

AJ & Co.(Devon) Ltd

# Meadowside and St. Francis

## 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Meadowside and St Francis provides residential and nursing care to people over the age of 65.

People's experience of using this service:

People were at the heart of the service. They were truly respected, valued as individuals, and were empowered in their care. People were cared and supported in a service which had a strong and visible person-centred culture.

People and staff were complimentary of the management and leadership of the service which continued to help to improve the quality of the service and motivate and inspire staff.

There were positive working relationships with external professionals and a passion for continuous learning and improvement. Staff were well trained to be able to meet people's needs, and there was an effective system in place to ensure the ongoing review and competency of staff.

People were kept safe and protected from avoidable harm and abuse, and people now had their medicines safely managed. New processes had been put into place to ensure a more robust oversight. People lived in an environment which was fully assessed for cleanliness and safety.

People received personalised care and support, and now had their human rights fully protected. Quality monitoring systems had been further developed. However, we have recommended the provider takes action to continue to strengthen their overall governance systems, because the system had not identified that some records were not always in place, or up to date.

More information is in Detailed Findings below.

Rating at last inspection: Requires Improvement (published 07 April 2018).

Why we inspected: This was a planned inspection. At this inspection we rated the service Good.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

## 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?

Outstanding ☆

The service was exceptionally 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.

# Meadowside and St. Francis

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection team consisted of one inspector, and two experts by experience. An expert by experience is a person who has personal experience of using services or cares for someone who lives with dementia. The team also included, a specialist advisor for older people's nursing care, a pharmacy inspector and an assistant inspector.

**Service and service type:** Meadowside and St Francis is a nursing home. It is registered with the Commission to provide nursing care to 69 people, over the age of 65. On the day of our inspection, there were 56 people living at the service.

The service did not have a manager registered with the Care Quality Commission. However, a new manager had been recruited in January 2019 and the application for registration was in process. A registered manager 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:** The inspection was unannounced.

**What we did:** Before the inspection we used information, the provider sent us in the Provider Information Return (PIR). 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. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection we contacted and spoke to:

- 20 people using the service
- Eight relatives
- 12 members of care staff
- Three nurses
- Two residential managers
- The clinical facilitator
- The quality compliance manager
- The registered provider
- The new manager
- Healthwatch Plymouth
- Plymouth County Council, Quality and Service Improvement Team
- Clinical commissioning group (CCG)

We looked at:

- Policy and procedures
- 45 people's care records
- Complaints and compliments
- Two personnel records
- 13 Medicine administration records (MARs)
- Audits and quality assurance reports
- Training and induction records

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were now safe and protected from avoidable harm. Legal requirements were met.

At our last inspection in February 2018 this key question was rated requires improvement. We found risks associated with people's care were not always recorded, and people's medicines were not managed safely. At this inspection we checked to see if action had been taken and found that overall, improvements had been made.

Systems and processes to safeguard people from the risk of abuse

- Policies in respect of safeguarding were in place. Staff received training and had a good understanding of the types of abuse that could exist, and what action to take if they suspected someone was being abused, mistreated or neglected.
- To promote a safe and open culture, people were asked on a weekly basis how they were feeling and whether they were concerned about anything that was making them feel unsafe or vulnerable, so that prompt action could be taken. One person told us, "I think it's the way the girls act and work, they make me feel safe".
- The provider's new welcome brochure contained details about the safeguarding processes people should follow, if they felt at risk.

Assessing risk, safety monitoring and management

- People told us they felt safe living at the service. Families also confirmed they felt confident when leaving their loved one. One person told us, "I'm safe here because everyone cares, it's like one big family here".
- Risks associated with people's health care were not always recorded, for example if someone was living with diabetes or epilepsy. However, despite the records not being in place, staff were knowledgeable about how to keep people safe and what action they would take in the event of someone becoming unwell. The provider told us, they would take immediate action to review all care plans to ensure that risk assessments were in place as required.
- Overall, the environment was assessed for safety. However, despite people receiving good skin care, the provider had not always ensured people's specialist mattresses were checked to ensure they were at the correct setting for their weight. The provider took immediate action to rectify this and reviewed and updated monitoring systems within the service.
- People were protected in the event of a fire. The system was checked and serviced in line with manufacturing guidelines and people had personal emergency evacuation plans (PEEPs) in place to tell emergency services what support they needed.
- A new electronic entry system had been introduced which provided people with a copy of the provider's fire procedures on admission, as well as robustly recording the numbers of people in the service, in the event of an emergency evacuation.

Staffing and recruitment

- Appropriate checks were completed to ensure staff were suitable to work with vulnerable people.
- People told us there were enough staff to meet their needs, and that call bells were answered promptly.
- Staff were carefully deployed to ensure a good skill mix across the service.

