink was regularly provided and records were maintained for people who were nutritionally at risk. People were supported to maintain good health and had regular access to healthcare professionals.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
People were supported to take their medicines safely and there were systems in place to store them securely. Staff knew how to keep people safe from harm and how to report any concerns that they had. There were sufficient staff to ensure that people were supported safely. Risks to people's health and wellbeing were assessed and plans to manage them were followed. Safe recruitment procedures had been followed when employing new staff.

Is the service effective?

Good

The service was effective.
Staff received training to enable them to work with people effectively. They understood how to support people to make decisions about their care and if they did not have capacity to do this then assessments were completed to ensure decisions were made in the person's best interest. People were supported to maintain a balanced diet and to access healthcare when required.

Is the service caring?

Good

The service was caring
Staff developed caring, respectful relationships with the people they supported. They were supported to make choices about their care. Their privacy and dignity were respected and upheld. Relatives and friends were welcomed to visit freely.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.
People were not always supported to pursue interests or have social stimulation. Care plans were not always up to date or detailed enough to ensure that care was planned to meet people's preferences. Complaints were responded to within the procedure although the responses were not always detailed enough.

Is the service well-led?

Good

The service was well led.

There were plans in place to develop and improve the service. Staff and people were informed and consulted on the plans. There were systems in place to drive quality improvement and regular checks took place. The staff team felt well supported by the manager and confident that they were listened to.

Meadowyrthe

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 visit took place on the 23 February 2017 and was unannounced. It was carried out by two inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who used a health and social care service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to inform our plan and assist us to make our judgement.

We used a range of different methods to help us understand people's experiences. We spoke with five people who lived at the home about their care and support and to the relatives of four other people to gain their views. Some people were less able to express their views and so we observed the care that they received in communal areas. We spoke with nine care staff, the registered manager and a visiting health professional. One further healthcare professional gave us feedback after the inspection visit. We looked at care records for fourteen people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Good

Is the service safe?

Our findings

At our last inspection we saw that risk to people's health and wellbeing was not always assessed and actions were not always agreed to reduce risk. At this inspection we saw that improvements had been made. When people were supported to move we saw that this was completed in line with their risk assessments; for example, some people required the support of two staff and others used equipment. One relative we spoke with said, "I have seen the carers use the hoist and they do this gently avoiding discomfort to people". Some people required support from staff to manage their behaviour when they were upset or anxious. Staff we spoke with understood their needs and described how they would assist the person to become calm. We saw that when one person was distressed staff supported them as they had described and the reassurance that they gave the person assisted them to be less anxious.

Some people were supported to manage their skin so that it didn't become sore; for example, some were assisted to use pressure relieving equipment when they were sat in communal areas. Other people were supported to move regularly to ensure that they didn't develop any pressure areas. When we looked at people's records we saw that the risk had been assessed and that guidance had been sought from healthcare professionals who had expertise in this area.

Staff we spoke with told us that a daily record sheet, which gave a very brief overview of each person's risks, helped them to support people safely. One member of staff told us, "It is a useful guide especially if you don't usually work in this area because you can refer to them and know how to support people". This showed us that risks to people's health and wellbeing were managed and that staff understood their responsibilities.

At our last inspection we saw that there were not always enough staff to meet people's needs. At this inspection we saw that improvements had been made. In the PIR the provider told us, 'Recently we have moved to a household model of working which means that we have moved away from all customers living across two households to smaller households'. We saw that people were in one of four households and had staff assigned to support them in each one. When people asked for assistance staff were available to support them. In one household some people required support from two staff and on these occasions they were able to get additional assistance from other staff to ensure that there was still someone to support people in the communal area.

One relative we spoke with said, "There are always staff around when we visit and they have time to sit with my relative and offer them comfort". Other relatives we spoke with told us that there had been times previously when there were not enough staff. The manager said, "Some staff have left and we have used agency staff. We have tried to always use regular agency staff so that they know people's needs and we have recently recruited so that we will soon have a full staff team". Staff told us that they thought that the new approach of households worked well for people. One member of staff said, "I love it because it means we get to know people better and they seem happier too". However, they also said that the needs of people in some households was higher than in others. One member of staff said, "There is always someone around to help so it is ok but I think it needs to be reviewed often as people's needs change". When we spoke with the

manager they said, "We think that the new approach is working well and we will be reviewing people's needs on an individual level in each household to check that we have the mix right and to ensure that there are enough staff". This showed us that the provider had ensured that sufficient staff were deployed to meet people's needs. They were continuing to develop a new way of working which would ensure that staffing levels were reviewed as people's needs changed.

