

Parkcare Homes Limited

The Meadows

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

The Meadows is a residential care home that can accommodate up to 34 people with a physical disability and older people.

At the time of inspection 27 people were being supported in one adapted building, across two floors. People needing nursing care were supported on the top floor.

People's experience of using this service and what we found

Care plans did not always reflect people's preferences and wishes at the end of their lives. However, staff knew people's wishes for day to day care and how to keep them comfortable. Care was provided in a person-centred way. People were supported by staff that knew about their hobbies and interests. There was a range of activities available for people to access. People knew how to raise a concern or make a complaint and felt confident this would be addressed.

People were supported by staff that kept them safe from harm or abuse. People received medicines on time and were supported by staff that had been safely recruited. Staff had a good knowledge of risks associated with providing people's care and had received adequate training to meet people's individual care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice. People were supported to eat and drink enough and received healthcare support when needed.

People received care from staff that were kind, caring and compassionate. Staff enjoyed their work and treated people as if they were a family member. People and staff had built positive relationships together. People's privacy and dignity was respected.

People knew the management team by name. The service sought feedback from people about their care experience to ensure any issues were promptly addressed. The registered manager had a good oversight of the service. Quality assurance systems and processes enabled them to identify areas for improvement.

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

Rating at last inspection

The last rating for this service was Good. (Published 21 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

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

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, a specialist nurse advisor 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

The Meadows is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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

This inspection was unannounced and was carried out on the 17 September 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public

about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including but not limited to quality assurance, training and safeguarding records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at maintenance records and governance meeting records.

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 this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe living at The Meadows. One person said, "I feel absolutely safe here because there are people around all the time."
- Staff were empowered to report safeguarding concerns directly to the local authority and to whistle-blow. Information was displayed around the home, so people, staff and visitors would know how to notify the local authority and CQC if they had any concerns about people's safety.
- The registered manager was aware of their responsibilities for reporting concerns to CQC and staff were confident safeguarding concerns would be investigated and addressed by the management team.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Risk assessments for falls, eating and drinking enough and specific health needs were reviewed at regular intervals. These were reflective of people's needs.
- Staff knew people's individual risks and how to keep them safe. One staff member told us, to reduce the risk of burns they filled people's hot water bottles with warm water, as per their risk assessment.
- Staff confirmed, and records showed, they had received training to use equipment to assist people to move safely. The provider had purchased additional slings to be used with lifting equipment. These did not need to be removed during the day, which reduced the risk of skin damage when supporting people to move. Equipment was regularly serviced in line with the manufacturer's guidance.
- Personal emergency evacuation plans (PEEPs) were in place to instruct staff how to support people to leave the home safely in the event of an emergency. Staff told us they felt confident with the procedure in the event of a fire.

Staffing and recruitment

- The provider reviewed staffing monthly in line with people's needs. Planned staffing levels were achieved.
- Safe recruitment checks had been undertaken to ensure staff were suitable to work with people receiving care. People were supported by a consistent team of staff that knew them well.
- We observed people in communal areas to be wearing call bell neck pendants, this meant people were able to call for assistance whenever they needed it, which reduced the risk of people falling. We observed staff responding to people's call bells throughout our inspection.

Using medicines safely

- Medicines systems were organised. People received their medicines on time. Stock checks were undertaken to ensure people received their medicines as prescribed. Records showed a recent stock check

identified a missing medicine, this was immediately escalated to the management team, who sought medical advice and put measures in place to minimise against the risk of re-occurrence.

- Medicines Administration Records (MAR) were completed correctly and audits were undertaken to identify areas for improvement. Medicines were securely stored.
- Staff did not administer medicines to people until they had been assessed as competent to do so.

Preventing and controlling infection

- The home was clean and there was a pleasant odour throughout. The kitchen was inspected by the Food Standards Agency in October 2018 and received a rating of 'Very Good'. We found the home had maintained its good food hygiene practices and safety systems.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons and we observed this in use.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. Records showed accidents and incidents were recorded and were reviewed by the registered manager to identify trends, patterns and learning.

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 this key question was rated Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, social and wellbeing needs were holistically assessed before moving to the service. This ensured information relating to their culture, religion, likes, dislikes and preferences were included in their care plans.
- Care and support was delivered in line with legislation and evidence-based guidance to achieve effective outcomes.

