

Derbyshire County Council

Meadow View Residential and Community Care Centre

Inspection report

Meadow View Centre
300 Bakewell Road
Matlock
DE4 2JF

Tel: 01629532486

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10 August 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Meadow View Residential and Community Care Centre is a care home that provides personal care for up to 32 people. The ground level is long term care for 16 people living with dementia. The other provision supports people on a short-term basis with rehabilitation goals. All rooms have en-suite facilities, there are communal areas and accessible gardens.

People's experience of using this service and what we found

People received their medicines as prescribed and the risks associated with medicines were managed effectively. People received safe care and there were effective infection control systems to keep them safe. There were enough staff available to meet people's needs safely and in a timely manner. Staff were recruited safely to ensure they did not pose a risk to people. People were protected from the risk of harm and lessons were learnt when mistakes happened.

The systems in place to monitor and improve the service were effective in achieving good outcomes for people. Staff were aware of their responsibilities and were encouraged to raise concerns and report mistakes to create a learning culture. Under current restrictions the service had implemented strict infection control measures but were innovative in maintaining contact with other professionals and stakeholders virtually.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 20 June 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 19 March 2019. Breaches of legal requirements were found and a Warning Notice was issued. We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has

changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meadow View Residential and Community Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Meadow View Residential and Community Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

This inspection was completed by one inspector.

Service and service type

Meadow View Residential and Community Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

We telephoned on the morning of the inspection to announce it. We talked to the registered manager about how we would minimise the length of time spent in the home. This is part of our risk assessment and protects people living at the home. The registered manager was able to provide some information prior to the inspection visit to support this.

What we did before the inspection

We used information we held about the service which included notifications that they sent us to plan this inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We spent the majority of the inspection visit on the ground floor where people living with dementia were. We did not visit the other floors to maintain the separation the provider had established to reduce the risk of infection spreading. We spoke with people who lived on this floor but as most were unable to give detailed feedback, we also observed staff interaction with them in communal areas.

We spoke with four members of staff including the registered manager, the deputy manager, a senior care staff and a member of care staff. We also attended a handover meeting with several other staff.

We reviewed a range of records. These included four people's care records and several medication records. We looked at a variety of records relating to the management of the service, including audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection in March 2019 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured people's medicines were safe and that risk to people's wellbeing was sufficiently managed to protect them from harm. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe. Some people were at risk of falling when they mobilised independently. There was sensor equipment in place to alert staff when some people moved, putting them at risk of falling. For example, we saw one person had a sensor mat on their chair which alerted staff when they stood up so they could be in the vicinity to support the person to walk safely.
- Staff we spoke with were knowledgeable about individual's care plans and we observed people being supported to move safely; for example, using equipment such as frames or walking beside a member of staff who provided gentle encouragement for the person to stay focussed on where they were walking to.
- The registered manager told us they had taken a proactive approach to falls prevention. This included ensuring people stood or walked daily to maintain their strength and mobility. They had also paid for external professionals to provide individualised exercise sessions. For example, considering people's favourite music to encourage dance. Although this was not currently being delivered due to the restrictions under Covid 19 they intended to reinstate it when guidance allowed.
- There were clear plans in place to manage other risks to people. For example, we attended a staff handover meeting and heard discussions about pressure relief for individuals to protect their skin. One member of staff we spoke with also told us about people's specialised diets; for example, one person had been unwell and was now taking their meals in a softer form to avoid the risk of choking. Care records were completed in line with this.
- Medicines were managed to reduce the risks associated with them. Staff were knowledgeable about the need for clear recording and there was advice and guidance in the medicines administration records (MAR). Some people required their medicines at a certain time and we found this was followed to manage their condition. Some people took additional medicines prescribed to take 'as needed' or PRN. Staff had a good understanding of when this was required; for example, we saw they were carefully communicating with each other about one person's increased pain relief due to ill health.

- There were systems to check medicines were administered as prescribed including stock management. Variable doses of PRN were recorded on the MAR to ensure staff knew exactly what medicines people had taken. When short life medicines such as eye drops were opened, they were dated to make sure they were used within the defined time period.

