Barchester Healthcare Homes Limited

Meadowbeck

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 29 August 2018. At our last inspection of the service on 20 and 21 June 2017, the registered provider had been in breach of regulation. This was because staff did not always respect people's personal preferences, lifestyle and care choices. In addition, we had made two recommendations about how staff were deployed and quality monitoring at the service. The regulation has now been met and improvements made to all areas of concern identified.

Meadowbeck is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides nursing care for up to 60 people including adults over the age of 18, older people and people living with dementia. The service is purpose built and offers accommodation over two floors with a separate unit for people living with dementia.

When we inspected the service the newly appointed manager was in the process of registering with CQC. They are now registered. 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. They have been referred to as 'The manager' throughout the rest of the report.

People told us they felt safe living at the service. Staff knew how to keep people safe from harm having received training.

We found the level of cleanliness in the service was good, with clear infection prevention and control practices.

Staff had completed training as outlined by the company and they were supported through supervision and appraisal.

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

People told us they could see healthcare professionals when they needed to and that they received care and treatment when necessary.

People's nutritional needs were met. People were assessed for nutritional risk and were seen by the Speech and Language Therapy (SALT) team or a dietician when appropriate. People told us they enjoyed the food at the service.

People were positive in their feedback about staff describing them as caring and kind.

End of life care and palliative care within the service was linked to advance care plans. People and their families, had been included in planning and agreeing to the care provided. People had risk assessments in their care files to help minimise risks whilst still supporting people.

People had access to external gardens and most participated in the activities provided in the service. We saw that staff encouraged people to join in with social activities. Families and friends were made welcome in the service and there were unrestricted visiting hours each day.

People knew how to make a complaint and where there had been complaints these had been dealt with in accordance with company policy and procedures.

The manager monitored the quality of the service, supported the staff team and ensured that people who used the service could make suggestions and raise concerns. We saw from recent audits and from feedback we had received that the manager was making progress in improving the quality of the service.

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.

Staff were recruited safely and there were sufficient staff on duty to meet people's needs.

Staff had been trained in safeguarding adults and could describe what they would do if they suspected or witnessed any abuse.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received training which was relevant to people's needs. All staff were expected to complete the Care Certificate on starting work at the service. Staff were supported through supervision and appraisal.

The environment had started to become more dementia friendly and further work was being planned.

The service was working within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People and their relatives gave feedback about staff which was positive.

People were treated with dignity and respect and staff encouraged them to maintain their independence.

Staff were mindful of treating people equally and seeing each person as an individual. People's well-being was maintained through regular spiritual support.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and had associated risk assessments and management plans. These were reviewed.

People took part in a variety of activities.

Complaints were managed in line with the company policy and procedure.

Is the service well-led?

Good

The service was well led.

There was a manager at the service who was in the process of registering with CQC. They have since been registered. Staff were positive about the management team.

The manager was aware of their responsibilities under the current legislation.

Information was shared with people and they were able to give feedback at regular meetings.

Meadowbeck

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 registered 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 29 August 2017. The inspection team consisted of two adult social care (ASC) inspector, an inspection manager 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. The expert-by-experience who assisted with this inspection had knowledge and experience relating to adult social care services.

Prior to the inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. Statutory notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. We asked the registered provider to submit a provider information return (PIR) prior to the inspection and this was returned within the given timescale. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information assisted us in planning the inspection.

At this inspection we spoke with the manager, the regional manager, the clinical lead, a nurse, five care workers, an advanced care practitioner and the activities co-ordinator. We spoke in private with six relatives and seven people who used the service and spoke with a social worker and a GP who visited the service. Where people who used the service could not communicate with us we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We observed the lunchtime in two dining rooms and people's rooms and observed the interactions in the communal areas. We looked around the service including communal areas, the gardens and people's bedrooms with their permission.

We spent time reviewing the care records for five people who used the service, the recruitment, induction, training and supervision records for five members of staff and other records relating to the management of the service such as maintenance and servicing documents and audits.

Good

Is the service safe?

