The Fremantle Trust

Meadowside

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 23 November 2017 and was unannounced. At our last inspection in October 2015 the service was rated as good.

Meadowside is a care home for older people. The home has 68 beds split into six flats on three floors; each floor has its own dining area and lounge. On the day we inspected there were 65 people living in the 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 registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People were positive about the service and the staff who supported them. People told us they liked the staff and that they were treated with dignity and kindness.

Staff treated people with respect and as individuals with different needs and preferences. Relatives we spoke with said they felt welcome at any time in the home. They felt involved in care planning and were confident that their comments and concerns would be acted upon. The care records contained information about how to provide support, what the person liked, disliked and their preferences and interests.

The staff demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences.

Staff understood the provider's safeguarding procedures and could explain how they would protect people and who to contact if they had any concerns.

Risk assessments were in place for a number of areas and were regularly updated, and staff had a good knowledge and understanding of many health conditions.

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people living at the home.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Medicines were managed safely. Staff had received relevant training and regular medicine audits were taking place.

People were satisfied with the food provided at the home and the support they received in relation to nutrition and hydration.

There was an open and transparent culture and encouragement for people to provide feedback. The provider took account of complaints and comments to improve the service. People told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

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

Staff told us they really enjoyed working for the organisation and spoke very positively about the culture and management of the service. Staff told us that they were encouraged to openly discuss any issues.

People, relatives, staff and health and social care professionals spoke highly of the registered manager; they found her to be dedicated, approachable and supportive. The registered manager understood their responsibilities and ensured people, relatives and staff felt able to contribute to the development of the service. Staff were supported to be valued members of the organisation. The continued development of the skills and performance of the staff was integral to the success of the service.

The provider's governance framework ensured quality performance, risks and regulatory requirements were understood and managed. There was good use of online monitoring tools in support of this.

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

Meadowside

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 an unannounced inspection and took place on 23 November 2017.

The inspection team consisted of two inspectors and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts.

We spoke with 18 people who use the service and six relatives. We also spoke with the registered manager, the chef and seven care support staff. After the inspection we got feedback from four health care professionals who worked closely with the service.

During our inspection we observed how the staff supported and interacted with people who use the service. We also looked at 13 people's care records, nine staff files, a range of audits, the complaints log, and minutes for residents meetings, staff supervision and training records, and a number of policies and procedures for the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe whilst receiving their care and support. Comments included, "I have got no safety concerns about my mum in this home. She is safe here" and, "I have lived here a long time, If it wasn't safe I wouldn't be here."

The provider had taken reasonable steps to protect people from abuse. There were systems in place to ensure that safeguarding concerns were raised with relevant agencies, such as the local authority safeguarding team. Care staff told us they would tell the registered manager or deputy manager of any safeguarding issues. Staff we spoke with were also aware of the provider's whistle blowing policy and procedure. One staff member told us "I am aware where the whistle blowing number is and I would use it if required. "Staff told us that they had received safeguarding training at induction and we saw from the training records that all staff had completed safeguarding training within the last past year. Staff were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicion. The provider had a separate file with all safeguarding concerns appropriately logged. We were able to see there had been six safeguarding concerns in the past year. We were able to follow the provider's input in each of these cases and saw the provider had liaised with the local authority and the Care Quality Commission appropriately. We saw the provider had spoken to each individual's family and included them in the safeguarding process.

Each person's support plan contained individual risk assessments in which risks to their safety were identified. These included areas such as skin integrity; falls, mobility, diet, and the use of bed rails. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. This enabled staff to work effectively to keep people safe. Where people's needs changed, staff had updated risk assessments and changed how they appropriately supported people to make sure they were protected from harm. For example, where people were identified as at risk of falls, specialist equipment such as pressure mats by beds had been obtained.

Whilst we were at the care home we witnessed an incident where a person who used the service fell and sustained an injury. We saw how the care staff acted promptly and effectively to ensure the person was kept safe. Staff accompanied the person to hospital as the person was anxious. This showed staff had been trained and were aware of procedures involved in an incident such as this.

The registered manager had risk assessed the environment. This risk assessment included information about each area of the home, any risks present and the mitigation for the risk. We saw that all accidents and incidents were logged. Report forms of incidents were reviewed by senior officers and appropriate action was taken by respective managers and members of staff.

We observed that there were sufficient staff members to keep people safe across the home. However at the time of this inspection the service was using some agency staff, the registered manager told us that this was because the organisation was struggling to recruit staff of the right calibre, but her current priority was to recruit to a full complement of staff.

