Hicare Limited

Meadow's Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good

Summary of findings

Overall summary

The inspection took place on 20 June 2017 and was unannounced.

Meadow's Court provides residential care for up to 60 people many of whom are living with dementia. At the time of our inspection there were 50 people in residence. Meadow's Court has a number of communal areas for people to sit, relax and watch television. In addition the service has a dining room and activities room. There is a garden which is accessible and provides areas of interest, which includes an aviary and seating area.

We carried out an unannounced comprehensive inspection of Meadow's Court on 20 January 2016. After that inspection we received anonymous concerns in relation to the quality of people's care during the night. We were informed that staff were getting people out of bed from 5am in the morning. Night staff were not appropriately trained, which compromised people's safety as staff did not use the appropriate equipment to move people safely. People's dignity was compromised as their personal care needs were not being met in a timely manner. As a result we undertook a focused inspection to look into these concerns. This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (Meadow's Court) on our website at www.cqc.org.uk.

The overall rating of good, which was awarded following the CQC's previous inspection of 20 January 2016 was displayed.

Meadow's Court 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.

We found people's safety was promoted as staff followed the information provided within people's records, which included risk assessments and care plans. This ensured the care and support people received was safe and reflective of their needs and wishes. People were regularly checked throughout the night as detailed within their care plan to ensure they were safe and staff completed charts to provide information as to whether people were awake or asleep and what assistance had been provided when required.

Staff implemented the instructions given by the registered manager and management team to promote people's safety, which were provided on a range of documents, which included policies and procedures. Staff had access to information as to how they should respond to an untoward event or emergency, which included contact details of the management team and relevant external services.

Staff communicated to meet people's needs, which included their participation in the handing over of information about people and the day to day running of the service. Staff were reminded of the importance of promoting people's safety and the action to take as a result of the extreme hot weather currently being

experienced.

People's experience as to the care they received was monitored by members of the management team, as part of the overall quality monitoring system. This had included unannounced visits by a manager during the night. These visits were used to ensure people were safe and that the care and support they received met their needs and wishes.

We arrived at Meadow's Court and entered the service at 5.45am. We found there to be three members of staff on duty, at the time of our arrival there were six people who were up and about. People were observed to be involved in activities of their choosing and a majority of the people we spoke with told us as to why they were up and about. Others who did not speak with us were seen to be supported by staff reflective of their needs and staff we spoke with had a good understanding as to the people living at the service.

People were supported by staff who had received training to keep them safe and meet their needs. Staff's competence to perform their role were assessed by observations carried out by a member of the management team.

Improvements to the call bell monitoring system had been implemented since our previous inspection, which improved the ability of the registered manager and staff to monitor and respond appropriately when the system was activated.

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.

People's safety was promoted as potential risks had been identified. The support and care people received detailed how risks were to be managed, which included guidance for staff as to how their care and support should be provided. The safety and welfare of people was monitored.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the appropriate knowledge and skills to provide care and who understood the needs of people. Staff competence to provide care was monitored. People's choices were promoted, as we found people had exercised their right as to when they wished to get up.

Meadow's Court

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.

The inspection was prompted following anonymous information of concern received by CQC about people's care.

The inspection took place on 20 June 2017 and was unannounced. The inspection was carried out by an inspector.

We gathered and reviewed information about the service before the inspection. We also reviewed notifications we had received from the provider. Notifications are information about key incidents and events within the service that the provider is required by law to tell us about. We also contacted local social care commissioners who fund many of the people using the service to gather their views of the care and service.

We used a variety of methods to inspect the service. We spoke with five people using the service. We spoke with three members of staff who were on night duty, a member of the catering team and the assistant manager. We spoke with the operations manager and nominated individual who oversee the management of Meadow's Court and other services owned by the registered provider.

We looked at care plans and records of six people in relation to the care and support they required and received during the night. We looked at the staff training records for the staff on duty. We were provided with a copy as to the outcome of a recent quality monitoring visit carried out by the assistant manager and the feedback they had provided to staff as to their observations.