Our findings

When we inspected in June 2017 we had made a recommendation about how staff were deployed across the service and rated this domain requires improvement. At this inspection we saw that there had been improvements and the rating is now good.

We had received a concern prior to the inspection saying the service was understaffed but which referred to the way in which staff were deployed. As we had had concerns about this at the last inspection we checked during our visit to see how staff were managed on each shift. We also spoke with the manager who told us they had looked at this when they had recently arrived and made changes. We saw that there were sufficient staff on duty and the rotas confirmed that the numbers remained consistent. There were staff covering all areas of the service although we did see a lounge area was without staff presence for a short time and staff were busy so interactions with people were limited.

People's feedback was mixed when asked if there was enough staff. They told us, "Staff usually come very quickly but are very busy" and, "I don't usually have to wait long for help." One relative said, I suppose so. They are sometimes a bit short staffed but are there for [relative]" and, "There is always someone around to ask." This was a busy service but feedback indicated this was not impacting on people's care.

When asked if they felt safe people said, "I feel safe here" and one relative said, "I'd give it 12 out of 10." Other relatives said, "Yes [relative] is safely looked after. The staff look after [relative] very well" and "Yes, we know people are checking they are OK all the time. [Name of nurse] is always on hand to update us." The social worker we spoke with told us the service was well managed by the new manager and the GP said, "The nurses know people well. I can trust them to follow instructions and I don't need to remind them."

We observed that people were relaxed with staff throughout the day. Where people displayed any behaviour that may challenge staff were skilled at managing that behaviour. For example, one person was shouting out and getting upset during the inspection. The activities organiser distracted them talking about another subject and very soon they were chatting happily.

Staff were recruited safely although we identified gaps in interview records for some people. The manager told us they had identified those gaps and were in the process of reviewing all recruitment and training files. Applications were completed, references obtained and background checks made with the Disclosure and Barring service (DBS). DBS checks provide information about if people have a criminal record or are barred from working with adults or children. They help employers make safer decisions and prevent unsuitable people from working with people who may be vulnerable. The manager carried out regular checks with the Nursing and Midwifery Council to check nurses employed by the service had active registrations to practice.

Policies and procedure for management of medicines were followed by staff. Medicines were stored securely in a locked room and access was restricted to authorised staff. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse); they were stored in a controlled drugs

cupboard, access to them was restricted and the keys held securely. Staff regularly carried out balance checks of controlled drugs in accordance with the home's policy.

Medicine administration records (MAR's) had been completed fully to show the treatment people had received. Guidance was in place to enable staff to safely administer medicines prescribed to be given only as and when people required them, known as 'when required' or 'PRN' medicines.

One person was receiving medicines covertly (disguised in food or drinks). We found appropriate assessments had been completed and decisions made in accordance with the Mental Capacity Act 2005.

Detailed medicine audits (checks) had been completed. Weekly stock checks were undertaken by staff. Issues that had been identified had been acted upon and improvements made. Staff had received medicines handling training and their competencies were assessed regularly to make sure they had the necessary skills.

There were safeguarding policies and procedures available for staff to guide them in the reporting of any incidents of concern. All staff had received training in safeguarding. Staff could describe what they would do if they witnessed possible abuse. One care worker told us, "I would tell someone and document what I had seen. There is a number I can ring outside the organisation if I needed to." We saw that the service provided a 'hotline' that people could telephone if they wished to whistle blow. Staff said they were confident the manager would take any allegation seriously and would investigate it.

We found the level of cleanliness in the service was good. There was a daily walk around the service by the manager and the housekeeper. Cleaning schedules were used by the domestic staff to ensure all areas of the service were cleaned and these were checked and signed by the manager each month. Sufficient numbers of ancillary staff were on duty each day to ensure the service was kept clean and hygienic.

Care files had risk assessments in place with risk management guidance for staff to follow. For example, in one risk assessment for falls there was detailed guidance about what staff should do in event of a fall. There was however, no detail about preventative measures staff could take to prevent falls.