We looked at the recruitment records for staff and saw that safe systems were used when new staff were recruited. The provider used its in house recruitment team based at its business support centre. Applicants underwent an initial screening telephone assessment and were then asked to attend a face-to-face interview at the care home. The systems for recruiting new care workers were robust and checks were undertaken to ensure that only appropriate applicants were employed. Disclosure and Barring Service checks were carried out for all new staff before starting work to ensure they were safe to work with vulnerable people. References from previous employers were in files and the provider ensured the applicant supplied a full employment history.

Medicines were stored appropriately and administered by staff who had received training to do so. We noted that medication administration record (MAR) charts had been filled in correctly. We observed a senior care worker administering people's medicines during the home's lunchtime. The senior care worker checked each person's MAR prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. We saw that there was a picture of each person on the front of the medicine records. This meant people were protected from being administered incorrect medicines. There were plans in place that outlined when to administer as required, medication. There were also procedures in place for the ordering and safe disposal of medicines. There were no current people using controlled drugs but we saw the provider had a robust procedure to ensure these medicines were stored and administered safely when required. There was a system of regular audit checks of medication administration records and regular checks of stock. Senior staff conducted a monthly audit of the medicines used. Person centred PRN protocols were also in place and looked at, at the time of the inspection. This was to ensure people were only given PRN medication when really needed. As well as monthly audits, we also evidenced daily checks of MAR sheets which were carried out by the senior team. This indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

Staff had access to protective clothing such as gloves and aprons while carrying out personal care. Staff told us that infection control was part of their induction training and was regularly updated. This helped to ensure that people were cared for by staff who followed appropriate infection control procedures. The home was visibly clean, comfortable and well maintained. One person told us, "Most of the time it's spotless." Records showed staff received regular training on infection control and food hygiene.There was a regular infection control audit carried out by the manager and housekeeper to identify opportunities for improvement within the service.

The home was in a good state or repair and decoration throughout and signage was bright, visible and dementia friendly. Appropriate health and safety certificates, such as gas and electricity checks, were available for the home, and maintenance records indicated that repairs were carried out swiftly when needed.

Good

Is the service effective?

Our findings

People told us staff had the knowledge and skills needed to provide an effective service.

All staff completed training as part of their probationary period. We were able to read the provider's comprehensive induction records. We saw new staff had worked through mandatory training during their probationary period. Staff told us that they were mentored by a senior care worker to help them to complete their induction. The provider ensured all new staff attend a three day corporate induction programme at its head office before commencing further training at the care home. During the three days at the head office, new staff received training in areas such as moving and handling, mental capacity [MCA 2005], safeguarding and infection control. The provider issued each new staff member with a training booklet which they worked through whilst shadowing senior staff at the care home. Staff spoken with told up they all felt ready and skilled enough to work with the people who used this service by the end of their induction period. One told us "I was ready. The induction training was really good." Another stated, "I felt very confident after my induction training."

The provider had a robust system in place to record the training that care staff had completed and to identify when training needed to be repeated. Training the provider deemed mandatory included moving and handling, infection control and dementia awareness. One member of staff told us, "We do face to face learning, it's enjoyable." Another stated "the manager makes sure we continue to learn and develop."

We spoke with staff with regard to supervision and appraisal. We accessed their records which showed staff members received an annual appraisal and regular supervision. One staff member told us, "The supervision is good. I can speak [to] or ring the manager anytime if I have a problem." Another member of staff told us, "I've had regular supervision meetings since I started work here." This showed there was regular support for staff members. We saw that staff received appropriate professional development and were supported to deliver treatment safely and to an appropriate standard. We were able to confirm in staff files staff received supervision every four to six weeks. Appraisals were completed annually and reviewed six monthly. The subject areas of supervision included safeguarding, MCA, infection control and behaviour that challenges.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider to be meeting the requirements of DoLS. The registered manager was able to clearly explain and evidence the process. The provider had a check list which indicated whether a person might fit criteria for DoLS. If so the provider completed a capacity assessment on the area in question. If it was felt the person lacked capacity a referral was immediately made to the appropriate local

authority. Staff we spoke with were all able to describe how they worked within the MCA 2005. One staff member told us, "I have been trained on mental capacity issues and am aware of the best interest's policy."

