Methodist Homes

The Meadow

Inspection report

Meadow Drive
Muswell Hill
London
N10 1PL

Tel: 02088832842
Website: www.mha.org.uk/ch57.aspx

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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 Meadow is a care home run by Methodist Homes and registered to provide accommodation and personal care support for up to 40 people. At the time of the inspection, 40 people were living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People told us they felt safe living at the service. The service appropriately assessed and mitigated risks involved in supporting people and provided safe care. Staff had a good understanding of risks to people and how to safeguard people against abuse and poor care. There were sufficient staff to meet people's individual needs, and people and staff were happy with the staffing levels. The service followed safe medicines management, accurate medicines administration records and met infection prevention control and health and safety requirements.

Safe recruitment procedures were being followed to ensure people were supported by staff who were suitably vetted before starting work. Staff received regular support and supervision and relevant training to enable them to do their jobs effectively. People were happy with the food, and their nutrition and hydration needs were met.

The service operated within the legal framework of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People received personalised care from staff who were aware of their likes and dislikes, respected their privacy and treated them with dignity. Staff supported people to remain as independent as they could by encouraging them to carry out any activities they were able to.

People's cultural, religious and spiritual needs were acknowledged and supported when required. The registered manager updated staff on people's changing needs and were responsive to those needs and recorded them in their care plans. People's care plans were person-centred and included information on their life stories, individual needs and preferences.

The service maintained robust and effective systems and processes, and carried out regular monitoring checks and audits to identify gaps and areas of improvement to ensure the quality and safety of the service delivery.

Further information is in the detailed findings below.

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

The Meadow

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 was planned to check 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 inspection took place on 5 and 7 September 2017 and it was unannounced.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We contacted the local authority about their views of the quality of care delivered by the service. We looked at the information sent to us by the provider in the Provider Information Return, this is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was carried out by 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.

During the inspection, we spoke with 14 people using the service, eight relatives, the registered manager, the regional manager, the deputy manager, two senior care staff, two care staff, one chef and a cook, a housekeeping staff and a volunteer. We spent time observing interactions between people and the staff who were supporting them in the shared areas including medicines administration, breakfast and lunch time, and in their bedroom with people's prior permission. We reviewed seven people's care plans and risk assessments, and 15 people's medicines administration records and care records, and six staff files including their recruitment, training and supervision records and one month's staff rota.

We looked at accidents, complaints and safeguarding records, staff meeting minutes, residents' meeting notes, quality audits and monitoring checks. We reviewed the documents that were provided by the service on our request after the inspection including policies and procedures, commissioners' monitoring report, survey results and activities details.

Good

Is the service safe?

Our findings

People living at the home told us they felt safe with staff and the environment was safe. Their comments included, "I feel very safe here. Everyone takes care of you" and "Yes, I feel safe here, there are no hazards." Relatives told us their family members were safe at the service. One relative said, "Mum is safe [here] because there are always people around [to give] company." Another relative told us, "Yes, I feel she is very safe here. She is blind, cannot orientate and is quite vulnerable. I feel this is a very safe environment."

The service had systems to protect people from avoidable harm and abuse and to ensure their human rights were safeguarded. Staff received regular training in safeguarding, and records seen confirmed this. Staff were able to explain their role in identifying and reporting safeguarding. They were able to describe types and signs of abuse. All staff knew of the role of the external authorities including local authority safeguarding teams in investigating safeguarding cases. We looked at the safeguarding records and they were up-to-date and the safeguarding tracker detailed safeguarding cases, dates when they were raised, actions taken and when the cases were closed. Staff had a good understanding of whistleblowing, one staff member mentioned "I have responsibilities and if the management is not doing what they should be doing, I would blow the whistle."

People's falls were recorded and monitored on a weekly basis. There were detailed falls and accidents records, body maps, and post falls' monitoring records detailing information on how and when people had falls, any injuries sustained, actions taken to prevent future events, and lessons learnt. The service had appointed a falls champion who worked closely with the Haringey Clinical Commissioning Group in providing individualised support to people to prevent falls. In addition to the senior staff reviewing the accidents form and the registered manager reviewing it on a monthly basis they told us from hereon they would review the forms on a weekly basis.