The provider followed recruitment procedures to ensure that staff were safe to work with people who used the service. One member of staff said, "I called to ask about a job and then completed an application form and had an interview. It took a while to start because they did police checks and took two references". Records that we reviewed confirmed that these checks had been made.

People were kept safe by staff who understood how to recognise and report suspected abuse. People we spoke with told us that they felt safe. One person said, "I feel safe, because there is always someone around to look after me". A relative we spoke with said, "I feel that my relative is definitely safe her". Staff we spoke with knew what signs of abuse could look like and told us how they would manage any concerns that they had. One member of staff said, "It is about protecting people from harm and if I had any concerns I would report them to the senior straight away". I would report to my managers and then I would go higher or to the local authority if I needed to". We saw that there were posters on the walls in communal areas which detailed the local contacts to report safeguarding concerns.

We reviewed safeguarding concerns that had been reported and saw that actions had been put in place to protect people from further harm. When we spoke with staff and the manager they said that the new household approach had reduced the number of incidents that occurred between people living at the home. The manager said, "We reviewed safeguarding concerns and other records and thought that some of the incidents happened when people came to stay on respite. They may be disorientated and could sometimes disrupt other people's routines". We saw that this was evidenced in records which showed what actions had been taken. This showed us that the provider reviewed safeguarding concerns to ensure that people were protected.

People were protected from the risks associated with medicines. One person told us, "I am given medication on a regular basis, they never forget to give it to me and they make sure that there are none left in the room". We saw that medicines were administered to meet people's needs. For example, arrangements had been made for one person to receive their medicine in liquid form to assist them to swallow it. Some people were receiving their medicine covertly, this means without their knowledge. Medicines can be given covertly if the person does not understand that they are essential to maintain their health and wellbeing. We saw that their capacity to make this decision had been assessed and that the decision to administer their medicines in this way was made in their best interest with guidance from relevant healthcare professionals. We observed that some people were asked if they required any additional medicine; for example, for pain relief. When people did have medicines prescribed to take when required we saw that there was guidance in place to assist staff to know when they should be given. Staff had received training to safely administer medicines and competency checks were carried out to ensure that they had the necessary skills. We saw that records were kept and that medicines were stored in locked trolleys and managed safely to reduce the risks associated with them.

Good

Is the service effective?

Our findings

At our last inspection we found that staff did not always have the training they required to support people well. At this inspection we saw that improvements had been made and people were well supported by staff who had the skills and understanding to fulfil their roles effectively. One person said, ""The staff know what they are doing when they are looking after me". A relative we spoke with said, "The staff are fabulous. They are good at their jobs and compassionate".

Staff told us that they had the training and support that they needed to enable them to do their job. One member of staff said, "We have had loads of training since last year". Another member of staff told us, "We have training in everything. We do the essentials and then do some things in more detail. We did dementia and that gave me a better understanding; for example, we have tried some people with dolls and teddy's and they get a lot of comfort from that". A healthcare professional we spoke with said, "We have done a lot of education with the staff around physical health, such as infection and pain and how these can impact on people's mental health. This appears to be working well because now as soon as the staff see that there is an issue they make a referral". This showed us that the provider had ensured that staff received the training they needed, including from people who had expertise when there was an identified need in staff skills.

One member of staff described their induction. They said, "I did some shadow shifts so that I could learn about people with experienced staff. I then completed the care certificate and this included having observations of me supporting people to check I was doing it right." The Care Certificate is a national approach to meeting induction standards in social care. Staff we spoke with also described how their competency was checked on a regular basis by senior staff. The manager said, "We observe staff every couple of months and check that they are meeting people's care needs safely and with dignity. If there have been any errors, for example, with medicines we will review this in supervision and increase the number of competency checks until we are sure that the member of staff understands how to avoid making the mistake again". This showed us that staff were provided with training and support so that they could meet people's needs.

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 looked to see if the provider was working within the principles of MCA. We saw and people told us that they were asked before care was provided and given the opportunity to consent to it when possible. One person told us, "The staff treat me with respect, they always ask me if it is ok before assisting me with care". Staff we spoke with understood about people's capacity to make decisions for themselves and could describe how they supported them to do so. One relative we spoke with said, "I have legal authority to make

some decisions for my relative and we discussed this when they first moved here. While my relative is able to make decisions for themselves though I want them to do that. The staff understand this and encourage my relative to make decisions".