Staff support: induction, training, skills and experience

- People received care and support from competent and skilled staff. Training for staff to refresh their skills had been undertaken. New staff undertook an induction that included shadowing regular staff to get to know people's needs. A relative told us, "Staff seem to have good training and know what they are doing."
- Further training was planned to enhance staff's skills when supporting people with a learning disability and managing people's distress. Staff had regular supervisions and told us they felt supported by the management team.

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

- People chose where they wished to eat their meals and were supported by staff that knew their food preferences and dietary requirements. People were offered regular drinks throughout the day.
- A pictorial menu was displayed, and we observed people being shown the different meals available for them to choose from. People told us they enjoyed the food and we observed people to eat well. One person said, "We get enough to eat and drink, the food's extraordinarily good. You get two choices at lunchtime and there's always something I like." A relative said, "They're flexible [name] had cheese on toast for breakfast the other day."
- Personalised snack pots were available to people that wished to have one. These included snacks of people's choice and meant they were able to eat when they wished throughout the day. Since their introduction, people had gained weight as needed or sustained a healthy weight.

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

- The service worked alongside local community and medical services to support people to maintain their physical and emotional health and wellbeing. During our inspection, staff made multiple contacts with healthcare professionals to enable a person to be safely discharged from hospital.
- Care plans were in place to ensure staff knew how to support people to meet their oral health needs.
- Staff knew people well and recognised when people needed healthcare support and raised concerns

about people's wellbeing to community services such as the person's GP and district nurses. People felt confident healthcare advice and support would be sought when needed.

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

- Improvements had been made to the home environment to make it easier for people to orientate themselves, such as by adding pictorial signage for bathrooms and toilets and adding photographs to bedroom doors.
- People had personalised their bedrooms to their choosing and were consulted regarding changes to the living environment.
- People and their visitors could spend time together in the lounge, dining area, conservatory or garden.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service met the requirements of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Where people were no longer able to make decisions about certain aspects of their lives, this had been assessed and best interest decisions had been undertaken. Where people had capacity, staff understood and respected their right to make unwise choices.

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 this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People continued to be cared for by staff who were kind, caring and knew people well. People were relaxed with staff and interactions were positive. We observed staff respond patiently and sensitively to a person that was distressed. One person said, "Staff are very friendly, caring and genuine." A relative said, "Staff are good, caring and they love [relative] to bits."
- The provider had policies in place which supported anti-discriminatory practices and staff undertook equality and diversity training. This meant people who are protected under the Equality Act 2010 were able to access care that met their needs.
- People's cultural and religious needs were detailed in their care plans. Religious services were held at the home. One relative told us, "They have a service every two weeks here and [relative] loves to go."

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

- People told us staff always offered them choices such as what they wished to wear, where they wished to spend their time and what food they would like. Records showed people were consulted when making decisions about their care.
- The service understood when people needed the support of an advocate. This is someone that can help a person speak up to ensure their voice is heard on issues important to them. The service told us, if needed, they would refer people to the appropriate service to ensure advocacy support was provided.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, the home had six 'Dignity Champions' that ensured people's privacy and dignity was protected. A person told us, "Staff always knock. They respect my privacy." We observed staff knocking on people's bedroom doors and seeking permission to enter.
- Staff spoke to people politely and referred to people by their chosen name.
- Staff recognised the importance of confidentiality. Care records were stored securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated 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

- We saw that care was provided in a person-centred way. The manager told us 'creative minds' training had been booked for care staff, to assist them in providing more personalised care and meaningful activities for people.
- People's care plans were reviewed regularly and as people's needs changed. Care plans reflected people's likes, dislikes, hobbies and interests and how staff could best support them. A relative told us, "Staff are very friendly. Every day we plan [relatives] care, we talk with the staff about how [relative] is each day." A staff member said, "We meet with new people and relatives and make sure their care is what they want and not what we want."
- People and staff had built positive relationships together and enjoyed spending time with each other. Staff told us they cared for people as if they were their family, one member of staff said, "I love the people here, I enjoy my job, I like a bit of banter, laughter, people like a joke. It's nice to speak to people about their stories."

End of life care and support

- People's preferences and wishes for support upon reaching the end of their lives was not always detailed in their care plans. We discussed this with the registered manager. After the inspection they told us new end of life care plans would be introduced and a staff meeting was booked to ensure staff were confident in completing these with people, relatives and professionals.
- Where people had 'do not attempt cardiopulmonary resuscitation' (DNACPR) orders and funeral arrangements, these were detailed in their care plans. We saw feedback from relatives of people that had received end of life care that said, 'Thank you for caring for [name] at their time of need' and 'you looked after [name] with such kindness, gentleness and wonderful care.'
- People were supported to remain at the home at the end of their life if this was their wish and staff we spoke with knew people's preferences and wishes for day to day care and how to keep them comfortable.

