Meadows Edge Care Home Limited

Meadows Edge Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service:
Meadows Edge Care Home is registered to provide accommodation and support for up to 45 older people and people living with dementia. There were 36 people living in the home on the first day of our inspection.

People's experience of using this service:
Although service quality had improved since our last inspection, the provider still did not always ensure people received consistently safe, effective, caring or well-led care.

Infection prevention and control practice and the management of people's medicines were not consistently safe.

Some staff used undignified, impersonal language to refer to people living in the home and did not support people in a consistently compassionate way. The provider had failed to respect people's right to privacy.

Staff did not always reflect their training in their hands-on-practice. Some staff did not receive formal supervision on a regular basis.

There were shortfalls in the systems used to monitor the quality of the service and the provider had failed to notify the Care Quality Commission (CQC) of a significant issue involving a person living in the home.

More positively, in other areas of service provision, the provider was meeting people's needs.

The provider employed sufficient staffing resources to meet people's individual needs and preferences. Staff recruitment practice was safe.

Staff understood people's individual care needs and preferences and used this knowledge to provide them with flexible, responsive support. People's individual risk assessments were reviewed and updated to take account of changes in their needs. Training plans and competency assessment frameworks were in place to ensure staff had the knowledge and skills to meet people's needs effectively.

Staff worked collaboratively with local health and social care services to ensure people had support when required. People received food and drink of their choice and their nutritional needs were met.

Staff worked in a non-discriminatory way and promoted people's independence. People felt safe living in the home and staff knew how to recognise and report any concerns to keep people safe from harm.

The provider upheld people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The registered manager had an open, reflective leadership style and promoted learning from significant incidents. Concerns and complaints were well-managed. The provider was committed to the ongoing improvement of the home.

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

Rating at last inspection and update
Our last inspection of this service was scheduled in response to information of concern and focused solely on two key questions, Safe and Well-Led. The service was rated as Inadequate in both key questions and Inadequate overall (published 20 August 2019). There were several breaches of regulations and the service was placed in Special Measures.

We took enforcement action against the provider and imposed additional conditions on their registration. The provider has applied for these conditions to be removed and we are considering this application.

At this inspection, we found some improvements had been made and the rating is now Requires Improvement. The service is no longer in Special Measures.

Prior to this responsive inspection, the last rating for the service was Good (published 1 December 2018).

You can read the reports from these inspections, by selecting the 'all reports' link for Meadows Edge Care Home on our website at www.cqc.org.uk.

Why we inspected:
This was a planned inspection based on the 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Meadows Edge Care Home

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.

Inspection team:
Our inspection was conducted by two inspectors, a specialist adviser whose specialism is nursing 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.

Service and service type:
Meadows Edge Care Home 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.

The service had a manager registered with CQC. 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:
This inspection was unannounced.

What we did:
In planning our inspection, we reviewed information we had received about the service since the last inspection. This included any notifications (events which happened in the service that the provider is required to tell us about) and information shared with us by the local authority. We used all of this information to plan our inspection.

During our inspection we spoke with five people to ask about their experience of the care provided. We also spoke with four family members, one of the cooks, two care staff, the registered manager, the senior nurse (the 'clinical lead') and one local healthcare professional who had regular contact with the home.

We reviewed a range of written records including five people's care plan, two staff recruitment files and information relating to staff training and the auditing and monitoring of service provision.

Requires Improvement

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 of this key question it was rated as Inadequate. At this inspection this key question has now improved. However, some aspects of the service were still not consistently safe.

Assessing risk, safety monitoring and management;
• At our last inspection in July 2019, we found the provider had failed to mitigate risks to people's safety. This contributed to a breach of Regulation 12(1) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the "2014 Regulations").
• At this inspection, we found enough improvement had been made in this area and the provider was no longer in breach of this aspect of Regulation 12(1).
• Following our July 2019 inspection, the provider had appointed a new 'clinical lead' to oversee nursing and care practice in the home. Under her leadership, new systems had been implemented to ensure potential risks to people's safety and welfare were assessed, managed and reviewed. For example, a range of measures was now in place to reduce the risk of people developing pressure ulcers, including daily 'clinical meetings' to review anyone identified at particularly high risk. Similarly, daily checks had been introduced to ensure people were receiving personal care and support in accordance with their assessed needs.

