

Minster Care Management Limited

# The Meadows Care Home

## Inspection report

Brybank Road  
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Haverhill  
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CB9 7YL

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Date of inspection visit:  
02 April 2019

Date of publication:  
07 June 2019

## 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

About the service: The Meadows provides accommodation for older people, some of whom may live with dementia. The service can accommodate up to 55 people. On the day of our inspection visit 48 people were accommodated.

People's experience of using this service:

Improvements had been made to the service following our last inspection on 19 April 2018. At the last inspection we identified issues with unclean environment, lack of processes and understanding of the Deprivation of Liberty Safeguards and governance. At this inspection we found the provider and registered manager had driven improvement and made positive changes. The issues identified at the last inspection with records and environment had been addressed. Systems for overseeing the service were more effective. The changes had enabled staff to address the issues noted at previous inspections.

People told us they felt safe and happy living at the home. Staff knew how to safeguard people from abuse. Staff were recruited using systems to reduce the risk of unsuitable candidates being employed. Risks to people and for tasks carried out by staff were identified and actions were taken to mitigate these. Medicines management was effective.

Staff had the skills and knowledge to deliver care and support in a person-centred way. They received the appropriate training, supervision and appraisal.

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 were cared for in a respectful manner and good relationships between people and staff had been formed.

People could access a wide range of activities.

People's health needs were met. The service worked with a range of professionals to best meet people's needs.

Staff said they felt supported by the management team. Governance systems and processes were in place to monitor and improve the quality of the service.

Rating at last inspection: We rated The Meadows Care Home as requires improvement and published our report on 11 June 2018.

Why we inspected: This was a scheduled inspection based on previous rating.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# The Meadows Care Home

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

Membership of the team consisted of two 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 for older people.

#### Service and service type:

The Meadows Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Prior to the inspection visit we gathered information from many sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also looked at the 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 also spoke with other professionals supporting people at the service, to gain further information about the service.

We met people who used the service and spoke in more detail with 10 people and five visitors. We spent time observing staff interacting with people, especially at lunchtime. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 14 staff and the deputy manager. We looked at documentation relating to six people who used the service and information relating to the management of the service. We reviewed medicine administration records and observed medicines storage and audit arrangements and spoke with staff involved in medicines management.

# Is the service safe?

## Our findings

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

At the last inspection, we found some gaps in records and health and safety checks were not always effective. We rated this key question as requires improvement. At this inspection we found sufficient action had been taken to address these issues.

Assessing risk, safety monitoring and management.

- Risks to people were assessed with guidance available for staff in how to minimise risk. Risk assessments covered areas such as people's risk of falling. A relative told us, "I feel [my relative] is safe here. They have put a mat by the bed, so they know if he gets out. They check on him regularly and there always seems to be someone about."
- Regular checks on the environment and equipment took place.
- Emergency contingency plans were in place.
- Staff were able to contact the management team for advice out of office hours if needed.

Using medicines safely.

- Medicines were managed safely and associated records were maintained correctly.
- Staff were trained to administer medicines safely and had their competency in this area assessed.
- Where people were prescribed medicines to take 'as and when required' guidance was available for staff to follow. One person told us, "I can have painkillers if I need them, but they will always check first to make sure they don't upset your other medication."

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe. One person told us, "I don't think about being safe so I must be okay."
- Staff knew what to do if they suspected a person was being abused and were confident that any safeguarding issues they raised would be acted upon.
- The provider had appropriate systems in place to report safeguarding matters to the local authority for assessment and investigation and we found that this happened in practice.
- Following the inspection, we became aware of a safeguarding referral that had been substantiated. The provider and registered manager will need to reflect upon what action they can take to ensure the matter is not repeated. We will continue to monitor this situation going forward.

Staffing and recruitment.

