Sanctuary Care Limited

Meadows House Residential and Nursing Home

Inspection report

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11 December 2018
12 December 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an unannounced focused inspection of on 11 and 12 December 2018. This inspection was carried out in response to information of concern in relation to the management of falls and in relation to aspects of the safety of the premises.

The team inspected the service against two of the five questions we ask about services: is the service safe and is the service well led. This is because the information of concern related to these two key questions.

No risks, concerns or significant improvement were identified in the remaining key questions through our ongoing monitoring or during our inspection activity so we did not inspect these. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

Meadows House Residential and Nursing 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.

Meadows Residential and Nursing Home provides care and accommodation for up to 59 people across four separate units; three residential units and one nursing unit each of which have separate adapted facilities. One of the residential units specialises in providing care to people living with dementia with behaviour that may require a response. At the time of the inspection there were 56 people using the service.

There was a registered manager in post, although they were not present at the time of the inspection. 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.

At this inspection we found that risks to people were identified and actions were taken to minimise harm or reoccurrence. Risks in relation to falls were identified, assessed and there was guidance for staff on how to reduce the likelihood of falls reoccurring. A falls checklist was completed following a fall to ensure all necessary action was taken and to consider any actions to minimise the likelihood of it occurring. Some staff needed some further support to fully understand how to complete new electronic risk assessment documents. The regional manager advised us of the plans with the training department to provide further training in relation to this. Refresher falls training for staff was in the process of being organised through the training of falls champions.

There were systems to manage risks in relation to emergencies. Risks in relation to the premises and equipment were managed appropriately between the landlord's premises contractor and the home. Risks in relation to window restrictors were being reassessed following an incident in which someone had left the

service through a ground floor window. Action had been taken to minimise the risk of reoccurrence.

Staff were trained to protect people from abuse or harm. They knew the procedure to report any concerns and how to escalate their concerns to external agencies if needed.

The service looked to learn from any accidents, incidents, safeguarding or safety issues and learning was shared across the home and amongst the provider's other locations.

There were enough staff to meet people's needs. Staff underwent recruitment checks to ensure they were suitable before they started to work with people.

People received their medicines as prescribed and medicines were safely managed. Staff were trained in infection control and followed good infection control procedures.

The registered manager had the necessary experience and skills to manage the service and the arrangements for support for their role worked satisfactorily and ensured that the Commission was notified of any significant issues as required. The inspection rating was displayed as required.

People, relatives and staff spoke positively about the management of the service. There was a system of meetings to ensure communication worked across the service. Staff were clear about their roles and responsibilities and understood the provider's aim to deliver good quality care.

Audits were completed to monitor the quality of the service and safety of the care provided to people.

The service worked in partnership with other organisations to meet people's needs effectively. The regional manager had recently established systems to improve the exchange of communication between them and the landlord's premises contractor to ensure any issues were identified and acted on promptly.

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

Risk were managed to protect people from possible harm. Accidents and incidents were recorded, monitored and acted on appropriately. There were arrangements in place to deal with emergencies.

The service looked to learn from any accidents or incidents and identity any possible trends to reduce the risk of reoccurrence.

People were protected from the risk of abuse, because staff were aware of the action to take to ensure people's safety and well-being.

There were enough staff to meet people's needs. Staff recruitment practices followed regulatory requirements.

Medicines were managed, administered and stored safely.

There were systems in place to ensure people were protected from the risk of infection and the home environment was clean and well maintained.

Is the service well-led?

Good

Overall people and their relatives were positive about the way the service was run.

There were systems that worked to monitor the quality and the safety of the service

Staff were complimentary about the registered manager and there we support arrangements for their absence.

Staff understood their roles and responsibilities and worked effectively in teams. There were a range of regular meetings to aid communication and learning across the service.

The service was working in partnership with other agencies to build effective communication.

Resident and relatives' annual surveys had been carried out. Regular staff and residents' meetings were held and feedback was sought from people and their families to inform changes.

Meadows House Residential and Nursing Home

Detailed findings

Background to this inspection

We carried out this focused inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, in respect of the Key Questions Safe and Well Led

The inspection was prompted by the outcome of a safeguarding investigation by the local authority from 2017, which was substantiated in September 2018 and a notification sent to us by the provider in which a person went missing from the home in November 2018, which was not the subject of any investigation. However, these incidents indicated potential concerns about the management of risk in relation to falls and we explored this aspect of care and treatment during the inspection as well as other lines of enquiry under the key questions safe and well led. A notification is information about important events the provider is required to send to us by law.

This inspection took place on 11 and 12 December 2018 and was unannounced. On the first day the inspection team consisted of two inspectors and an occupational therapist specialist advisor. On the second day a single inspector returned to complete the inspection.

As part of our planning for the inspection we reviewed the information we held about the service from our ongoing monitoring. We also consulted the local authority commissioning and safeguarding teams for their views.

