

Lancashire County Council

Meadowfield House Home for Older People

Inspection report

Meadowfield
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 21 August 2018 and was unannounced. At our last inspection of the service in March 2017 we found a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made some recommendations to the registered provider about improving the quality and safety of the service.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe and well-led to at least good.

At this inspection we found that the provider had completed those actions and recommendations and we found the service was meeting the fundamental standards of quality and safety.

Meadowfield House Home for Older People is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It is a modern two story building set in its own grounds with parking and a number of easily accessible, private and secure garden and seating areas. Accommodation and personal care is provided for up to 47 older people. On the day of the inspection there were 43 people accommodated across three units. Poppyfields is an 11 bedded residential care unit, Daisyfields is a 13 bedded unit mainly for residential care use and Rosemeadows is a 23 bedded unit designated as a community assessment unit that provides rehabilitation and reablement.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw improvements had been made to the systems used in the home to ensure effective assessment and monitoring of the safety and quality of the service provided.

People received their medications as they had been prescribed. Appropriate arrangements were in place in relation to the storage, care planning and records for the administration of medicines.

There were sufficient numbers of suitable staff to meet people's needs. However, we noted that the use of agency staff in comparison to employed permanent staff had been at times excessive. The provider was actively recruiting for staff and we saw how this was an ongoing process.

Staff had received sufficient training to safely support and care for people. However, we noted that some elements of training, mainly for newly appointed staff, were still waiting to be delivered. We saw that the provider had a training delivery plan in place which covered these aspects.

Staff were also supported through regular staff meetings, supervision and appraisals.

We saw that the service worked with a variety of external agencies and health professionals to provide appropriate care and support to meet people's physical and emotional health needs.

Where safeguarding concerns or incidents had occurred these had been reported by the registered manager to the appropriate authorities and we could see records of the actions that had been taken by the home to protect people and identified lesson that had been learned.

People's rights were protected. The registered manager was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People living in the home were supported to access activities that were made available to them and pastimes of their choice.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the home.

We observed staff displayed caring and meaningful interactions with people and people were treated with respect. We observed people's dignity and privacy were actively promoted by the staff supporting them.

Further information is in the detailed findings below.

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 and the rating for this domain had improved to Good.

Medicines were managed safely and people received their medicines as prescribed.

All the required checks of suitability had been completed when staff had been employed.

There were sufficient staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff had received training suitable to their role and responsibilities.

People said they enjoyed the meals provided and appropriate assessments relating to nutritional requirements had been made.

Care plans and records showed that people were seen by appropriate professionals, when required, to meet their physical and mental health needs.

The registered manager was knowledgeable about how to ensure individuals' rights were protected.

Is the service caring?

Good ●

The service was caring.

People told us they were being well cared for and we saw that the staff were respectful and friendly in their approaches.

People were supported to maintain their independence.

We saw that staff maintained people's personal dignity when assisting them.

Is the service responsive?

Good 

The service was responsive.

People's needs were reviewed regularly and any changes were responded to in a timely manner.

There was an appropriate complaints process in place. People knew who to speak to if they had any concerns

We saw there were meaningful activities which people took part in regularly.

Is the service well-led?

Good 

The service was well-led and the rating for this domain has improved to Good.

There were improved processes in place to monitor the quality and safety of the service.

Staff told us they felt supported and listened to by the registered manager.

People living at the service and their relatives were able to give their views and take part in meetings and discussions about the service.

Meadowfield House Home for Older People

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 August 2018 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we carried out our inspection we looked at information we held about the service and information from the local commissioners of the service. We also looked at any statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We also looked at the Provider Information Return (PIR) we had asked the provider to submit to us prior to the inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager, operations manager, 11 people who used the service, four relatives and five members of staff. We also spoke with the provider's catering manager, and a community health professional. We observed how staff supported people who used the service and looked at the care records and medication records for seven people living at the home.