There were risk assessments in relation to people's safety. A business continuity plan identified what staff should do in emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. There was a fire risk assessment in place which had been reviewed and an emergency evacuation plan. Personal emergency evacuation plans (PEEP's) were in place for people who would require assistance leaving the premises in the event of an emergency. Fire safety equipment was regularly checked and serviced. Fire drills were carried out to ensure staff knew what they should do in the event of a fire.

Accidents and incidents within the service had been managed appropriately and were logged in detail. The quarterly report identified a high number of incidents but no injuries. These were analysed to identify trends.

We looked at documents relating to the servicing of equipment used in the service. The provider kept clear and detailed records of all maintenance and servicing checks. These were all completed in the necessary timeframes.

Good

Is the service effective?

Our findings

People told us that the care provided by staff was effective because they knew what they were doing. One person told us, "Staff know what they are doing, I'm confident in them" and, "They generally know what they are doing." A relative said, "I'm very pleased with everyone. They seem to know what they are doing and do their best for [relative]." The social worker told us, "Staff work as a team because they have clear direction."

Staff had the necessary skills and knowledge to meet people's needs. When people started working at the service they had an induction and started the Care Certificate as a basis for their work at the service. The Care Certificate sets out learning outcomes, competences and standards of care that are expected from staff. Training was completed by staff in subjects such as fire safety, moving and handling, food safety, first aid and health and safety. Nurses were trained to provide first aid as they covered every shift and had competency checks in administration of medicines. There was a care practitioner working at the service. They had completed additional training so that they could support the nursing staff and take charge of a unit.

Staff were supported through supervision. Supervision is a process, usually a one to one meeting with a senior member of staff to discuss work related matters, training and development. Supervisions were not all up to date. Staff told us they had supervisions but sometimes there was a long gap before the next one. The manager was looking at supervisions as one of their priorities. Staff did receive an annual appraisal.

The environment had been further developed since our last inspection. More rooms had been refurbished and the 'Memory Lane' dementia unit had been extended so that a lounge area was incorporated into the unit. This gave people more space to walk. Memorabilia was displayed to give people points of interest and to stimulate conversation. More improvements were planned but progress in making the unit dementia friendly was underway.

There was a secure garden which people could access from the dining room and a café area where people could sit and chat or meet friends and relatives. There was specialist equipment where needed such as a ceiling hoist in one bathroom. Corridors throughout the building were wide and mainly straight with no obstacles, making it easy for the residents to move around if they wished. There were signs on rooms such as the toilets and bathrooms.

When people had any healthcare needs advice and support had been sought from healthcare professionals. All visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken. A GP told us they visited the service every week where they saw people who required medical advice and interventions. They said this system worked well and staff could request visits outside of that arrangement. Other healthcare professionals such as dieticians or speech and language therapists had input into people's care. People told us, "The nurse gets the doctor if I need them" and, "The staff organised a hospital visit for me and took me."

Staff used risk monitoring tools to provide a comprehensive overview of people's nutritional needs. Where

people required a specialist diet or textured food this was notified to the kitchen. People's care plans contained this information along with what support people needed to eat and drink. One person's care plan said they would indicate they wanted more food by pointing. They also preferred a coloured cup which staff accommodated.

The dining room on the ground floor had table set with cutlery, condiments, napkins and glasses and a vase of flowers which made it look inviting. People were offered a choice of food and drink. Feedback about the food was positive with comments such as, "The food is very good. I can choose a different thing if I don't like what is on the menu" and, "'The food is very good. You get two choices but they will cook something else if you don't like them."

In 'Memory Lane' people were offered clothes protectors and serviettes. The menu was on the table but people were shown the options on the plate and staff explained what each option was so most people could choose their meal in the way that suited them. In one case a person was not offered a choice and instead staff made the decision about what they would like to eat. A second person could manage drinks from a beaker but could not manage their soup in a bowl very well. We raised these matters with the manager who said they would speak with the staff and review people's care needs. People were offered hot or cold drinks. Staff gave assistance to people where needed in an unhurried way.