Using medicines safely
• At our July 2019 inspection, we also found the provider had failed to manage people's medicines safely. This contributed to the breach of Regulation 12(1).
• At this inspection we found the provider had made general improvements to the management of people's medicines and addressed the shortfalls we had identified at our previous inspection. For example, people were no longer given 'as required' occasional use medicines on a routine basis. Action had also been taken to ensure medicines were stored at the correct temperature.
• Although we were satisfied the provider had made sufficient improvement to address this aspect of the breach of Regulation 12(1), further action was required to ensure the management of people's medicines was consistently safe.
• For example, some people had been prescribed powerful medicines that needed to be given at specific times of day, to avoid people receiving too much in too short a time frame. However, staff kept no record of the time these medicines were administered, increasing risks to people's safety. Additionally, action was required to improve stock control of prescription creams.

Preventing and controlling infection
•The provider maintained a generally systematic approach in managing the prevention and control of infection. For example, protective aprons and gloves were stored in various locations around the home, to make it easy for staff to access them as required. One person told us, "They keep my room nice and come in and clean it daily."
•However, we were concerned to find dirty, food-encrusted curtains and chairs in the dining room which created an increased risk of cross-contamination and infection. We discussed this issue with the registered

manager who readily acknowledged the need to improve the cleaning this area of the home.

Staffing and recruitment
• At our last inspection, we found the provider had failed to ensure the nurses employed in the home were sufficiently knowledgeable and competent to care for people safely. This was a breach of Regulation 18(1) of the 2014 Regulations.
• At this inspection, we found enough improvement had been made in this area and the provider was no longer in breach of Regulation 18(1).
• The new clinical lead had assessed the competency of every nurse using a recognised competency tool. The registered manager told us this process would now be repeated every year. Where gaps in skills and knowledge had been identified, additional training had been provided in areas including diabetes, sepsis and wound care.
• Commenting positively on the impact of the new clinical lead, one member of staff told us, "I like her because she is strict. If you are doing things wrong, she will tell you. She is doing a lot of things to improve standards. She is always checking. [The nurses] have to report anything to her."
• The registered manager kept staffing levels under regular review. Most people we spoke with told us there were sufficient staff to meet people's needs. For example, a relative said, "[Name] spends the day in the lounge and there are always [staff] around if he needs anything." In confirmation of this comment, throughout our inspection we observed there were enough staff to meet people's care and support needs without rushing. One staff member said, "There is enough staff. It's good."
• We reviewed recent recruitment decisions and saw that the necessary checks had been carried out to ensure that the staff employed were suitable to work with the people who lived in the home.

Systems and processes to safeguard people from the risk of abuse
• The provider had a range of measures in place to help safeguard people from the risk of avoidable harm. For instance, staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or CQC. One person told us, "I feel safe. I would tell staff if I didn't."

Learning lessons when things go wrong
• The provider reviewed significant issues and events to identify any organisational learning. For instance, in response to a recent incident, action had been taken to improve the security of the front door.

Requires Improvement

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.

At the last inspection of this key question it was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness and safety of some aspects of people's care and support was inconsistent.