During the inspection most people could not express their views about their safety or the management of the service and so we observed the care provided. We spoke with five relatives to understand their views about the care provided. We also spoke with two nurses, two senior carers, three care workers, the regional maintenance operative, the domestic supervisor, a domestic staff member, the chef and assistant chef, the team leader, a visiting support manager and the regional manager. We looked at six care records, records in

relation to falls, records in relation to the running of the service such as four staff records, medicines records, maintenance checks, audits and meeting minutes.

Good

Is the service safe?

Our findings

This inspection was prompted by notifications about two incidents related to possible risks at the service. One was in relation to risks regarding falls management; which, we found overall were being managed effectively. A new electronic care record system had been recently introduced at the service which included people's risk assessments and care plans. A falls checklist was completed following a fall to ensure all possible actions to reduce risk had been considered. We observed the completion of the checklist was carried out promptly following a fall during the inspection and appropriate care was provided following the fall.

We checked the risk assessments and care plans for four people tracked from accident and incident reports to have fallen in the last few months. We found their risk assessments were up to date and their care plans recorded guidance of how to reduce the risk of falls. Where people were at risk of falls from bed we saw appropriate equipment such as low-rise beds and crash mats were considered or the use of monitoring devices linked to the nurse call system to alert staff in relation to any concerns for people's safety.

However, we found staff were not always consistently completing the risk assessment template accurately to indicate any previous falls. While this had not impacted on people's care it was possible it would not flag appropriate action to be taken to reduce future risks. Moving and positioning risk assessment templates allowed staff to detail the techniques and equipment needed to reposition someone safely. We noticed some variation in the details included in care plans. For example, where a resident had been identified at risk of falling out of bed a crash mat had appropriately been introduced but this had not been recorded in the care plan.

We discussed these issues with the regional manager and visiting registered manager. They told us coaching on the new system was being offered and they would continue with this. Further training on the risk assessment templates was also organised with the provider's training department to ensure staff familiarity and understanding of the new electronic records was embedded. Staff had received falls prevention training but a refresher programme had been organised for the following month with the training of falls prevention champions.

Other health risks were identified and managed appropriately. For example. we saw any risks in relation to people's dietary needs such as risk of malnutrition, choking or any food allergies were shared with the catering staff who had access to detailed information about people's diets and their eating and drinking care plans. Any concerns were referred to relevant health professionals such as dieticians or speech and language therapists. Risk assessments and care plans with guidance for staff on any triggers and how to respond were in place in relation to health needs such as epilepsy or aspects of people's behaviour that may require response.

The other notification that had prompted the inspection related to risks in relation to the security of the windows following an incident in which a person had left the service through a ground floor window and external gate which posed a risk to their safety. The safety and security of aspects of the premises was

managed by the premises contractor. The windows at the service had inbuilt restrictor safety mechanisms which had all been checked following the incident. The vising registered manager advised that the windows had been cleaned earlier that day and it was most likely that human error had meant the mechanism had not been switched back on following cleaning. Housekeeping staff had subsequently been reminded about the importance of doing this. External contractors carried out regular window cleaning but housekeeping staff advised there were occasions on the ground floor when the windows needed additional cleaning.

The provider was reviewing the risk assessment in relation to the use of the window restrictors with the landlord's premises contractor. The landlord's premises contractor advised that they would complete regular window restrictor checks and they were unaware of any other possible cause of failure.

Following the inspection, the registered manager for the service advised that housekeeping staff had been instructed not to clean the external windows as cleaning was carried out by external contractors.

Other safety checks such as legionella water checks and water temperature checks were conducted by the premises contractor. External safety checks in relation to gas and electrical safety had been completed as required.

Risks in relation to equipment such as hoists, slings, bed rails and fire safety equipment was managed by the provider through a programme of internal checks and external maintenance in line with legal requirements.

Risks in relation to emergencies were identified and managed. People had a personal emergency evacuation plan to help guide staff when needed. There was also a colour coded, at a glance evacuation list to help guide emergency services. Staff told us they took part in regular fire drills which we confirmed from records and that they had received training on using evacuation equipment. A fire risk assessment had been completed in February 2018 and follow up actions identified were in the process of completion by the landlord's premises contractor.

People and their relatives told us they thought their family members were safe from abuse or neglect at the service. One person said, "I feel quite safe here." A relative told us, "I've no concerns about their safety here." Staff were knowledgeable about the kinds of abuse that could occur and what to do if they had any concerns. Where staff did report concerns we saw these were investigated and referrals were made to the local authority safeguarding teams as required. The service worked in cooperation with the local authority to ensure any safeguarding investigations could be completed and acted on any recommendations made.

There were processes for the service to identify and share learning from accidents, incidents and safeguarding. The manager completed monthly analysis to identify any trends. The provider monitored these through the managers monthly audits.

Learning from accidents and incidents and outcomes of safeguarding investigations was identified and discussed internally and at regional manager meetings to ensure learning was shared across the local homes. For example, learning had been identified from a substantiated safeguarding outcome following a fall. This included improvements to the detail of people's records and supervision with nurses to remind them of the importance of record completion and review. We saw this supervision had been completed and learning in relation to record keeping had also been discussed at the heads of department daily meeting. Support staff from house keeping were also reminded to look out for dangers when attending to people's rooms and any concerns.