Food and fluid charts were completed in a timely manner and were up to date. These were in place where people needed their food and fluids monitoring. There was a staff member who was a 'charts champion'. They checked each day to ensure charts were completed correctly. We saw they were up to date.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed that people had DoLS authorisations in place to restrict their freedom of movement where appropriate and other applications had been made. Documentation was completed appropriately by the manager and deputy manager who displayed a good understanding of their role and responsibility regarding MCA and DoLS.

Most staff had completed training on Mental Capacity Act 2005 and DOLs during the last year and were aware of how the DoLS and MCA legislation applied to people who used the service. Staff had taken appropriate steps to ensure people's capacity was assessed to record their ability to make decisions. Where they were unable to make their own decisions, we saw that this had been done in their best interests and families and professionals had been consulted.

We observed staff asking people for their consent before carrying out care tasks and consulting them about their care. A visitor told us they had lasting power of attorney for health and welfare for their relative and had been involved in making decisions for this person.

Good

Is the service caring?

Our findings

At the last inspection in June 2017 we found that people were not always treated with dignity and respect and staff did not always respect people's personal preferences, lifestyle and care choices. This was a breach of regulation. At this inspection we saw that staff were respectful of people and people were asked about their preferences. We did see one occasion when staff did not ask what someone would like to eat but this had no impact on the person.

People who used the service said that staff were caring saying, "The staff are very nice" and, "One member of the night staff sometimes comes in early to because they know I like a cup of tea around that time." A relative told us how friendly the nurse was and that they always kept the family up to date. We observed some positive interactions between people and staff on the nursing unit but there were more limited interactions on 'Memory Lane'. However, people's relatives visited and they were happy, smiling and appeared content.

The social worker told us that feedback from people who used the service and their relatives had been 'overwhelmingly positive' at their latest visit. The doctor said, "Staff are kind and compassionate."

People, were not always aware of having a plan of care but they were receiving the care they wanted and needed. Staff knew people's preferences which we saw clearly at lunchtime. Staff were asking people about food choices but obviously knew what people liked and disliked. Our observations showed that the staff approach was polite, talking to people and involving them. People's feedback was mixed, "I have a care plan but I've not really looked at it" and, "I've never seen a care plan."

People's privacy and dignity was respected. Care workers were careful to close doors and draw curtains when providing personal care in a person's bedroom. We heard staff talking to people and saw that they were caring and considerate. People told us, "I'm treated with respect. They always knock before they come into my room" and, "They usually knock on the door and treat me with respect." Staff spoke to people with respect and acknowledged their views and choices.

Staff encouraged people to retain their independence. One person told us, "They support me in doing things for myself" and another said, "They help me to be independent." We saw staff allowing one person to move around in their own wheelchair. They asked if the person required assistance but they declined so they just kept a watchful eye to ensure they could manage.

We saw that one person's first language was not English although they could speak English. We saw that when the person chose to speak in their own language staff who did not understand were more observant picking up non-verbal cues about what they wanted. They seemed to know the person very well. Another person told us they did not attend residents' meetings but staff came to them and read them the minutes so they knew what had been talked about.

People's well-being was maintained through activity and religion. A Christian vicar regularly visited the care

home to carry out services. Some people had no religious preference but their spiritual needs were met through participation in activities which made them happy. One person told us, "Recently they took another resident back to where they came from. It's an area I know and they invited me to go." Another person told us, "My wife visits every day. She feels very welcomed and has made lots of friends." If people required advocacy services these were advertised clearly and could be accessed by the manager.

Good

Is the service responsive?

Our findings

Care plans were centred on the person and contained relevant and up to date information taken from pre-admission documents. This information was supplemented through discussions on admission to the service. Care plans were regularly reviewed and updated. They were linked to risk assessments so that it was clear to see where needs may pose a risk for the person. One care worker told us, "We read care plans when we can and always when we get a new resident. Any changes to care plans are passed on to staff by nurses at handover."

