Hexon Limited

Meadowfield Lodge

Inspection report

22 Meadowfield Road
Bridlington
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Tel: 01262675214

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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

Meadowfield Lodge is a care home that provides support and accommodation for up to 24 older people, some of whom may be living with dementia. On the day of the inspection there were 21 people living at the home, including one person who was having respite care. The accommodation is located over three floors and there is a passenger lift to access the first and second floors. There are various communal areas and a garden where people can spend the day.

At the last inspection in July 2015 the service was rated as Good. At this inspection we found that the service remained Good.

There continued to be sufficient numbers of staff employed to make sure people received the support they needed, and those staff had been safely recruited.

Staff received appropriate training that gave them the knowledge and skills they required to carry out their roles. This included training on the administration of medicines and on how to protect people from the risk of harm.

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

Staff were kind and caring, and they respected people's privacy and dignity.

Care planning described the person and the level of support they required. Care plans were reviewed regularly to ensure they remained an accurate record of the person and their day to day needs.

People and their relatives told us they were aware of how to express concerns or make complaints although people told us they had not needed to complain.

The registered manager carried out audits to ensure people were receiving the care and support they required. People were also given the opportunity to share their views about the service provided.

The feedback we received and our observations on the day of the inspection demonstrated that the home was well managed.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Meadowfield Lodge

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 was a comprehensive inspection that took place on 6 October 2017 and was unannounced. The inspection was carried out by an inspector and an assistant inspector.

Before this inspection we reviewed the information we held about the home, such as information we had received from the local authority and notifications we had received from the registered provider. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. The registered provider was asked to submit a provider information return (PIR) before this inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was submitted within the required timescale.

During the inspection we spoke with four people who lived at the home, three members of staff and the registered manager. Following the day of the inspection we received feedback from a social care professional.

We looked around communal areas of the home and most bedrooms, with people's permission. We also spent time looking at records, which included the care records for three people who lived at the home, the recruitment and induction records for two members of staff and other records relating to the management of the home, such as quality assurance, staff training, health and safety and medication.

Good

Is the service safe?

Our findings

Staff explained to us how they kept people safe and people told us they felt safe living at the home. One member of staff said, "We make sure the doors are closed and we look out for hazards." We saw that staff assisted people to mobilise using safe techniques and appropriate equipment. Staff told us they did not use restraint at the home; they explained how they used distraction techniques to reduce people's anxiety levels. When risks had been identified in respect of people's care, action was taken to minimise potential risks without undue restrictions being placed on them. Risk assessments were reviewed each month to ensure they remained current.

During the inspection we became aware that some wardrobes were not fastened to a wall to prevent them from being pulled over. Following the inspection the registered manager contacted us to confirm that the home's handyman had fixed all freestanding wardrobes to a wall.

Staff had received training on safeguarding adults from abuse. They were able to describe different types of abuse they may become aware of and told us they would report any concerns to the registered manager. Staff also told us they would feel comfortable if they needed to use the home's whistle blowing policy. A whistleblower is a person who exposes any kind of information or activity that is deemed illegal, unethical or not correct within an organisation.

One person felt the home needed more staff but other people told us they felt there were enough staff on duty. Comments included, "We get good attention – it doesn't take long [for staff to respond]" and "They're always there if needed." Staffing levels during the day were three care workers and a senior care worker in the morning and two care workers and a senior care worker in the afternoon / evening. During the night there was a senior care worker and two care workers on duty. There was a cook and a domestic assistant on duty each day, which enabled staff to concentrate on supporting the people who lived at the home. We noted that staff were visible in communal areas of the home and that people received attention promptly, although we felt that people would have benefitted from more supervision during the lunchtime period. Overall, we concluded there were sufficient numbers of staff on duty.

We checked the recruitment records for two members of staff. These evidenced that references and a Disclosure and Barring Service (DBS) check were in place prior to them commencing work. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults.

We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. We saw two gaps on one person's medication administration record (MAR). The registered manager confirmed the person had received their medicines but the MAR had not been signed; this was corrected in our presence. Only senior staff had responsibility for the administration of medicines and we saw they had completed appropriate training.

Accidents and incidents were recorded, analysed each month and audited to identify any patterns that might be emerging or improvements that needed to be made.

We reviewed service certificates and these evidenced that equipment and systems had been appropriately maintained. This included the passenger lift, the stair lift, hoists and slings, the electrical installation, portable electrical appliances, the fire alarm system and gas safety.

There was a contingency plan that provided advice for staff on how to deal with unexpected emergencies, and each person had a personal emergency evacuation plan (PEEP) in place that recorded the assistance they would need to evacuate the premises. There was a fire risk assessment in place, staff had received training on fire safety, weekly tests of the fire alarm were undertaken and fire drills had taken place. These arrangements helped protect people from the risk of harm.