The service regularly identified, assessed and mitigated risks involved in supporting people to ensure their freedom was being supported and respected. There were comprehensive risk assessments in place for various areas such as nutrition and hydration, mobility, moving and handling, falls, Waterlow (pressure area care), personal care and medicines. The risks assessments detailed risks associated to people's care and instructions for staff on how to provide safe care. There were also risk assessments for people's specific health conditions such as diabetes, swallowing difficulties and choking and bed rails. Staff knew risks involved in people's care and how to minimise risks whilst supporting them.

Most people told us there were enough staff at the service "I think so", "Yes" and "I have not noticed if there was enough staff but I imagine so" and were generally available to help whenever required. One relative said, "There is enough staff but they could always do with more." Some people and relatives felt that although staff were at times stretched it did not impact people's safety. Relatives' comments included, "I think it is probably a bit tight, not from a point of safety but from a socialisation perspective for the carers to interact with the residents more", "Generally speaking there is enough staff but there are times during the day that they are stretched such as at lunchtime" and "I think they could do with one more staff per floor there is no slack." The management told us that staffing levels were fine but could get stretched during meal

times and hence, they were always around to help out during meal times. During the inspection we saw the registered manger and the deputy manager helping out during meal times and noticed people's call bells were answered promptly, people told us they had access to call bells and when used they were attended to.

Staff rotas were planned on a monthly basis. We found the number of staff working on the day of inspection corresponded with the rota, and that staff worked 12 hour shifts. The service used a dependency assessment tool to assess and calculate staffing numbers based on people's individual needs. During the day three care staff and two senior care staff were allocated on each floor per shift, the deputy and the registered manager were supernumerary and helped out when required. The activities coordinator also helped during meal times. At night people were supported by a team of three care staff and a senior care staff member. Staff told us there was sufficient staffing and they worked well as a team.

The service followed safe medicines management practices. Staff were trained in medicines administration and their medicines competency assessments were in date. We observed the lunch time medicines round and found the senior staff followed safe practices. For example, the staff member washed their hands before starting the medicines round, locked the medicines trolley when it was left unattended, supported people to take medicines and once they had swallowed the medicines only then signed the medicines administration (MAR) chart. We looked at the MAR charts and no gaps were found. The service followed appropriate covert and 'as and when required' medicines procedures and records of medicines administration confirmed procedures were appropriately maintained. Medicines were safely stored in a lockable cabinet and the controlled drugs register was appropriately completed. The medicines room and fridge temperatures were monitored, and records seen demonstrated all were as per the requirements. People were happy with the medicines support. One person said, "Oh yes, staff support me with my medication on a regular basis. They make sure you take it." One relative commented, "She [person living in the home] has two lots of medicines they are brought to her and they make sure she takes them."

Staff identity, criminal record, reference and recruitment checks were carried out to ensure staff were vetted and had the appropriate skills and knowledge, and were safe prior to providing care to people using the service. The service followed appropriate staff recruitment practices.

We found the service was meeting infection control requirements. There were detailed cleaning and infection control checks in place which were in date. The service was clean and there was no malodour. People were happy with the cleanliness at the home.

There were detailed individualised 'personal fire evacuation plans' and fire risk assessments, regular fire drills were conducted and all the relevant records were up-to-date. We reviewed health and safety and maintenance checks including water and electrical tests, these were all in date. Window restrictors were in place.

Good

Is the service effective?

Our findings

Most people told us staff were knowledgeable and understood their needs. People's comments included, "They know me as well as possible", "It is very good here. You are well looked after" and "Yes, I do. They understand dementia. They are ingenious in how they interact with residents. You do not hear them telling people off. They tend to steer them." One relative commented "Yes, I would say that staff understood their family member's needs. My father is quite good in a generalised way to pointing out his needs." Feedback from health and care professionals was that staff understood people's needs, were well trained and supported people well.

However, a few people who were visually impaired told us that staff had limited knowledge about their needs and they had to guide staff on how to support them. The registered manager told us, they were working with a professional to provide individualised support for one person who was visually impaired and registered blind. We looked at staff training records that demonstrated staff did not receive specialist training in working with people who were visually impaired. The registered manager told us they had scheduled a staff training on working with people with a visual impairment in September 2017.

Staff told us they felt well supported by their line manager and received regular supervision. We looked at supervision and appraisal records that confirmed staff received monthly to bi-monthly supervisions and yearly appraisal. New staff were provided with detailed induction training and were assessed on their knowledge. All staff received regular refresher training in mandatory areas such as safeguarding, health and safety, food and hygiene, moving and handling, medicines and risk assessments. Staff received other relevant additional training in areas such as end of life and dementia. We looked at a staff training matrix that demonstrated staff received regular training and dates were planned for refresher training.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met. Records confirmed that the required MCA documents and DoLS authorisations were in place for people who lacked capacity to make decisions and where restrictions had been imposed. Staff had training in the MCA and demonstrated a good understanding of MCA principles and working knowledge of DoLS.