People's relatives and staff told us they thought there were enough staff to meet people' needs. One relative

said, "They are busy but there are always staff about if you need them." Our observations were there were sufficient staff to meet people's needs across the service. Staffing levels were assessed according to the needs of people at the service and we saw a dependency tool was reviewed regularly to ensure sufficient staffing levels. We were told agency staff were not used, other than to support one to one care, as the provider had a pool of bank staff they could rely on in an emergency. The rota reflected the number of staff on duty one each unit and we observed that there were sufficient staff to support people at meal times and there were staff available in the communal areas to offer support in a timely way.

The provider operated effective recruitment checks to ensure people were protected from the risk of employing unsuitable staff. Staff records showed that checks were carried out in line with the regulations and requirements.

Medicines were safely stored, administered and managed. We reviewed the medicines management on two units at the service and no concerns were identified. Controlled drugs were managed in line with requirements. Arrangements to administer medicines covertly followed guidelines with a best interest decision and agreement from the GP, family and the pharmacist. People on insulin or other high-risk medicines were monitored appropriately. There were protocols to guide staff on the administration of as required medicines. Staff who administered medicines received appropriate training and a competency check to ensure they understood how to administer medicines safely. Both internal and external medicines audits were carried out to try to ensure the reliability and safety of medicines administration.

Effective infection control procedures were in place to minimise the risk of infection. People and their relatives told us they thought the service was clean. A relative said "The cleaners are very good; the rooms are always kept nice." We found the service was clean and free from odours. We observed domestic staff cleaning during our inspection and cleaning schedules signed off when completed. The domestic supervisor told us they shadowed all deep cleaning to ensure it was completed effectively. Staff told us that personal protective equipment such as gloves and aprons and cleaning equipment was made available to them and care staff when they needed it. The laundry operated separate entrances for dirty linen and clean linen to ensure there was no mix up or contamination risk. Colour-coded cleaning utensils and laundry bags were in use. Clinical waste was stored securely and disposed of appropriately.

Good

Is the service well-led?

Our findings

Feedback from people and their relatives was positive about the management of the service. A relative said, "The staff and manager put in a lot of time and effort." Another relative remarked, "The manager is very good and approachable."

There was a registered manager in post; however, they were away from the service at the time of the inspection, as was the clinical services manager. We had been notified of the absence of the registered manager and arrangements to cover for their absence as required. We observed these arrangements, that included support from a registered manager from a nearby service and the regional manager were in place during the inspection. Staff told us they felt well supported.

We found there had been an effective response to the concerns we were notified about in relation to the management of falls and security of the premises. Investigations had been carried out and in relation to a fall that had resulted in a safeguarding investigation and substantial safeguarding we saw learning had been identified and the actions required completed. In relation to the security of the window restrictors, immediate action had been taken to remind all housekeeping staff about the safety mechanism and to review the risk assessment for the use of the particular window restrictors in place. In the absence of the maintenance person the regional maintenance operative was carrying out routine maintenance checks.

The service worked proactively with other agencies to provide appropriate care. There had been some communication issues between the landlord's premises contractor and the service and the regional manager had worked proactively to establish a more regular series of meetings between them to reduce these issues. We found action plans in relation to the premises were not always routinely shared with the provider. For example, an action plan in relation to legionella had not been shared with the provider so that they were kept up to date with progress, but this was shared during the inspection.

A range of regular monthly audits were completed to monitor the quality of the service. These included checks on infection control, medicines, equipment and records. We saw audits identified any issues and action was then taken to address these. A recent audit in December 2018 had identified the need for some new beds and we observed these were delivered during the inspection. There were regular internal health and safety meetings held by the provider to monitor health and safety matters. The home manager also carried out quarterly audits across all aspects of the service to check the effectiveness of the service delivery.

The service looked to identify improvements. The regional manager carried out their own monitoring visits to check on selected areas of the service each month. A service improvement plan collected any areas identified from the internal audits, regional managers visits or any external audits or reports. We saw this tracked when identified issues were completed and could highlight any that were overdue from the previous month to ensure these were prioritized. Any recommendations from external quality monitoring were added to the service improvement plan. An external medicines audit and previous commissioning reports had not identified any safety concerns.

People and their relatives' views about the service were sought through regular relative and resident meetings and an annual survey. We saw meetings sought feedback on aspects of the service as well as providing an information update about any forthcoming changes such as the electronic care records and redecoration. Feedback from the last survey was positive about the service.

Staff told us they understood the provider's aims to deliver good quality care to people and they were supported to do this by the management team. The provider had an employee of the month award to recognise and encourage staff in their work. Staff understood their responsibilities and we observed they worked together effectively in teams to meet people's needs.

Staff meetings were held at regular intervals to support staff in their roles. Minutes recorded a range of topics that were included such as whistleblowing, reminding staff about the service values and purpose, the new electronic system, dignity in care amongst others. The heads of department and unit leaders also held daily communication meetings to share information. The meeting we observed was well structured with a focus on safety and consideration of any concerns as well as an opportunity for staff to raise any issues or seek guidance on the delivery of care.