We saw that, when needed, people had mental capacity assessments in place which described what decisions they were able to make and where they needed support. For example, we saw that people had capacity assessments around finances, taking medicines and receiving personal care. When they did not have capacity to make decisions then these were made in their best interest with guidance from healthcare professionals and in consultation with people who were important to them. The staff had identified where people may have restrictions placed upon them and we saw that some DoLS authorisations had been granted to legally restrict people's liberty in order to maintain their safety. One person had conditions on their DoLS and staff understood and adhered to this to ensure that it was legally binding. Further applications had been made and were awaiting assessment. This showed us that the provider was working within the principles of the MCA and staff understood how to support people in line with it.

People had good meals and were offered a choice. One person said, "The food is good here; we have a choice at breakfast and at lunch we are again given a choice". Each of the households had a hot trolley so that meals could be individually plated and also kept warm if some people were delayed. Some people needed assistance to eat or drink and staff did it in a patient, respectful manner and continued to encourage people to do as much for themselves as they could. One relative told us, "The carers have time with the residents when assisting them to eat; it is good to see and it seems to come natural for them to do. I see this every day when I come in". We saw that specialist diets were prepared to meet assessed need and that records of food and fluid taken were maintained for some people who were nutritionally at risk. One member of staff said, "We noticed that one person didn't eat well yesterday and so I have implemented recording sheets so that we can monitor them more closely". This meant that the provider ensured that people had enough to eat and drink and maintained a balanced diet.

People had their healthcare needs met. We saw that when concerns were raised about people's wellbeing referrals were made to healthcare professionals. One healthcare professional told us, "They call if they are worried about anything and they know people well. The staff follow any plans we put in place". One person we spoke with said, "I go to my own doctor and my own optician, but they also offer me a chiropodist here". Records that we reviewed showed that people's healthcare was monitored and reviewed. This meant that people were supported to maintain good health and to access healthcare services.

Good

Is the service caring?

Our findings

At our last inspection we found that people were not always treated with respect. At this inspection we saw that the staff were caring and developed respectful, warm relationships with people. One person we spoke with said, "The staff are all lovely and kind". A relative told us, "The staff here are very caring". We observed warm relationships where staff knew people well and chatted freely with them. When people were less able to communicate verbally staff sat with them and spoke gently, encouraging and comforting people. For example, we saw that when one person was distressed staff sat with them and held their hand. One person said, "When I was unwell and could not sleep one of the carers sat with me and didn't leave until I felt better". One member of staff said, "I love working here and all of the staff really care about people".

People were involved in making choices about their care. One person said, "The staff here listen to me and give me what I need". Another person said, "I choose what time I get up and what time I go to bed. If I can't sleep, the carer would offer me a hot drink". A third person said, "I choose what I want to wear with the assistance of carers". We observed that people were given a choice about every decision. For example, we saw that one person was asked if they would like to try to have their drink from a different cup. The staff member explained that the cup was adapted so that it was easier to use. The person replied that they wanted to drink out of a normal china cup and the staff member said that was fine and that they would assist them with it.

We saw that people's dignity was promoted and they were treated with respect. People and their relatives told us that privacy was respected. One person said, "The staff always knock before entering my room". If people needed assistance with personal care we saw that this was completed discreetly and respected the person's privacy. Staff told us how they had celebrated Dignity Day and how people had enjoyed it. The manager said, "We have a nominated dignity champion but dignity is really everybody's responsibility".

Important relationships were encouraged and people's relatives were welcomed when they visited. One person said, "Our visitors are made welcome and can visit at anytime". Another person said, "I have a mobile phone so that I can keep in touch with friends and relatives". A relative told us, "The staff are on first name terms with all of the relatives. They keep us informed about how our relative has been".
People were supported to maintain their independence. One person said, "The carers support me to be independent by letting me do some washing up sometimes and I take my bath on my own; but they will stay outside the door in case I need them". Another person said, "I do most of my personal care but the carer's help to wash where I can't reach". When we spoke with the manager they said, "We pay particular attention to people's routines who come for short term respite care because we don't want to de-skill them. We want them to be able to return home if that is best for them". This showed us that the provider considered how to assist people to be independent.

Requires Improvement

Is the service responsive?

Our findings

People were not always encouraged to pursue interests and hobbies. One person said, "There is not much activities going on here but I do join in on occasions". We saw that on some households staff were able to spend time with people and provide some personalised care; for example, painting someone's nails or reading the paper with another person. On other households the needs of people meant that staff were often busy attending to their support and had less time to focus on social stimulation. One member of staff we spoke with said, "It is harder to do things with people on some households because a lot of people need two staff to support them. It makes it very busy". Another member of staff said, "We have a lot of paperwork to complete which takes us away from people". This meant that some people sat for long periods of time and that some people who spent more time in their rooms had little interaction other than around personal support.