Everyone who we spoke with told us that the home was maintained in a clean and hygienic condition and we observed this on the day of the inspection. Infection control audits had been carried out each month and there were appropriate policies and guidance for staff on the prevention and control of infection.

Good

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the DoLS applications that had been submitted to the local authority for authorisation, the DoLS authorisations and the date they were due for review.

We found that staff understood people's rights and the importance of obtaining people's consent to their care. Care plans included people's signed consent to having their photograph taken, and other areas such as having a lap belt in place when they were in a wheelchair.

When someone had a lasting power of attorney (LPOA) to act on their behalf, this was clearly recorded in their care plan. The record included whether the LPOA had the right to make decisions about property and financial affairs and / or health and welfare. A LPOA is a legal document that lets people appoint one or more people to help them make decisions on their behalf. Staff described to us how they encouraged people to make day to day decisions, such as helping them to choose which meal they would like and asking them how they would like to spend their day.

Staff confirmed that they had induction training when they were new in post and the records we saw confirmed this. Records showed staff had completed training on topics considered essential by the home, including moving and handling, health and safety, fire safety, the control of infection, food hygiene and first aid. There was high achievement of National Vocational Qualification (NVQ) Level 2 and 3 awards, or equivalent. Staff had attended other training such as end of life care and delirium dehydration. People told us they felt staff had the skills they needed to carry out their roles. One person said, "They all seem to know what they are doing."

Staff told us they felt well supported. They said they had regular supervision meetings with the registered manager or a senior care worker, and an annual appraisal. This meant staff had the opportunity to discuss any concerns they might have, as well as their development needs.

It was clear to us that communication between people who lived at the home and staff was effective, and that they understood each other. People told us that staff shared information with them and they also checked the homes notice board, "To see what was going on".

People were supported by GPs, community nurses and other health care professionals and all contacts were recorded. One person told us that staff booked a taxi for them and accompanied them to medical appointments. Another person told us, "The doctor is coming today." Details of a person's health conditions were included in their care plan, and information had been obtained from relevant websites to inform staff about the implications of some health conditions.

We observed the lunchtime experience and it was apparent that people enjoyed the opportunity to

socialise. People were offered a choice of food and drink and were supported appropriately by staff. One person said, "[The meals are] marvellous. Better than I would have at home." People's special dietary requirements and their likes and dislikes were recorded in their care plan and we saw people had appropriate nutritional assessments and risk assessments in place. People's food and fluid intake was recorded when this had been identified as an area of concern.

We observed that people who could mobilise independently walked around the home without restriction and had no problem with finding their way around. However, one member of staff commented that it was difficult to negotiate the hoist and wheelchairs through some doorways, as they were narrow. One person told us they would like a lock on their bedroom door and that the heating in their bedroom was too high. Following the inspection the registered manager sent us an email to confirm that this work had been completed.

Good

Is the service caring?

Our findings

People had a positive relationship with staff and received care from staff that knew them well. We observed positive interactions between staff and the people living at the home. One person said, "They always ask if I'm alright" and another told us, "I'm quite happy here."

We saw that people were comfortable around staff and were happy to talk with them. Staff approached people respectfully and politely and demonstrated a good understanding of people's needs. We saw a member of staff spending time in a person's bedroom, reassuring them as they were feeling unwell. One person said, "There's one staff member here that does our shopping in her own personal time." One staff member said, "We've taken people places on our days off, to help them get on the bus."

During our observations, we noted staff respected people's individual choices and preferences. For example, we observed one staff member say to a person, "What would you like to drink, lemonade or water?" and "What dessert would you like today, ice cream or a piece of cake?". One staff member told us, "We ask what they would like to eat or drink. We go with whatever they want."

There was information about advocacy in the home, and the registered manager told us about one person who had previously been supported by an advocate. Advocacy services help vulnerable people access information and services, be involved in decisions about their lives and explore choices.

We saw that people's rooms were personalised and contained their personal belongings. People had pictures and items in the rooms that were important to them. We asked people if staff maintained their privacy and dignity while caring for them. Comments included "Every time" and "Absolutely." We saw that people were assisted to their bedroom so they could meet their visitors in private. Staff had created a 'dignity wall'. People who lived at the home had suggested words that demonstrated dignity to them and these had been added to the dignity wall. The registered manager told us this reminded everyone of the importance of respecting people's dignity.

People were encouraged to maintain their independence. For example, we saw one person being encouraged by a member of staff to finish their meal independently. Staff told us, "We encourage them as much as possible" and "We help people to do things themselves." The registered manager told us they had recently been allocated their own shopping budget and they intended to take people to the supermarket with them so they could be involved in choosing the meals they would like.