We looked at the staff files for four staff that had been employed. These included details of recruitment, induction, training and personal development. We were given copies of the training records for the whole team. We also looked at records of maintenance and repair, the fire safety records, equipment safety

records and quality monitoring documents. We also used a planning tool to collate all this evidence and information prior to visiting the home.

Is the service safe?

Our findings

During our inspection we spoke to 11 people who lived in Meadowfield House and asked them if they had any concerns about their safety and if they thought there was sufficient staff to care for them. We also spoke to relatives and visitors to the home. One person we spoke with said they never felt unsafe because, "There is always someone around." Another person said, "I'm looked after very well here. It's a nice place and the staff are very polite and nice." A relative told us, "I never need to worry [relative] is happy and well looked after she would tell me if she had any concerns."

At the last inspection in March 2017 people we spoke expressed some concerns over the sufficiency of staff and we made a recommendation to the registered provider that they consulted with people who lived in the home and reviewed staffing levels and deployment on a regular basis.

During this inspection we saw there were sufficient care workers on duty to respond quickly to people's needs and requests. Staff were visible about the home all day. Call bells were answered promptly. There was a member of staff in the communal areas nearly all the time with only brief interludes with no one present. However, we noted that there had been times where the use of agency staff exceeded the ratio of employed permanent staff. The registered manager told us that this was due to the difficulties in recruiting suitable staff. We saw that the provider was actively recruiting and the process of recruiting was ongoing.

We checked the recruitment files for four members of staff including some who had recently been appointed. We saw application forms had been completed, references had been taken up and a formal interview arranged. The files evidenced that a Disclosure and Barring Service (DBS) check had been completed before the staff started working in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This ensured only suitable people were employed.

We looked at how medicines were being managed. The recording of medicines administration and stock control was being managed safely. Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We also looked at the handling of medicines liable to misuse, called controlled drugs. We asked the registered manager to ensure the cupboard used to store them in met with current guidance. We saw that there were plans in place that outlined when to administer extra, or as required, medication (PRN). We saw that people received their medicines safely and as prescribed.

On the first day of the last inspection in March 2017 we found areas of cleanliness and infection control were below standard. Immediate action was taken by the registered provider to complete a deep clean of the home and new systems were implemented to monitor the environment. We made a recommendation to the registered provider that they continued to monitor the cleaning and infection control processes in the home.

During this inspection we walked round the building and found the home to be clean and well maintained. There was sufficient suitable equipment to assist people who may have limited mobility and we observed

staff using appropriate protective wear to prevent cross infection. We saw the systems that had been implemented to monitor the environment were effective in identifying any shortfalls and what actions had been taken to address any problems within the environment to ensure it was kept clean. We also saw regular infection control audits had been completed. This meant that the standard of hygiene and cleanliness in the home was maintained to a good standard.

Staff we spoke with confirmed they had received training in the safeguarding of vulnerable adults and had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to the relevant authorities.

We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and actions had been taken to prevent reoccurrence and that any lessons that had been learned had been recorded.

Records we looked at relating to any risks associated with people's care and treatment were current and accurate. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks. These included all risks associated with the event of an emergency, such as a fire.

Is the service effective?

Our findings

People we spoke with told us the food served was good. One person said, "I love the food. There is always a good selection and it's always nice and hot." Another person said "It's very nice the chef always asks us what we would like. If it's not on the menu she will make it for you, she's very good like." We observed the dining experience was unrushed and enjoyable for people. Staff displayed a good understanding of the needs of the people they cared for.

People were asked about meal preferences and we saw that the meals prepared catered for a variety of preferences and different dietary needs. We saw that people had nutritional assessments completed to identify their needs and any risks they had when eating. Where necessary people had been referred to their GP or to a dietician.

We saw that people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. We also saw that consent to care and treatment in the care records had been signed by people with the appropriate legal authority. This meant that people's rights were being protected. However, we also found that completion of records by other health professionals for Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) had not always been completed accurately and the registered manager took action to address this during the inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw appropriate applications had been made and authorisations were in place.