Preventing and controlling infection

- Infection control processes were rigorously applied to reduce the risk of spreading infections. These were constantly reviewed and amended due to the Covid 19 pandemic, to protect the people living in the home.
- All staff were aware of their responsibilities to follow government guidance to manage infection in the current circumstances. For example, we saw they used the correct PPE at all times. Feedback from someone who had a short stay in the community part of the home said, 'Considering the Covid situation all staff worked within the guidelines and restrictions.'
- Care was being provided in two 'zones' which meant most staff only worked in one area. This reduced the risk of cross contamination across floors in the service.
- Staff got changed into uniforms in separate areas of the home to avoid contact with each other and their uniforms were washed on the premises.
- Systems to allow regular testing for the virus of staff and people who lived in the home had been introduced.
- Risk assessments were completed for visitors. We saw staff met them through a side gate so they didn't need to go through the home. Safety precautions were in place such as checking their temperatures and recording contact details. Only one visit happened at a time in a discreet outside area for a limited period to reduce the risks of infections spreading.

Learning lessons when things go wrong

- Lessons were learnt, and practises changed when required, to ensure people were kept safe and well.
- Oversight of medicines had improved. For example, when one person was admitted from another care provider there was an error with their medicines because all documentation was not routinely checked. The checking in process had now been altered and new systems embedded to ensure this was completed by senior staff on admission.
- Falls management had improved and the registered manager received a monthly oversight from the provider. This enabled them to review falls over time and consider patterns or triggers. The registered manager told us it helped inform conversations with other professionals to decide on any support required as they had a good oversight of each person.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from avoidable harm or abuse.
- Any concerns were raised in a timely manner with senior staff and followed up. At our last inspection we reported a new handover system was being developed. We observed a handover meeting and found a thorough review of each person was made so all staff could be vigilant to any changes in people.

Staffing and recruitment

- There were enough staff deployed to safely meet people's needs. One person from a short-term community admission had left feedback saying, 'Although the home was full the staff always made time to look after me very well.'
- Additional staff were available at times as the current Covid 19 restrictions around some of the provider's other services meant some staff who usually worked in day service roles were available to offer support.
- We saw staff had time to spend with people to provide company and entertainment and there were photos showing all the activities they had managed to do together during the lockdown period.
- Staff were recruited safely to work with people to ensure they did not pose a risk to them. One member of

staff told us about the checks which were made prior to them starting work in the home to ensure they were safe.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we found improvements were required regarding the governance practices at the service and there was a continued breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance). At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

- There were clear systems in place to monitor, review and improve the service to achieve good outcomes for the people who lived there.
- When people had falls there were regular reviews of them and clear actions taken to address any underlying causes. We reviewed care plans and monthly audits and saw regular contact with other professionals to offer guidance and support to the service.
- Medicines were audited on an ongoing basis. Any errors were identified and recorded to reduce the likelihood of repetition.
- The provider had implemented systems that had improved their oversight of the quality of the home. The registered manager told us there were much better procedures in place which assisted them to monitor and improve the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff had shared person-centred values and were focused on providing a good quality of life to people living in the home.
- There were transparent systems in place for sharing concerns or reporting mistakes. The registered manager told us, "We have done a lot of work to develop a no blame culture; we want to know when things go wrong so we can all work together."
- We were notified of significant events as required and the registered manager ensured they were open in their communication with us so we could understand any action taken to reduce further risk.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff and people continued to be encouraged to participate in developing the home. However, some of the

established ways of doing this were not happening at the time of the inspection. For example, there were no large team meetings due to the risk of bringing groups of people together and a lot of communication was written in books and memos.

- There were notice boards for staff to leave each other messages and we saw these were full of supportive comments. One staff member explained they were all trying to boost morale and keep each other well.
- Newsletters were shared with families to maintain contact while visiting was restricted to keep people safe from the spread of infection. One family member had emailed the home to say, 'Thank you for the lovely card, I look at it every day. The collection of photographs and videos keeps me going.'
- Partnership working had continued to be well embedded. Some changes had been made; for example, medical professionals were providing most support virtually. Staff we spoke with told us this worked well and they felt well supported.
- Relevant professionals continued to work in the home; for example, physiotherapists and occupational therapists who supported people with their rehabilitation goals. There were well established systems for sharing information about people to meet their goals. People provided feedback when they were discharged from the service and we saw these were positive about the care received.
- There were innovative approaches to sharing information and working with others. On the day of our inspection the registered manager and other professionals were supporting someone to demonstrate to their family how to move safely once they returned home to aid their continued recovery. They did this through a video and demonstrating the use of equipment. The registered manager told us, "It went really well and everyone feels more confident about the discharge now."