Staff support: induction, training, skills and experience
• The provider maintained a comprehensive training programme to ensure staff had the right knowledge and skills to meet people's needs effectively. One staff member told us, "We do a lot of training. [Recently] we have had … pressure care and moving and handling. It's interesting. Things change very quickly." However, during our inspection we observed action was required to ensure all staff reflected their training consistently in their hands-on practice.
• For example, on the first day of our inspection we observed one of the nurses administering medicines. The nurse failed to provide people with any explanation of the medicines they were being given and only one person was asked if they had any pain. At one point, the nurse stopped to stroke the home's pet cat but did not wash her hands before resuming the medicines round. We discussed these issues with the clinical lead who readily acknowledged that the nurse had failed to act in accordance with her training.
• Staff told us that they felt well supported in their work. For example, talking of the registered manager, one staff member said, "[Name] is really good. She will help you out [with any issues]. She will sort it out." However, further action was required to ensure all staff received regular formal supervision on a regular basis, in accordance with the provider's policy.
• The registered manager told us she aimed to ensure each staff member received this at least twice a year. But when we reviewed the provider's 'supervision matrix' for 2019, we found several staff were recorded as having had only one 'group' supervision in the year.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Effective systems were in place to assess and determine people's individual needs and preferences. These were set out in each person's care plan and were reviewed monthly by senior staff.
• The provider used a variety of online and other information sources to ensure staff were aware of any changes to good practice guidance and legislation. The registered manager attended the regular managers' forum organised by the local care providers' association. She said she found this a very helpful source of information and guidance for herself and her team.

Ensuring consent to care and treatment in line with law and guidance
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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
• As part of our inspection we checked whether the service was working within the principles of the MCA. We were satisfied that appropriate legal authority had been obtained in situations where it was necessary to deprive people of their liberty. Additionally, senior staff made use of best interests decision-making processes to support people who had lost capacity to make significant decisions for themselves. These were documented in people's care records.

Staff working with other agencies to provide consistent, effective, timely care
• Staff had forged effective working relationships with a variety of external organisations, to assist in the provision of effective care to the people who lived in the home. Commenting on their experience of working with the staff team, a local healthcare professional told us, "They are very supportive. I have no concerns."

Supporting people to eat and drink enough to maintain a balanced diet
• Most people told us they enjoyed the food and drink provided in the home. For example, one person said, "The food is first class. There is a choice of two meals at lunchtime." A relative told us, "The cook makes lovely cakes to have with the mid-afternoon drinks."
• Staff were aware of people's particular nutritional requirements. For example, if people needed to have their food pureed to reduce the risk of choking. Under the leadership of the clinical lead, systems had been put in place to weigh people regularly and action was taken to address any weight loss identified.

Supporting people to live healthier lives, access healthcare services and support
• Staff worked proactively with GPs, district nurses and other health and social care professionals to ensure people had prompt access to local health and social care services whenever this was necessary. One relative told us, "The staff do regular checks of [name]'s urine as he often gets urine infections. They contact the doctor if they are concerned."
• Each person had an oral care risk assessment in their care file which senior staff reviewed and updated regularly.

Adapting service, design, decoration to meet people's needs
• The provider was committed to the ongoing maintenance and improvement of the physical environment and equipment in the home. For instance, to further improve infection prevention and control, work was in hand to create a new laundry and to install a new floor covering in the main corridor.

Requires Improvement

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.

At the last inspection of this key question it was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people were not always well-cared for or treated with dignity and respect.

Ensuring people are well treated and supported; supporting people to express their views and be involved in making decisions about their care; respecting equality and diversity

• Most people told us that staff were kind and caring. For example, one person said, "The carers really make me feel that I am needed. We all get along very well."

• However, during our inspection, we observed staff were inconsistent in their approach and further action was required to ensure people were always supported with compassion in a fully person-centred way. For example, at lunchtime on the first day of our inspection, we observed one member of staff talk sharply to a person who was sitting next to them in the dining room. Similarly, we heard another staff member brusquely tell another person to "calm down" when she enquired how long it would take for lunch to be served.

• More positively, most people told us that staff encouraged them to retain control of day-to-day decisions, wherever possible. For example, one person said, "I stay in my room all of the time as I like it in here." Describing their approach, one staff member told us, "Every single person is different. We do what they like [us to do for them]."

• Staff were aware of the importance of supporting people in a non-discriminatory way which reflected their beliefs and cultural preferences. For example, one person of a particular nationality was provided with some of the foods that would have been available to them in their country of origin.