The risks to people from dehydration and malnutrition were assessed so they were supported to eat and drink enough to meet their needs. People's food preferences and needs were recorded and menus planned to reflect this. The staff provided for specialist diets based on health and cultural needs and personal preferences. Food was freshly prepared by the chef each day and people had a choice of three different meals. The kitchen was appropriately stocked with fresh food. We saw that people had a varied diet from the records of food they had eaten.We were able to speak with the chef who explained how the provider ensured people who required special diets received the correct food. The provider had a system which ensured meals were given to the correct person. We saw in the kitchen that food was stored correctly and that measures were in place to avoid cross contamination. All staff who entered the kitchen wore protective jackets and hats. Fridge temperatures were checked twice daily and there was a food safety procedural document in the kitchen file. One member of staff told us "If someone did not eat their food I would always check whether they wanted something else." Another said, "We record how much people eat and drink and if there is an issue we would refer to a dietician."

Records confirmed that there were systems in place to monitor people's health care needs, and to make referrals within a suitable time frame. Health records were up to date and contained suitably detailed information. Staff implemented the recommendations made by health professionals to promote people's health and wellbeing. Staff described the actions they had taken when they had concerns about people's health. For example, we saw in one person's records how the provider had identified pressure areas on a person who had been admitted to the home from hospital. We saw how the provider referred to district nurses and informed the local authority. Pressure relieving equipment was put in place and the person kept safe from further harm.

Significant work has been carried out to improve the living environment. Themed areas were created to enable people to feel more occupied and contrasting colours were used to enable people to find their whereabouts and reduce the risk of falls. One persons bedroom door was transformed to replicate their previous front door, this reduced the risk of them getting lost or falling.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were very caring. They were also respectful of people's privacy and dignity. Comments included, "Staff are very kind. When mum goes to the toilet they give her a little spray of her perfume, just how she likes it. They tell me that mum has had a nice bath. They are amazing. The four main carers are wonderful. There is a lovely carer on at weekends", "The staff are very friendly and caring "and "Staff are nice, they are quite good. They bring me tea and have a chat."

Staff were motivated, passionate and caring. Staff were observed interacting with people in a caring and friendly manner. They were also emotionally supportive and respectful of people's dignity. People told us that staff were caring and respected their privacy and dignity. One person told us, "They knock on the door before they come in." Our observation during the inspection confirmed this. Staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering We saw that staff spoke with people while they moved around the home and when approaching people, staff would say 'hello' and inform people of their intentions. We heard staff saying words of encouragement to people. During our observations we saw many positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. We saw that staff were communicating well with one another passing on relevant information to each other regarding the care they were providing .We observed that people using the service appeared clean and well groomed.

We saw staff being gentle to people while supporting them with tasks such as eating, taking medicines, and personal care. Staff were patient, spoke quietly and did not rush people. One staff member told us, "If they refuse help then we leave them and try again later," and another told us, "We always give people options for example in choosing what to wear, it's important to keep them independent; I only provide support where necessary."

We saw people's care plans included information about their needs around age, disability, gender, race, religion and belief. People's plans also included information about how people preferred to be supported with their personal care. Staff we spoke with were able to tell us about people's preferences and routines. A staff member told us, "We treat people like our own family."

We saw staff offered people choices about activities and what to eat, and waited to give people the opportunity to make a choice. For example, at lunchtime, staff reminded people of the choices of food on the menu and the drinks that were available.

People were supported to maintain contact with friends and family. Visitors we spoke with said they were able to visit at any time and were always made very welcome.

Good

Is the service responsive?

Our findings

People's care plans confirmed that an assessment of their needs had been undertaken by a senior member of staff before their admission to the service. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. A relative commented, "We have recently been involved in updating mum's care plan."

Heath care professionals told us that the service was very responsive and always promoted independence and that they were proactive and knowledgeable.

The care plans contained information about how to provide support, what the person liked, disliked and their preferences. People told us staff adapted care to suit their individual preferences. For example, some people preferred a morning lie in, whilst others liked to be up early; this was known and respected by staff. There was 'preferred routine' and 'special memories places and people section' within the care plans where people who used the service along with their families and friends had completed a life history with information about what was important to people.

The care plans ensured staff knew how to manage specific health conditions, for example diabetes. Individual care plans had been produced in response to risk assessments, for example where people were at risk of developing pressure ulcers. Entries in people's care plans confirmed that their care and support was being reviewed on a regular basis, with the person and or their relatives. Where changes were identified, care plans had been updated and the information passed on to staff. The registered manager created a falls analysis report which was used to monitor trends in the falls each month and included evidence of where measures had been put in place to reduce the risk.

The registered manager told us that following a trend in weight loss in some residents with dementia, the home had introduced the use different coloured crockery; she explained that coloured plates helped some people see and recognise their food better. We saw that this had resulted in a significant increase in people's weights.