We looked at the staff training records which showed what training had been done and what refreshers were required. We saw staff had completed a programme of induction training when they started working at the home. We noted during the inspection that two care workers were still waiting for an element of their induction training. We discussed this with the registered manager who assured us that the expectations of those two care workers during the shift had been clarified. We saw that the provider had the training arranged for those two staff and others who had not yet completed that element.

We saw some staff had been supported into extending their roles as champions in areas of their own interests. This was an area of development that the provider had recently undertaken in supporting individuals to become champions and as champions could cascade their knowledge, provide guidance and

act as role models for other staff.

We saw that each member of staff had an induction programme, regular supervision, appraisal and ongoing training. Staff we spoke with told us they felt they could discuss their needs in an open manner and would be listened to and action taken to help them to develop. Staff also told us they attended regular staff meetings that supported them in their work. We saw minutes of the meetings held with staff and saw how through the meetings they could share their ideas about improving the service.

We saw from people's records that there was effective working with other health care professionals and support agencies such as local GPs, community nurses, physiotherapists, occupational therapists, mental health teams and social services. People were also supported in managing their health and wellbeing needs by appropriate referrals being made to external services. We saw that the health professionals based on the community assessment unit also supported the staff team in improving their skills and knowledge to better support the people they were working with.

We saw that people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items and photographs around them. Bedrooms we saw had been personalised to help people to feel at home and people were able to spend time in private if they wished to. We saw that the community assessment unit had been adapted to meet the needs of those requiring rehabilitation and reablement.

Is the service caring?

Our findings

During this inspection we observed staff took appropriate actions to maintain people's privacy and dignity. Staff were polite and well-mannered when offering assistance to people. People were spoken to in a pleasant and unrushed manner and when undertaking tasks with people staff were respectful and dignified at all times. One person told us, "The staff always treat me with respect they are very well mannered." Another person told us, "My friends and family can visit anytime, they are always made welcome and get a cup of tea, which is nice." We were also told< The staff are very caring, we have a good laugh with them."

We looked at the arrangements in place to ensure equality and diversity and that support was provided for people in maintaining important relationships. People told us they had been supported to maintain relationships that were important to them and to follow the religion of their choice. On the day of our inspection a priest from the local Roman Catholic community visited the home.

We saw people had been asked for their views of the service in a variety of ways including a survey completed in March 2018. We looked at the results for whether people felt they were treated with dignity and respect 10 out of the 13 people who responded said they were very satisfied. One relative we spoke with told us, "My relative is happy here and the family know this as she is much more cheerful than when she was living alone at home." The same relative also said they had been invited to meetings and been kept informed about the progress their relative was making.

The registered manager provided a variety of information to ensure that people living in the home were communicated with. This included a monthly newsletter that also advertised forthcoming activities and events. Information was also posted in the home about the general management of the service for example the number of staff vacancies, level of staff sickness, incidents that had occurred, etc. This gave people and their relatives a transparent overview of how the service was performing.

There was a designated unit, Rosemeadow, in the home to support people who required help with rehabilitation and reablement after they may have had a period of time either of being in hospital or being injured or unwell. There was a team of health professionals that included physiotherapists and occupational therapists based on the unit. These professionals along with community nurses were available on a daily basis to support and treat people. The main focus was to help people with remobilising and building their levels of independence sufficiently for them to return to their homes.

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. One person told us, "They [staff] let you do things for yourself but they are there if you need them. I am happy here."

Independent advocacy could be arranged for people who did not have relevant others to help them in making important decisions. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes.

Is the service responsive?

Our findings

People told us they had been asked about their care needs and been involved in regular discussions and reviews. The home promoted an inclusive living environment where people were involved in how the home could be improved. We saw minutes of residents and relatives meetings where they had asked for certain changes to be made, such as, food choices on the menus to be changed and this had been done in consultation with the them.

People we spoke with said they knew how to make a complaint and would feel comfortable doing so and believed that their concerns would be acted upon. One person told us, "The staff are very caring and I have no complaints." Another person said, "If I had any complaints I would speak to the staff. I know they would sort it out." We were also told, "I would tell them if there was anything wrong, they are happy to help if they can."