Most staff knew people well and could describe their preferences. However, some staff were not permanent and came from an agency and although some were regular they did also have agency who were new to the home. We saw that one member of staff was on their first shift and they relied on staff telling them about people and their needs. When we looked at people's records we saw that they were not always current because they hadn't been altered as people's needs had changed. For example, one person's records stated that they should eat a normal diet. We saw that they ate a soft diet and staff were able to explain why. They were however unsure if professional referral had been made. When we spoke to senior staff we saw that the person's needs had been reviewed and a referral made. This showed us that although people's needs were met the records were not always clear and this meant that staff supporting people may not have the current information. This may be of particular importance when there are new staff. When we spoke with the manager they told us that they had completed a recent audit which highlighted that information was missing in care plans; for example, people's personal histories. They recognised that this could make it difficult for staff to develop conversations and support for people.

People and their relatives knew how to raise any concerns or complaints that they had. One person told us, "If I had a concern or need to make a complaint, I would call a member of staff". One relative told us that a complaint they made had been responded to but that they felt the response could have been more thorough. When we spoke with the manager they recognised that the response did not cover all of the actions that the provider had taken. They said, "We did review some of our procedures with the staff on that occasion and I accept that we could have been more transparent in our communication with the family who complained". This showed us that the provider had a complaints procedure and they responded to any that they received in line with it but that the learning from incidents could be communicated more effectively.

Some staff had completed training in supporting people living with dementia in a more focussed way. One member of staff said, "It is not necessarily about organising set activities but about making each contact with people more meaningful and personal to them. We are starting small and have started to make a wish list with people for their birthdays". Another member of staff said, "We will all be trained in it eventually but even now you see what people's wishes are and some of them are so simple that we could be doing them now; for example, going for a pint or sitting with someone while they have some chocolate cake". The

manager said, "We have a volunteer who does some activities with people and we do have singers and visitors in. However, it is our aim to really develop the individualised approach. We had a lot of other work to do in the past year but this is our next priority". This demonstrated that the provider was in the process of developing interaction for people and ensuring that they had the opportunity for more meaningful activity.

Good

Is the service well-led?

Our findings

At our last inspection we found that the service was not consistently well led. At this inspection we saw that improvements had been made. The registered manager had been in post for less than one year. People and their relatives told us that the manager was approachable. One relative said, "I know who the manager is and I find her approachable she speaks to the residents and gets involved". We saw that the manager greeted people by name and knew about their current wellbeing to be able to speak with them at ease. The manager said, "I do a daily walk around at least once a day so that people know me and I can check everything is ok". A member of staff said, "We have good leadership and things are definitely changing for the better. It is a work in progress but I really think we are getting there". The manager told us, "In the past year we have stripped everything back and reviewed how we do things. We changed where and how people lived, invested in staff training and ensured that all staff had a shared set of values".

Staff were supported and felt that they were listened to. One member of staff said, "We have regular team meetings and we are encouraged to contribute. I do feel that the manager listens". Another member of staff said, "If I had any concerns about the way people are treated I know that the managers would listen and do something". We saw that there was a whistleblowing policy in place to support staff. Whistle blowing is the procedure for raising concerns about poor practice.

People and their families were consulted about developments within the home. One relative told us, "We have relative's meeting to give our opinions. I said that the carpet looked dirty and action was taken to make sure it was cleaned". Staff told us how they had encouraged people to get involved in naming the new households. The manager said, "The families are really getting involved and they are organising social events as fundraisers which we are delighted about". Surveys sent to relatives on an annual basis and the latest was due to go out soon. The manager said, "I am looking forward to the feedback to check everyone is happy with the direction we are taking and hopefully there will also be some good ideas".

Audits were completed regularly to drive quality improvement. The manager told us, "When I started here I spent a lot of time observing care and considering how we could do things differently. We have implemented changes and have set up systems to check that we are getting it right. I had priorities for people such as improving the mealtime experience and ensuring care was given in a personalised way. I feel like we are really starting to see the improvements now".

The provider also had quality monitoring systems in place that the manager reported against. In the PIR the provider told us, 'People and their family members provided feedback as part of a service review completed by the Group Quality team. This service review indicated that recent changes to the service have resulted in improvements throughout the service'. The manager said, "I have support from staff within the organisation; for example, we had a lot of support to improve our medicines management and update our guidance. I share how we are doing at our team meetings here so that staff have a good idea of what we do well in and what we need to improve". This demonstrated to us that the provider had systems in place to support the manager to drive improvements in the home.

The registered manager understood the responsibility of registration with us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken. They had also displayed their previous inspection rating in the home and on their website which is a legal requirement.