Most people told us the food was good, they were given choices and their requests were taken on board.

People's comments included, "The food is alright. It is nutritional and there is enough. We get to choose from a daily menu" and "The food is good. It is nutritional and balanced." A relative said, "She eats so little. She is on a prescribed supplement and they weigh her every week. The cook comes up at every lunch time to ask if they liked the food". We looked at this person's weight monitoring charts and found they were weighed weekly in accordance with the GP's instructions. During inspection we saw the chef asking people how they found the food. Another relative told us, "My father says he enjoys the food and looks forward to lunchtime. Since being here he has put on weight." As a good practice staff told us people were weighed monthly and their weights were stable. Records seen confirmed this.

People could choose from the weekly menu. An alternative was offered if people did not like what was on the menu. People's special dietary needs were met. Records and kitchen staff confirmed this. At the recent food standard agency inspection, the service was rated five stars demonstrating their food and hygiene practices were of a high standard. We looked at the kitchen as part of the inspection; it was clean and well maintained. The fridge and freezer were maintained at the required temperature and we saw logs to confirm this. People could choose whether they wanted to eat in their bedrooms or dining area. During inspection, we found some people had chosen to eat in their bedrooms. Some people also said that they had to sit next to people who could not converse and hence, meal times could be boring. The management told us they would arrange a bistro style separate dining area in the main lounge room for people with independent living skills and abilities.

People were supported to access health and care professionals' services and received visits from a GP, chiropodist and district nurses as and when required. We saw correspondence and visit records from health and care professionals. We spoke with a visiting district nurse who told us their team shared a good working relationship with the service and staff were good at liaising with them about people's needs. We saw records of district nurse visits and found staff maintained wound management charts effectively.

The premises were well maintained, however although there were memory boxes in place for people using the service there was a lack of signage and colour zoned walls to support people with dementia in accessing various rooms and facilities in the service. The management told us the provider's refurbishment plans included creating dementia friendly environments to meet specialist needs of people living with dementia. Following this inspection we were provided with the refurbishment details which confirmed plans were in place to create dementia friendly living. Each unit at the service had designated dining rooms; however, during lunch time we saw these were not spacious enough to accommodate all the people on those units along with their mobility aids. Three people and two relatives commented how lunch could be awkward in the dining rooms due to lack of space. We spoke to the management who told us the provider had devised refurbishment plans and that they would put forward to the provider people's feedback that dining room space needed to be increased.

Good

Is the service caring?

Our findings

People told us staff were happy to help and friendly. One person said, "I think so, they [staff] are excellent." Another person said, "They [staff] are marvellous, they are very good." One relative commented, "They [staff] are just outstanding. They never become frustrated, are always kind and appropriate. They always have a smile on their face rather than a frown. It is a nice and comfortable environment." We spoke to a volunteer who told us, "The best thing about here is human resources; they are caring, kind, passionate and compassionate."

During the inspection we found the environment at the home to be serene and relaxed. We saw the registered manager and staff talked to people in a kind and caring manner, listened to their needs patiently and met them promptly. Staff smiled, had meaningful and positive conversations with people and displayed sensitivity towards people's needs and requests. Visitors including family and friends were seen having pleasant interactions with people, staff and the manager. Visitors told us they felt welcomed and staff were friendly towards them. Staff displayed a caring approach and were seen supporting people at their pace. People told us staff listened to them and felt their voice was heard. One person said, "They are very good at listening." A relative commented, "Yes most definitely they do listen to me. I come in everyday and they really like it and they respond to me."

The service worked well with people and their relatives in encouraging them to express their views regarding their care. People told us they were involved in making decisions regarding their care and treatment. Staff told us they worked closely with people and where necessary their relatives during the care planning process. We found the service actively promoted independent advocacy services for people who required such support; we saw leaflets about advocacy services displayed on both floors.

People and their relatives told us staff treated people with dignity and respect. One person said, "I think they do respect my privacy, for example, I am quite content to eat on my own." A relative commented, "Yes, they respect her privacy."