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.

- People's communication needs were detailed in their care plans, and staff knew how to communicate effectively with people. One person's care plan instructed staff to inform them if there were any changes in the home to give them time to process information, this reduced their anxiety and distress. We observed staff following this care plan and providing reassurance throughout our inspection.

- Some people used assistive technology to communicate their needs, this was detailed in their care plan. Staff ensured people's equipment was available to them.

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

- An activities co-ordinator arranged a wide range of in-house activities such as; quizzes, coffee mornings and visits from pets as therapy and outside entertainers. Trips to places such as the garden centre had taken place. One person said, "They arrange skittles and bingo, they've got a 7-seater bus and take us out." A relative told us, "They do a lot of activities here. Last week there was a piano accordionist who came and serenaded [relative]."
- During the inspection, we observed people spending time watching television, listening to music, reading and watching a film. Newspapers, balls of wool and knitting needles were available for people to use.
- Relationships between family and friends were fostered, we saw many visitors coming and going throughout our inspection, all of which were warmly greeted. One relative told us, "They say I can come when I want. That to me says they have nothing to hide." Another relative said, "They communicate well with us and always tell us how [relative] is doing."

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place to manage complaints. Complaints information was accessible in the home and was available in an easy read format.
- Complaints from the previous year had been managed in line with the service's policy and to the satisfaction of complainants. There had been no complaints this year.
- People and their relatives told us, should they have any concerns they would not hesitate to raise these with the management team and felt confident they would be promptly resolved.

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 this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes. The registered manager was committed to ensuring people received person centred care and had planned additional training to enhance staff skills.
- The management team had an 'open door' policy. We observed people, relatives and staff to speak with the management team throughout our inspection. A person told us, "There is a good manager. It's hard to run somewhere like this and [registered manager] does it well." Staff told us the management team were easy to talk to and that the culture within the home had improved.
- The registered manager undertook all pre-assessments, this enabled them to get to know people before they moved to the home.
- Everyone we spoke with told us they would recommend the home. A person told us, "I would recommend it here. Its first class. It's everything you could desire here and it's the way you would want to be looked after." A relative told us, "I chose here as I had heard good reports." A staff member said, "I would recommend here as people are treated well." Another staff member said, "I am proud of saying where I work."

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

- The provider was aware of, and there were systems in place to ensure compliance with, duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their regulatory requirements, including displaying the CQC's rating of performance and submitting legally required notifications. The service was compliant in these areas.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the manager. Staff told us they felt valued by the management team. One staff member said, "The registered manager has empowered staff, they feel more valued."
- There were effective systems in place to monitor the quality and standard of the service. The provider had established and implemented audits relating to the running of the service. These were inclusive of, but not limited to audits of medicines administration records, accident and incident reports, clinical risks and

environmental checks.

- The management team undertook daily 'walk arounds' and unannounced visits during the evening and weekend to ensure people are receiving their care as planned.

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

- People's feedback on their care experience was sought, through surveys and residents and relatives' meetings. Meetings were held regularly and were well attended. Records showed people's feedback had been responded to. For example, people said a hearth would make the lounges more homely; two fireplaces had been ordered.
- Regular staff meetings took place. Records showed these were used to discuss for example, safeguarding concerns, general data protection regulations (GDPR), lessons learned and any changes. Records showed at a recent meeting staff had been reminded of their responsibility to read care plans regularly, especially if there had been a change in care plan discussed during handover.

Continuous learning and improving care

- The provider was committed to supporting staff to develop in their roles and had planned additional training to further enhance their skills. One member of staff said, "There is the opportunity to further your career."
- Monthly governance meetings were undertaken to review findings from audits and to agree actions to be taken. Records showed action had been taken to address any areas of concern, such as the purchase of clinical equipment.
- Further improvements were planned to snack pots for people needing a modified diet, to offer fruit shakes and thickened soups.

Working in partnership with others

- The provider and registered manager worked closely with local commissioners and the safeguarding authority to ensure the service developed and people remained safe.
- Staff worked closely with other health professionals such as speech and language therapists, community nurses and GPs which enhance the health and well-being of people. One staff member told us, "One person was coughing when taking medicines, we asked the doctor to make a referral to the speech and language therapy team."