We looked at one care file for a person who had seizures. The care plan outlined triggers which may prompt a seizure and what should be avoided. It detailed medicines and equipment that supported this person. This condition was further linked to other areas of the care plan such as personal care. The person required support in the bath in case of a seizure. There was clear risk management guidance to guide staff in case of emergency.

A second care file for a person who had diabetes showed how staff could monitor the condition and give the correct amount of medicine required. It outlined the signs and symptoms of low and high blood sugar and what staff should do about this. This ensured that staff knew how to manage this condition appropriately and keep the person well.

One person had a long-term condition and was receiving palliative care. They had an advanced care plan in place which focused on their specific needs. Their wishes had been discussed with them, their family and specialist nurse. They had identified their preferred place of care as home and the family, service and specialist staff were working towards meeting that aim. The person had 'anticipatory medicines' in place. These are available so that the person does not have to wait any length of time for symptom relief.

We saw evidence that people and families had been involved in people's care. One person said, "I support staff to care for my (relative). Staff will ring me if they need information."

The home employed an activity co-ordinator to carry out daily sessions of activities and events. We saw a programme of activities in the foyer. One person told us, "They do exercises and singers come. There are outings with two of us at a time; I went to a garden centre' There are also weekly coffee mornings. Yesterday was 'All About You'. I didn't go to that but they always remind me when something is happening" and a second person said, "I don't do activities but I could if I wanted to. The activities person tells me what is happening and encourages me to go."

Everyone we spoke with said their family and friends were made welcome in the service. Comments from people included, "My family feel welcomed when they visit. They can just turn up"; "My family are made to feel very welcome. My grandchildren have got to know other residents and visit them. The staff all know them" and, "My husband comes every day. He was told as soon as I arrived that he could visit whenever he wanted and is made very welcome." This helped to maintain relationships and prevent social isolation.

People knew how to make a complaint and we saw they received information about this on admission to the service. One person told us they had made a complaint and that it had been dealt with promptly. There had been nine complaints since January and one since the manager started at the service. They had investigated in line with the company policy and found that staff had not communicated with the family properly. Lessons had been learned by staff around communication.

Good

Is the service well-led?

Our findings

At our last inspection this domain was rated Requires improvement. At this inspection we found improvements and the domain is now rated good.

Meadowbeck is run by the registered provider Barchester Healthcare Homes Limited. The previous registered manager had left earlier in the summer and there was a new manager employed at the service. They were an experienced deputy manager within the company so had a good understanding of what was expected of them. At the time of the inspection their application to register had been accepted. They have since been registered by CQC. The manager was supported by a deputy who was also new to the team.

Staff told us that both managers were approachable saying, "The managers are very efficient and approachable. They are friendly but we know they are managers. They talk to residents and are proactive in doing what's best for residents and the home."

The manager had sent notifications to CQC appropriately and in a timely manner. These are requirements of the provider's registration.

Improvements to the service had been made by the manager. York City Council had carried out a recent quality monitoring visit and had no concerns saying the home was, "well managed". One of the social workers that carried out that visit told us, "The minor issues from the May (2018) visit had all been actioned so there are no outstanding issues." They went on to say, "Everything was so much more positive and Memory Lane has improved." In addition, the providers own quality monitoring identified improvements. There were still areas that needed work and these were part of an internal action plan which was regularly updated by the manager. The manager told us that they were currently reviewing staff recruitment and training files initially to ensure they were all up to date.

Information was shared with people and they had an opportunity to have a voice and learn from each other. The manager held daily short meetings with every head of department to ensure all information was shared and cascaded to teams. Staff meetings and resident's meetings took place regularly. One person told us, "'I've been to the meetings they are useful" and another said, "I've been to a couple of meetings. They are regular and there are minutes."

There was a reward scheme for staff to acknowledge good practice and attitude to work and an employee of the month was nominated by people, their relatives and staff for good work.

The service was a member of the Independent Care Group which is a provider support group in the independent sector where providers and managers shared good practice.

We could see that improvements to the service had been made which benefited people receiving a service and staff. Staff were aware of and aligned themselves with the company values of respect, integrity, passion and empowerment.