Staff received training in equality and diversity, privacy and dignity. They demonstrated a good understanding of treating people equally, respecting people's privacy and providing care in a dignified way. A newly recruited senior staff member told us staff at the service were of high quality and "Staff have a good understanding of providing dignified care, such as do not compromise on people's gender preference care. I keep a check on how staff spoke to people, are they supporting people the way they liked to be supported, do staff knock on the door before entering people's room." Another staff member said, "We make sure that when we go to their rooms we knock and wait for an answer. We offer them choice. We give them a listening ear."

People were supported in meeting their cultural and religious and spiritual needs. For example, the management arranged for church service twice a week at the home and people were supported to attend. Another person who had a specific set of beliefs was supported to maintain and practice their beliefs. We looked at this person's care plan and instructions were included for staff on how to support them to meet

their spiritual needs.

Staff encouraged people to remain as independent as they were able to be. A staff member said, "I ask them [people using the service] if they are able to manage themselves or if they need help or assistance. We are there for them to help. If they can do a little themselves it enables their fine motor skills and keeps them active. We do not want them to lose everything [daily living sills]."

We saw people's personal and sensitive information was stored safely in their bedrooms and locked staff rooms which meant that their information was kept confidentially.

There were detailed records of people's final wishes and preferred care choices around end of life care including where they would like to end their last days and funeral plan arrangements. For example, one person's care plan stated what music they would like to be played at their service.

Good

Is the service responsive?

Our findings

People told us staff knew their likes and dislikes and were responsive to their needs. One person commented, "Yes, staff knows me well." Another person said staff regularly ask me about "my likes and dislikes." Most people were aware of their care plans and said they were involved in devising them. Relatives told us they were invited to participate in the care planning process and at care reviews. One relative said, "Yes, I am involved in her [person using the service] care plan. It gets reviewed regularly." We found the service was prompt in assessing people's needs when they changed and included people and family where required in care planning.

The service carried out a detailed needs assessment before a person moved to the home. At this stage the registered manager completed a pre-admission needs assessment form where they engaged with the person, their family and professionals involved in the person's care to identify and understand their needs, abilities, wishes, likes and dislikes. This information was then used to create a care plan. People's care plans were reviewed monthly and as and when their needs changed. The care plans we reviewed confirmed this.

People's care plans were comprehensive and individualised, and gave instructions to staff on how to support people to provide person-centred care. They included information on people's background and life history, medical history, mobility, nutrition and hydration, interests, cultural and spiritual needs. For example, for one person who had vascular dementia, their psychological needs care plan stated 'keep her company, chat to her, assist in walking indoors and outdoors, say kind and loving words, include her by telling her what you are doing and supervise her when she is walking.' Staff were able to describe people's individual likes, dislikes, wishes and aspirations and how they supported them. For example, one staff member said a person they were the keyworker for enjoyed individual one-to-one chats, walks around the garden and listening to music. During the inspection we saw this person chatting to the staff member whilst listening to music.

Staff told us the care plans were detailed and provided sufficient information about people's life history and their likes and dislikes. One staff member said, "We go via the care plans. The care plans reflect people well and they are updated regularly. We would let the senior [staff] know if an update was needed." We saw staff were required to sign and date a record to indicate they had read people's care plans.

Staff displayed a good understanding of the importance of person-centred care. One staff member said providing person-centred care was about identifying what was important to the person, asking them what they would like and how they would like to be supported "We talk to residents when we provide personal care…sit down with people [to interact]."

People were supported to carry out activities of interest to them. For example, one person told us they liked going to French food markets and staff had recently taken them to a local French food market. The service's activities coordinator arranged various group and individual mental stimulating activities such as music therapy, exercise / stay fit, baking, pampering and beauty therapy, massage therapy and volleyball with balloons. One person told us, "There is a nice lady called [name of the person] who paints my nails." A

relative commented, "He particularly likes worship that is available twice a week. He likes the singing and physical exercises." Another relatives said, "They [staff] let me do mum's exercises with her. I am helping him establish a routine and pattern as I will not be able to come in every day and I want a routine to set for the future." During inspection we saw the activities coordinator facilitate an exercise session aimed at improving blood circulation, coordination and fitness which was attended by 12 people. We saw people were encouraged and supported by staff and visitors, and people were seen enjoying the activity and afterwards people were singing and dancing. In the afternoon we saw the activities coordinator going around the home and providing one-to-one hand massages to people and people were seen smiling and enjoying the massage.