• At the time of our inspection, two people were using a local advocacy service. Advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

• Staff told us that they understood the importance of treating people with dignity and respect. However, during our inspection we heard several staff use undignified and impersonal terms to refer to the people in their care. For example, one member described as "purees", people who needed their food liquidised to reduce the risk of choking. Similarly, another staff member referred to people living with dementia as "our dementias". Another member of staff told us, "Old people are like babies." Action was required to ensure people were treated with dignity and respect at all times.

• On the first day of our inspection we found some people's care notes lying on an unattended desk in the corner of the main lounge. This meant anyone passing could have looked at people's confidential personal information. Action was required to uphold people's right to privacy.

• More positively, staff told us that they encouraged people to retain their independence for as long as possible. Talking of one person, the registered manager said, "When [name] came to us she was hoisted and pushed in a wheelchair. Now she transfers [without the use of a hoist] and pushes her own wheelchair."

Good

Is the service responsive?

Our findings

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

At the last inspection of this key question it was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

• When someone moved into the home, senior staff created an individual care plan setting out key information about the person's individual needs and preferences.

• The care plans we reviewed were well-organised and provided staff with detailed information on people's wishes and requirements in areas including life history, communication and mobility. For example, one person's plan stated, '[Name] likes returning to her bedroom after meal times to have a lay down and relax."

• Senior staff reviewed and updated each care plan on a monthly basis. Commenting positively on the provider's approach in this area, one relative told us, "The staff filled in an assessment and care plan with me … when [name] was admitted. And it has been reviewed."

• Reflecting the provider's systematic approach to care planning, people told us staff had a good understanding of people's individual preferences and provided them with responsive, personalised support. For example, one relative told us, "If we visit and [name] begins to get agitated, the staff come over straight away. They go the extra mile to support and reassure her." Another relative said, "It's quite a challenge … to get [name] to take a bath or shower. But they wait until they feel he is ready and then encourage him and support him to do so."

Meeting people's communication needs

Since 2016 onwards, all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• The provider had embraced the AIS and ensured staff responded to people's individual communication needs and preferences. For example, polices were available in a variety of alternative formats and arrangements were in place to communicate with a person whose first language was not English.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

• The provider employed an activities coordinator who worked 30 hours each week. The activities coordinator organised a programme of activities and events to provide people with physical and mental stimulation. For January 2020 the programme included keep fit, quizzes, a darts competition and visits from professional entertainers.

• On the first day of our inspection, the activities coordinator led a game of bingo in which several people participated. Commenting positively on the provider's approach in this area, a relative told us, "The activities coordinator is really good. The staff encourage [name] to get involved with anything that is going

on. She [has even started] dancing now, which is something she has never done before.
• Since our last inspection, the provider had created a new 'sensory room' to provide new opportunities for stimulation and social interaction. Describing this initiative, the clinical lead told us, "It's [mainly] for people who don't like to join in the activities. We offer it to people once a week, for an hour at a time. It was [the registered manager's idea. It's based on a programme started in America, called Nami, the whole person."
• The registered manager told us she had also encouraged the housekeeping staff to get more involved with the people living in the home and support them to retain skills of daily living. She said she found this approach was very therapeutic for some people. We reviewed the records maintained by the housekeepers and saw that several people had helped with domestic tasks, including dusting and delivering clean laundry around the home.

End of life care and support
• Describing the provider's responsive approach to end of life care, the registered manager told us, "If it is expected, we have anticipatory [pain relieving] medicines ready and prepare an end of life care plan. Family members are welcome to stay all hours and we provide them with meals."
• Following the recent death of a loved one, a relative had written to the registered manager to say, 'For the wonderful caring staff at Meadows Edge. Thank you so much each and every one of you, for all you did for our mum … especially ensuring her final hours were comfortable and peaceful.'

Improving care quality in response to complaints or concerns
• People told us they contacted the registered manager or clinical lead if they had any queries or concerns. One relative told us, "The manager and deputy always seem to be here if I need them. The office door is always open."
• Reflecting this commitment to addressing issues in a responsive way, formal complaints were rare. The registered manager maintained a record of any that were received and told us she investigated them in accordance with the provider's policy.