The home employed activity coordinators and provided a variety of activities. We saw people could engage in activities of their choice. People were also supported in attending their own social events in the local community or with visiting friends and relatives. The home held regular activity sessions and social events. We saw how staff were supportive and encouraged people to maintain healthy relationships with their family and friends. The home had recently held a summer fair. Friends and families were invited to come along and spend the day with their relatives.

During the inspection we saw people taking part in and enjoying the morning activity of baking cakes. People were then encouraged to take part the afternoon activity which was cake decorating. The activity coordinator we met during the inspection had been trained in a specialised programme called 'Oomph'. The programme is based on providing a person-centred plan of varied exercise and activities, and engaging days out that can be made accessible to people living in care homes. This meant that people's individual abilities and preferences were taken into account to ensure that the activities they participated in were meaningful to them.

The home had several accessible outside areas these were well furnished, kept secure and in good order. There was a resident pet rabbit which people enjoyed watching roam around the garden. On the day of the inspection we saw a number of the outdoor areas were being used and people could move freely in and outdoors.

The registered manager told us how they supported people to keep in touch with relatives and friends via the use of the internet allowing people to access different methods of technology. We were also told that the registered provider had plans to purchase equipment such as tablets for the use of people living at Meadowfield House.

The registered manager and some staff had received specific training in caring for people at the end of their lives. We discussed with the registered manager the further development of care planning to identify people's treatment wishes about what their end of life preferences might be. This would provide the service

with information about the preferred care people would like to receive at the time they may come to the end of their lives and who they would wish to be involved in their care. We saw during the inspection that in practise when people were coming to their end of life appropriate care was being delivered. Pain management had been considered with the GP and extra staffing was appointed to the individual to ensure their specific need were met in a dignified way.

Is the service well-led?

Our findings

At our last inspection in March 2017 the home was rated overall as requiring improvement and we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we made some recommendations. That was because the registered provider had not ensured the processes they had in place to monitor the quality and identify areas for improvement were effectively implemented and some shortfalls in the service had not been addressed.

At this inspection we found that the provider and registered manager had acted on that breach and the recommendations. At this inspection we found the service was now meeting all of the fundamental standards of quality and safety. We saw how new and improved systems of quality monitoring and auditing had been implemented and these had been embedded into the weekly and monthly checks and routines performed by the registered manager and staff team.

The auditing and quality monitoring systems that were in place had been improved and we saw were identifying any concerns relating to the safety and quality of the home. The oversight of quality and safety in the home was also being monitored regularly by the operational manager that visited on behalf of the provider. Where actions had been required to improve these had been noted and addressed by the registered manager. Maintenance and environment checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon.

Staff we spoke with told us that the registered manager was approachable and led the home well. We were also told if staff had any concerns they would be happy to raise them with the registered manager. One person told how they enjoyed working in the home and would like to progress to a senior member of staff. We noted that the registered manager was also undergoing 'well-led' training delivered by 'Skills For Care'. Skills for Care is a nationally recognised strategic body for workforce development in adult social care in England. The registered provider also supported the development of the registered manager through quarterly away days where all of the provider's managers met to discuss best practise and keep updated with any changes in guidance or legislation.

We saw that resident's meetings were held where people and their relatives were regularly involved in consultation about the provision of the service and its quality. We saw that regular reviews of people's care needs were held with relevant others. This meant that people and or their representatives could make suggestions or comment about the service they received and environment they lived in. This allowed people to make any suggestions that might improve the quality and safety of the service provision.

There was regular monitoring of any accidents and incidents and these were reviewed by the registered manager to identify any patterns that needed to be addressed or lessons to be learned. Providers of health and social care services are required to inform us of significant events that happen such as serious injuries and allegations of abuse. Where required we had been notified of any incidents and accidents and appropriate referrals had been made to the local authority. This meant we could check that appropriate actions had been taken.

We noted from the last service user satisfaction survey results collected in March 2018 that 11 out of the 13 people asked were very satisfied with the overall service provided and the remaining two who responded were satisfied.