A 'leisure and lifestyle lead' was in place who organised activities on a daily basis. In addition to scheduled activities, such as visits from entertainers, group activities were offered to those who wanted to participate. These included, exercise classes, group quizzes, hair dressing, poetry reading and arts and crafts. The home also had access to a minibus and took people out regularly to museums, theatres and the seaside. We saw that weekly activity schedules were displayed in various areas around the home. Pets were also encouraged and staff supported people to look after their pets. We noted that there was good interaction between people and the resident dog and cats.
The home was a member of NAPA (National Activities Providers Association) and that they worked closely with the local community and organisations that provided advice on activities for people with dementia. The service found creative ways to enable people to live life to the full and continued do things they enjoyed.

We saw some excellent examples of 1-1 activities facilitated for people in order to pursue their interests. This included taking a number of people to ride on a plane, attend a football match and one person was taken abroad on holiday with staff support. A relative told us, "There is always something going on. She does go to the activities, she likes singing along, and she has been to theatre. If there's any celebration going the activities co-ordinator will organise it."

The provider took account of complaints and compliments to improve the service. A complaints book, policy and procedure were in place. People told us they were aware of how to make a complaint and were confident they could express any concerns.

People were asked about where and how they would like to be cared for when they reached the end of their life and this was recorded on their care plan. This captured their views about resuscitation, the withdrawal of treatment and details of funeral arrangements. It gave people and families the opportunity to let other family members, friends and professionals know what was important for them in the future, when they may no longer be able to express their views. We found that a number of people did not want to complete their end of life plan and this was recorded. The service was in the process or rolling out a more detailed end of life care plan format. The registered manager told us that training was in the process of being rolled out.

Good

Is the service well-led?

Our findings

People who used the service, relatives and staff praised the registered manager and said they were approachable and visible. It was clear from our discussions that she was highly motivated and passionate about her role.

The service was very well led. There was an extremely positive, open and inclusive culture at the service. People were involved in many aspects of the home, including involvement in staff recruitment and the refurbishment of the building. Comments included, "The manager is lovely. She talks to me", "I have recommended here to my friends for their parents" and "She is an exceptional manager and has transformed the place."

We found that people and their relatives felt consulted and involved in decisions about the care provided in the home. Regular meetings were held for people living at the home and their relatives at which they were able to participate in decision-making regarding activities and menu planning as well as provide feedback about the service.

Observations and feedback from staff and relatives showed us that there was an open leadership style and that the home had a positive and open culture. Staff spoke positively about the culture and management of the service. Staff told us, "The manager is lovely, she is always available and very kind", "I feel comfortable in voicing my opinions on any issue and I feel I am being listened to." Another staff member said "The managers here are really good, I can speak to them when I like."

Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. They were supported to apply for promotion and were given additional training or job shadowing opportunities to facilitate this. The continuous training and development staff received had embedded a culture within the service that placed people at the heart of all they did. During our conversations with staff, they demonstrated they cared immensely for the people they supported.

The staff praised the culture and support they received at the service and felt really valued whatever their role. Staff felt that morale was very good and communication throughout the home was effective. One member of staff told us, "It's a lovely place to work. Everyone gets on well. It's like a family." We read the results of the provider's most recent staff survey, these were extremely positive.

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager was supported by the Regional Director, a deputy manager and an assistant manager.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager told us they were supported by the provider in their role. Up to date sector specific information and guidance was also made available for staff.

The management team and staff told us that the Regional Director visited the service on a regular basis, providing management support and guidance.

There were on line systems in place to monitor all aspects of the care people received. The registered manager had conducted audits regularly and there was continual oversight by the provider. These had assessed areas such as hospital admissions, the cleanliness and safety of the environment, the accuracy of people's care records and the management of people's medicines. The registered manager worked in the home each day. This meant they could observe staff practice check on people's bedrooms, medication, meals, activities, housekeeping and care plans to ensure a continuous drive for improvement.

Accidents and incidents were reviewed to ensure people remained safe and identify changes needed to people's care. Documents included an outline of how accidents occurred, what actions were undertaken and how they planned to reduce the risk of similar events. In addition interventions and lessons learnt from incidents were also recorded. The registered manager additionally completed a regular accident/incident audit. The purpose of this was to monitor for any themes, check associated recordkeeping and assess actions taken. The management team had put systems in place to analyse and minimise the risks to people of receiving unsafe care.

The provider had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. We used this information to monitor the service and ensured they responded appropriately to keep people safe.

The service worked in partnership with other agencies to support care provision and development. The service's compliments records included positive feedback from community professionals about co-operative working.