- Staffing levels met people's needs. The registered manager told us they used a dependency tool to set safe staffing levels. A relative told us, "There always seems to be plenty of staff around and they are always walking round checking on people."
- People consistently said there were sufficient staff on duty. One person told us, "I have my call bell next to me and I can't moan about the time they take to come to me."
- The provider operated systems that helped ensure that staff were recruited safely.

Preventing and controlling infection.

- People were protected from the risk of infection. Staff had received training and followed safe infection control practices and they used personal protective equipment such as disposable gloves and aprons. One person told us, "They come and Hoover and dust my room every day. They keep everywhere spotless."

Learning lessons when things go wrong.

- The registered manager and provider critically reviewed incidents and events and determined if improvements were needed.
- Changes to practice were made where incidents and events had highlighted shortfalls or risks in the delivery of the service.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection, we found Deprivation of Liberty Safeguards had not been applied for those relevant people. We rated this key question as requires improvement. At this inspection we found sufficient action had been taken to address these issues.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the 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 with appropriate legal authority. In care homes and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS applications were made appropriately.
- Where people lacked mental capacity, staff worked with others to make sure decisions made were in the person's best interests. This included healthcare professionals and people's relatives.
- People's personal care files did not always contain information about their legal representatives such as those with lasting power of attorney. One file had next of kin consenting to care and treatment. We discussed this with the deputy manager who told us the information would be correctly added.
- Staff were observed to ask people for consent during their work. For example, consent was observed to be asked for prior to the administration of medication and before putting clothes protectors on people. Additionally, staff were seen to offer people choices regarding their daily routines. When people declined to participate in activities staff respected their choice.

Staff support; induction, training, skills and experience.

- Staff were trained in areas the provider deemed essential, such as people movement. Where there were gaps in staff training, dates for completion of this training had been scheduled.
- People told us staff had the skills to meet their needs. One relative thought the dementia training was effective and said, "The staff seem to understand how dementia works and what triggers people's mood swings. They can then calm people down really well."
- Staff were supported through regular supervision and appraisal.
- New staff received an induction which included shadowing more experienced staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were fully assessed before they began to use the service. These were regularly reviewed, and care plans reflected people's current needs.
- Care was delivered in line with standards guidance and the law.

Supporting people to eat and drink enough to maintain a balanced diet.

- Most people told us they enjoyed the food on offer. We saw lunchtime was a pleasant, calm experience for people.
- People were offered a selection of hot and cold drinks with snacks and regular intervals during the day. One person told us, "I think we get plenty to eat and drink and you can always ask for seconds."
- Staff supported people with their nutrition as required. Kitchen staff had completed training to meet people's needs. The cook was aware of people's individual nutritional needs and adapted the menu to meet these.

Adapting service, design, decoration to meet people's needs.

- The layout of the building met people's needs.
- There was adequate space for people with mobility needs.
- Rooms were indicated with a name, number and some also had a significant picture or memory box outside to assist orientation however this was not consistent. All rooms had a 'positive word' on them but it was not clear what purpose this served.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- The provider worked in partnership with a range of other organisations to ensure they delivered joined-up care and support for people.
- People had regular access to healthcare services inside and outside of the home. Staff supported people to medical appointments as and when required. One relative thought the GP was called appropriately another explained how the timeliness of interventions had better supported their relative's health, "Before [my relative] came here they were going to hospital every three weeks with infections, but they seem to have got on top of it since they have been here."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People told us they were happy living at The Meadows Care Home. One person said of staff, "The staff are so friendly and caring, they can't do enough for you. They will do anything you ask."
- Staff knew people well and treated them with respect. They were patient and kind in their interactions.
- Where appropriate, people and staff shared light-hearted banter which people responded to and enjoyed. One person told us, "The staff always seem happy and they are often singing. Their behaviour is for us, to keep us happy."
- People were treated equally regardless of any disability.
- People's confidential information was kept secure.

Supporting people to express their views and be involved in making decisions about their care.