We asked people how they were supported to maintain relationships that were important to them. They told us, "They [relatives] are able to pop in at any time" and "They can come any time – day or night." Comments from staff included, "We encourage family as much as possible. We invite them to come along [to activities]" and "We write letters for them, although most family members phone up."

We saw that written and electronic information about people who lived at the home and staff was stored securely. This protected people's confidentiality.

Good

Is the service responsive?

Our findings

A care plan had been developed from the person's initial assessment, and when necessary, information and involvement was sought from relatives and health and social care professionals. Assessments included the use of recognised assessment tools for pressure area care and nutrition. We found care plans included information that described the person's personality, their individual care and support needs, their usual daily routines and their previous lifestyle. Areas covered included mobility, tissue viability, personal hygiene, communication, medication, end of life care and mental capacity.

Although most people who we spoke with were not aware of their care plan, one person told us, "They took photographs [for the care plan]. They asked our opinion on things." People told us they felt their care was centred around them.

Staff said they had enough time to spend with people and this, along with the information in care plans and speaking to family members, helped them to get to know people. The registered manager attended daily handover meetings along with staff and this helped to make sure everyone had up to date information. Care plans were updated following monthly reviews by staff and more formal reviews held with care professionals and relatives.

A social care professional gave us an example of how staff had provided support to meet the diverse needs of two people. They said, "[Name of manager] has gone above and beyond to help these people." This support had improved one person's general health and had enabled them to settle into the home. It had also enabled a relative to continue to live in the community, to continue to visit their family member on a daily basis and to maintain their own general health.

The notice we saw on display advertised ten different outings or events for October 2017 in addition to day to day activities carried out by an activity coordinator and staff. The activity coordinator worked on two half days per week. They spent time on a one to one basis with people as well as organising group activities. People told us they were happy with the activities on offer and mentioned entertainers, visiting garden centres and shops, bingo, chair exercise, dominoes and bowls. A member of staff said, "We try to give them as much variety as we can – knitting, jigsaws, gardening and raffles." Some people attended a social club at a local venue every other week and told us they enjoyed going out and meeting other people.

During the afternoon of our inspection, staff brought through a trolley with alcoholic drinks and sweets and another with afternoon tea. It was clear that this was a regular occurrence and was enjoyed by people.

The complaints policy was displayed on the inside of each person's bedroom door and in the entrance hall. We checked the complaints log and saw there had been no formal complaints during the previous year. People who lived at the home told us they would speak to one of the staff or the registered manager if they had any concerns. One person said, "I would have a word with [Name of manager]. They are really helpful and easy to talk to." Staff told us they would support people to make a complaint if they were reluctant to do so themselves.

Good

Is the service well-led?

Our findings

There was a manager in post who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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 asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service in the form of a 'notification'. We found that notifications had been submitted when required.

The registered manager told us they 'Led by example' and we observed this to be the case on the day of the inspection. It was clear they were passionate about their role and ensuring staff were 'on board'. Staff told us they were happy with how the home was managed. Comments included, "It's good. They're all for them [the service users]. They know exactly what is going on" and "I think they're brilliant." Comments from people who lived at the home included, "[Name of manager] is the best manager we've ever had." A social care professional told us, "[Name of manager] updates me regularly and keeps me up to date with any problems, often offering support from their end."

Surveys had been distributed to people who lived at the home, care professionals, relatives and staff, and people had received specific surveys about the provision of meals and dignity. A professional had commented, "What a lovely home from home." We noted that some suggestions from surveys had been implemented, including foods being added to the menu.

Staff attended staff meetings and the minutes evidenced that these were well attended by staff and that a variety of topics were discussed. Meetings had also been held for people who lived at the home, and relatives had been invited to some of these meetings. One person had asked for some rose bushes to be bought for the garden, and we saw that these had been purchased. People also said they enjoyed having 'afternoon tea'. The registered manager told us they had china cups, saucers and cake stands to make these occasions feel more special.

There was an annual plan of all audits on display, including daily, weekly, monthly and bi-monthly audits. Audits were carried out on various topics, including fire alarms, accidents and incidents, pressure care and mobility equipment, medicines, infection control, staff supervision and appraisal and the premises. This showed that there were systems in place to monitor the quality of the service provided. Staff told us that any concerns or adverse incidents were discussed and that efforts were made to ensure the same situation did not occur again.

The registered manager described the culture of the home as, 'Home from home', 'Caring' and 'Treating people with dignity and respect'. Staff told us the home was friendly and relaxed. Comments included,

"Some days it's not like being at work" and "We all talk things through."