Requires Improvement

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 of this key question it was rated as Inadequate. At this inspection this key question has now improved. However, the service was still not consistently well-led.

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

• At our last inspection we identified significant concerns with the provider's approach to monitoring service quality, creating risks to people's safety and welfare. This shortfall in organisational governance was a breach of Regulation 17 Good governance of the 2014 Regulations.

• At this inspection, we found enough improvement had been made, particularly in respect of clinical care, and the provider was no longer in breach of Regulation 17.

• As described in the Safe section of this report, the clinical lead had introduced a range of new systems to monitor the safety and effectiveness of clinical care. She had also reviewed the competency of all nursing staff employed in the service using a recognised assessment tool.

• These measures had had a positive impact in addressing shortfalls in practice identified at our last inspection, such as pressure area care and nutrition. Additionally, the clinical lead personally conducted detailed audits of people's care plans to ensure these were fully reflective of people's needs and preferences.

• Although we were satisfied the breach of Regulation 17 had been addressed, further action was required to ensure the provider's approach to monitoring service quality was consistently effective. For example, the provider's medicines management audits had failed to identify the shortfalls we found on our inspection. Similarly, the provider had failed to identify the infection control hazards we found in the dining room.

• As required by the law, the rating from our last inspection was on display in the home and on the provider's website. However, we found that the provider had failed to comply with the legal requirement to notify CQC of an allegation of abuse concerning a person living in the home. When we raised this further shortfall in organisational governance with the registered manager, she accepted personal responsibility for the oversight and told us she would take action to avoid it happening again.

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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

• Most people told us they thought highly of the home and the leadership of the registered manager. For example, a relative said, "The manager is brilliant, very caring. She seems to know what is going on [and] is very welcoming when we visit." One person commented, "I am very happy here."

• Throughout our inspection, the registered manager displayed a candid and self-aware approach. For example, commenting on the findings of our last inspection, she told us, "We could see there were faults. I didn't have the nursing experience. [Since then] I have learned so much. [The clinical lead] has made a big difference. If I am unsure about nursing practices, she can teach me quite a lot."

• Describing her management style, the registered manager told us, "I do try and [lead] by example. And I will try and support everyone as far as possible. If someone is struggling, I would rather support them than tell them off." The registered manager's supportive leadership was clearly appreciated by her team. For example, one member of staff told us, "We all work as a team. [The registered manager] helps out a lot." Another staff member said, "Staff can come to [the registered manager] with a suggestion. They feel they are part of a team."
• The provider promoted the welfare and happiness of the staff team in a variety of ways. The registered manager told us, "On their birthday, [staff] get a cake and a card. And at Christmas, they all get little gifts. We also do gold stars and boxes of chocolates for staff who do something [particularly kind or innovative." Talking of the registered manager, one staff member said, "Some days she will bring in cakes or biscuits, just as a treat. [Previous managers] never did that."
• Reflecting this caring approach and the positive organisational culture it had created, staff told us they were proud to work for the provider and enjoyed coming to work. One staff member said, "It's really good. I am happy to be here. It's improved [since your last inspection]." Similarly, another member of staff told us, "I really, really love working here. It's well-managed [and has] got much better since the last inspection."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others;
• To promote people's engagement with the service, the provider hosted occasional 'resident and relative' meetings and issued questionnaires to people, their relatives and local health professionals. We looked at the most recently completed questionnaires and saw that feedback was generally very positive.
• People's satisfaction with the service was also evident in their online reviews. For example, on a national care home website, one person had commented, 'The care given to my father surpassed all expectations. The patience and time given were excellent. The staff were cheerful and supportive at all times and nothing was too much trouble.'
• The provider was committed to the ongoing improvement of the service in the future. For example, the registered manager told us of her plans to create new enclosed external areas to enable people to enjoy the gardens in safety.
• The provider had also created positive links with the local community. For example, a local church hosted regular services in the home and children from local Scout group visited to play games with people.