- Staff knew people's communication needs well. Information was recorded clearly in people's support plans.
- A photographic board of staff on duty was displayed to assist people identify the staff team that supported them. Staff were observed to be wearing name badges to remind people of their names.
- Regular meetings were held so people could discuss the issues important to them.

Respecting and promoting people's privacy, dignity and independence.

- Staff maintained the privacy and dignity of people. Offers of assistance were discreet. One person told us, "I don't mind if a male carer helps me. They do respect you though and you have a towel to cover up."
- People's support plans set out how their independence could be promoted. Staff were aware of the importance of promoting independence. One staff member told us, "We give people choices. We encourage and prompt people to eat and undertake personal care tasks on their own as much as possible. We don't take over."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's cultural and spiritual needs were considered as part of their initial assessment.
- People could be as involved as they wanted to be in their care planning. One person told us, "They ask me what help I need and I tell them." A relative told us, "We had a discussion when [my relative] came here about what help they needed."
- Staff were handed over information about any changes affecting people when starting their shift. This meant they had up to date information to support people effectively.
- A range of activities were provided. People told us they were happy with the activities available. We were told how people engaged enthusiastically in activities in the home's pub area. One person said, "There are plenty of activities going on and they try to get me to join in. I like to play cards and I like the quizzes. They have some of the social functions upstairs."
- People told us that visitors were made very welcome.
- The registered manager was aware of the need to comply with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns.

- There were known systems and procedures in place. These were known to people and their visitors. The procedure was displayed.
- People and relatives said that they felt able to speak to the registered manager at any time. Staff were aware of resolving concerns at a lower level if possible.
- Following our last inspection, we met with the registered manager and provider to review how they handled a particular complaint we had been made aware of. The registered manager and provider acknowledged that there were improvements needed in their response and duty of candour at that time and that they had learned lessons following this incident. Duty of candour is the providers legal duty to be open and honest when things go wrong.
- We are aware of a concern currently being raised by a relative and will continue to monitor the providers response to this.

End of life care and support

- All aspects of people's lives were planned and this included end of life care planning for some people. Peoples wishes were appropriately recorded and families were involved as appropriate with regards to resuscitation.
- Supporting information such as preferred priorities for care were not consistently seen in care records checked. The deputy manager stated the service were involved in a project with a hospice and that as part

of this staff would receive additional training in end of life care.

# 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection, we found the checks the provider and registered manager had taken had not been robust enough to highlight issues we found on inspection. We rated this key question as requires improvement. At this inspection we found sufficient action had been taken to address the issues previously highlighted.

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.

- The management team completed a range of quality audits; actions were identified and addressed to improve the service.
- Representatives of the provider visited regularly to provide support and undertake their own quality monitoring.
- Staff at all levels of the service understood their roles and responsibilities.
- Notifications about incidents that affected people's safety or welfare were submitted to CQC in a timely manner in line with regulatory requirements.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager and staff showed a commitment to providing high standards of care.
- The provider had a clear vision to provide a high quality of care to people. One person told us, "I couldn't get a better home anywhere, it is first class."
- The management team understood the duty of candour and were aware of their responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People told us they felt the service was well led. One person said of the registered manager, "The manager is helpful. I would speak to her if the staff couldn't help me."
- People and staff said they felt listened to. They were encouraged to share their views in group meetings and informal chats with the management team.
- Meetings took place for people and relatives. These covered areas such as the food on offer and activities. One person told us, "My son goes to the relative's meetings. They seem okay and it is an opportunity to raise things and they seem to try and get things sorted."
- Staff team meetings were held regularly. Staff said they could speak up at these. Meetings covered areas

such service updates, care plans and training.

Continuous learning and improving care.

- Surveys had been sent out to people and relatives and an improvement plan had been developed for the service. A relative told us, "I have just had a survey to complete."
- The provider had used feedback from the last CQC inspection to make improvements to the service and the care and support people received.

Working in partnership with others.

- The service worked with a range of other professionals and agencies to best meet people's needs.