Good

Is the service safe?

Our findings

We saw staff respond when they observed a potential risk. For example, a person's safety was promoted when a member of staff observed them walking without their walking aid. The member of staff spoke with the person and reminded them they should use their walking frame and why. They then walked with them, to provide support, whilst they went to get the equipment. We observed staff respond to the activation of the call bell system in a timely manner, and in addition carried out routine checks on people, to ensure they were safe and to provide personal care and support when needed.

We were informed that the call bell system had been updated, and the noise triggered when activated provided staff with additional information which enabled them to better understand the support and response required. For example, the call bell generated three different sounds to reflect the reason for its activation; to reflect an emergency, activation of an additional aid such as a sensor mat and a person's request for support. We were told the frequency of the noise generated by the call bell system quickened when requesting support, as the time for staff response increased and that the system was linked to a computer software programme which stored the information. This meant the registered manager had access to information as to why the system was activated and the time it took for staff to respond.

The operations manager requests members of the management team as part of its quality monitoring to undertake unannounced visits to the service during the night to focus on specific aspects. These included the moving and handling of people, the promotion of people's safety through the presentation of the environment, for example by making sure it was clear of obstacles that may present a trip hazard. And by assessing the timeliness of staff in responding to people's need for support and care. The most recent visit was carried out by the assistant manager earlier in June 2017. We were given a copy of their findings. Their report stated that upon their arrival the service was clean and clear of obstacles in all communal areas and windows and doors were secure. Checks of people within their bedrooms, found appropriate equipment, such as sensor mats to be in place. The assistant manager had observed staff response to the call bell system, which during their visit was activated six times through the activation of an additional aid, such as sensor mat and was observed to be answered in a timely manner by staff.

Staff on duty had access to information in the event of an emergency, which included contact details for managerial staff and external contractors should environmental problems occur, such as an electrical fault. Policies and procedures for the promotion of people's safety were accessible and outlined the actions expected of staff. For example, how staff should respond if a person became unwell.

We looked at people's records in relation to the care and support they required during the night. People's care records included risk assessments and covered areas of activities related to people's health, safety, care and welfare. Risk assessments identified the potential risks and the action staff were to take to minimise these so that people's safety and welfare was promoted.

Some people had been assessed as being at risk of falling when walking around, or moving from place to place. Risk assessments had been completed and information provided within the person's care plan

detailed how people's health, safety and welfare were to be promoted. For instance, the use of equipment to manage risks, and through staff monitoring and observing people. For example, one person's records stated that a sensor mat was placed next to their bed, which when stood upon would activate the call bell system to alert staff that the person had gotten up. We saw staff respond in a timely manner when the call bell system was activated.

As part of the promotion of people's safety their risk assessments and care plans specified the number of staff required to support each person. We looked at the written record of the handover (exchange of information between day and night staff) which detailed the allocation of work and specific duties of the three night staff. This included naming two of the staff to work together to support people who required the assistance of two staff to promote safety. Our observations showed that the three staff worked as allocated.

People's risk assessments and care plans identified the frequency in which people should be checked during the night to ensure they were safe and any care interventions required could be provided. Records showed that a majority of people were checked every two hours and included information as to whether the person was awake and details of any personal care provided.

We listened to the staff handover in the morning for the day staff and heard how information was shared to promote people's safety. The handover commenced with a briefing about the actions required by staff in response to the period of extreme hot weather. And included, the active venting of the service by the opening of door and windows, ensuring people were hydrated by increasing the availability of drinks and by ensuring fans in communal areas were switched on. We saw that night staff had already responded to the hot weather as we saw people being offered drinks and fans in communal areas were turned on upon our arrival at the service.

Good

Is the service effective?