The service worked well with other organisations in providing creative, meaningful activities to improve people's emotional well-being such as pet therapy and mother and baby group. The service provided various activities specifically aimed for people with dementia. They were in the process of inaugurating a reminiscence room named after a recently deceased resident as the room was mainly decorated with the person's belongings donated by their family. The room had a 50's décor and had antique furnishings such as old dressers and an old sewing table. The registered manager told us of their plans to provide new dementia friendly activities to enable staff to successfully engage with people and revive their memories, such as table tennis and a memory table.

The activities coordinator told us they were provided with a good budget to plan and deliver innovative and tailored made activities. They also had a team of volunteers that provided people with one-to-one activities such as reading, playing board games and interacting.

We saw people's bedrooms were light and airy, and personalised with their belongings. Some people's bedrooms had some of their furniture, family and friends photos, books, religious figures and artefacts.

People were encouraged to raise concerns and complaints daily by the staff and during residents' meetings. Minutes of residents' meetings confirmed this. The regional manager had arranged a relatives' meeting because they wanted to improve communication between the service and relatives. Relatives told us they had attended this meeting and found it helpful. Most people and their relatives told us they never had to complain and those who raised concerns said their concerns were listened to and acted on in a timely manner. People and their relatives told us they felt comfortable in making complaints to the registered manager. One person said, "I would complain to [name of the deputy manager], the [registered] manager or the area manager. I have never had to do this." A relative said, "I would politely make my concern known to mum's keyworker. I have done this…On some occasions it [washing] was accidentally going to the communal laundry. When I complained they took it seriously and we talked about how to improve communication. The staff were debriefed; they revisited the care plan and put up notices in the bedroom."

The service kept clear and accurate records of complaints and maintained a complaints tracker that enabled them to keep a track on when the complaints were raised, of what nature, about who, what actions were taken, when they were closed and at what complaint stage. The records confirmed the management responded to complaints as per the provider's complaints policy.

Good

Is the service well-led?

Our findings

People said they were happy living at the service and found the management approachable and professional. People's comments included, "I think it is very well run actually. I think I would now recommend it, too", "The managers are quite happy to help you", "I think the managers are excellent. I do not attend the resident's meeting but I get emails when they are on and the minutes of the meeting sent to me" and "It is a very good care home." A relative mentioned, "Both [registered manager and deputy manager] are first class, they are professionals." People, their relatives, health and social care professionals, and staff told us the service was well managed.

Staff told us they enjoyed working at the service and it was a pleasant place to work. They said staff supported each other and worked well together as a team. During the inspection we observed positive and supportive interaction between members of the staff team such as encouraging each other to take breaks. Staff spoke highly of the registered manager and told us they maintained an open door policy and were people focused. They said the registered manager encouraged them to express their views and raise concerns during staff meetings and at supervisions. Staff comments included, "I feel well supported, I can knock on the [registered manager's office] door, there is an open door policy" and "She [registered manager] encourages staff to raise concerns. She is in close contact with staff. Yes, my views and opinions are heard." The service had an open and positive culture that encouraged people and staff to raise concerns and make suggestions. For example, a staff member told us they had suggested the service obtain an 'elephant' cup (a cup with two handles) for a person who was losing the ability to grip things with their hands and the management had placed an order.

The registered manager involved staff in matters related to care delivery and improvement of the service. Staff told us they had regular team and handover meetings where the registered manager informed them of the various matters affecting the service and their role. We saw staff team meeting minutes; they included discussions on matters such as communication, dignity in care, safeguarding and promoting advocacy services to people.

The service maintained robust data management and monitoring systems and processes to ensure the safety and quality of the service. There were accurate records of people's care, and staff employment, training and development. There were records of quarterly health and safety checks, bi-yearly night checks, monthly care plans, risk assessments and medicines audits. There were clear records of regular monitoring checks and audits to monitor the quality of the service and we found the registered manager identified areas of improvement and followed them up. People's, relatives' and staff's formal feedback was sought on an annual basis and areas of improvement were identified and an action plan created to address them. We looked at a residents' and staff survey results analysis and an action plan to address areas of concerns. The feedback was overall positive; 100% of people asked felt they were in charge of their care and 90% of staff felt positive about working with the provider.

The management worked with voluntary organisations like the Alzheimer's Society, advocacy services and the local Clinical Commissioning Group (CCG) and procurement teams to deliver effective care to people

that promoted their physical health and emotional well-being. We looked at the most recent CCG monitoring visit report that demonstrated that the service was providing safe and personalised care that met people's individual needs.