Our findings

We found people were receiving the care and support they needed as staff had the appropriate skills and knowledge to support people effectively. We looked at the training records kept by the registered manager of the three members of staff who were on duty when we arrived. Their analysis showed all staff to be up to date with their training, which covered areas relating to people's safety, care and welfare. Topics included the promotion of people's dignity and privacy, the safe handling of people and the use of equipment, staff's response to an emergency and the checking of staff's understanding as to the services policies and procedures.

People were seen to be provided with care and support reflective of their needs and wishes. When we arrived we identified that six people were up and about and spoke with staff about their needs. Staff comments accurately reflected the care plans and records of people's care and was supported by our observations and by speaking with some of the people.

Our observation suggested people had made a conscious decision to be up and about and were receiving the appropriate care and support, based on their wishes. One person waved to us as we rang the doorbell of the service, they looked at staff and gestured for them to let us in. We spoke with the person, who spoke about the hot weather, throughout our inspection visit the person walked around the service, was offered and had cups of tea. They chatted with staff and appeared content and relaxed with what they were doing. Another person walked by us as we sat in the reception area, on their way to the smoking lounge to smoke a cigarette; upon their return they told us they wanted to get dressed and were going to find their clothes. We heard the call bell sound, and a member of staff told us that it was [person's name] who we had just spoken with requesting help. We later saw the person dressed, sitting in the dining room, talking with other people sharing a cup of tea.

A third person we came across when walking around the service with a member of staff, was sitting in a lounge. We found they required personal care. Staff supported the person to return to their room, and they later told us the person had settled and had returned to bed. Another person who was sitting in the same lounge was fully engaged and alert. They told us, "I've had enough sleep, I don't need much sleep." We sat with them for a while, and we spoke on a number of topics, which included talking about the service's garden and the aviary whilst looking out of the window at the flowers and birds.

We found one person to be sitting in the dining room, they mostly had their eyes closed and did not respond when we spoke with them. Staff told us the person frequently got up during the night and returned to their bed, throughout the night. This was consistent with the person's care plan. We later saw staff encouraging the person to return to their room for additional rest. The person went with the member of staff who provided continued encouragement. The sixth person, who was up and about, was seen walking along the corridor, then went in a lounge. Having said good morning we shared comments about the hot weather, whilst we were speaking the person was opening the curtains of a lounge. The person said. "I woke up at 4.30 and had a drink; I lay in bed but couldn't get back to sleep, so I get myself up and dressed."

As the morning progressed, people we had seen, along with others made their way to the dining room. A member of the catering staff team had arrived at the service and made hot drinks for people, before they started preparing people's breakfasts. The people sitting in the dining room were chatting with each other or staff.

We asked staff about the care and support people received and whether they had received any instructions to wake people up and assist them to get up in the morning. Staffs response was emphatic in that they only supported people to get up, who chose to do so. Written information provided to night staff, on their records for the specific use by night staff, included a directive from the registered manager and stated. 'Residents must not be up and dressed before 7am, unless they have requested this and it is recorded for the manager's attention.' A member of catering staff who arrived for work at 8am confirmed that there were usually a few people up and about when they arrived at the service, and were often the same people.

The report completed by the assistant manager following their unannounced visit to the service during the night, had included information as to their observations as to the care and support of people, and whether this was an accurate reflect of their needs and reflective of their wishes. Their report recorded one person to be sitting in a lounge who was singing and watching the television and were later supported to bed.

As part of their visit they had observed each member of staff in the delivery of care and support, to ensure the care being provided met the expectations of the registered manager. Staff had signed the record of their observed practice and were given an opportunity to record their views as to the feedback they had received. Staff's written comments included, 'found feedback very helpful and help me to improve' and 'happy with comments'. Topics of competence assessed by the assistant manager included the delivery of personal care, the promotion of people's independence and choice and the completion of records to reflect the care and support of people. The comments made by the assistant manager evidenced people's support and care was of the appropriate standard and that staff recorded people's care and welfare clearly.