#### Using medicines safely

- People's medicines were now managed safely. Medicines recording had improved and showed that people now received their medicines correctly. New systems to check the safe administration of people's medicines had been introduced, and actions were taken to improve medicines management, when required.
- Policies and medicines training were in place.

#### Preventing and controlling infection

- The service was odour free. Bathrooms had a good supply of paper towels and soap.
- Staff were supplied with personal protective equipment (PPE) for use to prevent the spread of infections and this was worn appropriately.
- Staff received training in infection control.
- There were systems in place to assess and review the cleanliness of the building, and that clinical equipment was cleaned as required.

#### Learning lessons when things go wrong

- Management were keen to develop and learn from events.
- Improvements at the service demonstrated the provider had pro-actively listened to previous inspection feedback and made changes as necessary.

# 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

People's outcomes were consistently good, and people's feedback confirmed this. Legal requirements were met.

At our last inspection in February 2018, this key question was rated requires improvement. We found people's human rights were not always protected, and people's communication needs were known but not always recorded to ensure consistent care and support. At this inspection we checked to see if action had been taken and found improvements had been made.

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

- Assessment of people's needs were completed, expected outcomes were identified and care and support, was regularly reviewed.
- Nursing practices, such as tracheostomy care were delivered in line with 'best practice' guidelines and care planning was robust.

Staff support: induction, training, skills and experience

- Staff were knowledgeable and carried out their roles effectively.
- Ongoing competency checks of staffs practice helped to ensure people received a good standard of care and support. Staff told us they felt listened to, motivated and valued.
- Staff received an induction which was in line with national standards.
- Staff undertook training to meet people's specific needs, such as dementia and diabetes.
- The provider had introduced 'champions' in health and social care subjects, to help effectively disseminate new information across the staff team, such as skin care, sepsis or diabetes.

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

- People told us the food options were good and that there was flexibility to meal choices. Comments included, "The food is pretty good, and you can always have something else if you don't like what's on offer". "I enjoy my meals in my room which suits me" and another said, "We get lots of drinks throughout the day and I can always ask for a cup of tea anytime I want".
- People's care plans were detailed to ensure they received consistent support with their nutrition. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns. Those who needed assistance were sensitively supported with their drinks and meals.
- There was effective communication within the service about people's changing diets.
- The new head chef was passionate about delivering a catering service, which was person-centred. They had also recently updated their knowledge about how to support people who were at risk of choking.
- People who had dietary requirements based on their own cultural wishes were flexibly catered for.



Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as required. People commented, "If I need to see the GP this happens pretty quickly", and "No problems getting a doctor out to me. I get prompt attention".
- The provider had been chosen to be part of a healthcare pilot to commence the introduction of GPs appointments by video conferencing.
- A new nursing co-ordinator role had been implemented to help strengthen the coordination of clinical care; making sure referrals were made promptly to external professionals.

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

- The service had disability access.
- Some dementia design principles had been used in some bathrooms and shared areas to help orientate people who may be living with the onset of memory loss.
- The providers initial needs assessments ensured people were asked if they needed documents in a different format, such as large print, or pictorial format.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access external health and social care services as needed.
- Staff encouraged people to enjoy a walk and take in some fresh air.
- The provider had introduced a weekly health and well-being drop in session for people, families and staff to promote and encourage a healthy living community.

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the Mental Capacity Act (MCA). 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's human rights were now protected by the MCA and were encouraged to make decisions for themselves.
- Care plans were now being developed with people. People had agreed with the content, had signed to receive care and treatment and gave their consent.
- New 'pop up' MCA staff learning sessions had been introduced, and as a result of this staff now had a good understanding of the legislative frameworks.

# 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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service. Legal requirements were met.

At our last inspection in February 2018, this key question was rated good. However, at this inspection we found the service truly respected and valued people as individuals, and they were empowered in their care by an exceptional service. Therefore, the rating has improved to outstanding.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives overwhelmingly told us how wonderfully kind and compassionate the staff were. Commenting, "I can't praise them enough", "I feel they care about me, they make me feel like I matter to them", and "They are marvellous, they do anything I ask. They're like the daughters I never had. I feel they're like my own family"; "You couldn't ask for better. Five-star service here".
- One relative had taken the time to express how impressed they were with the kindness of staff by nominating two staff for a local authority 'people's choice award', which they both had successfully won. The relative had described both staff as "Two diamonds in the organisation, sprinkling golden dust over everyone...and that their warmth and understanding of residents was exceptional".
- People were at the heart of the service, and staff were motivated to deliver exceptional care by the providers' imbedded values of respect, trust, compassion, dignity, and person-centred planning. In addition, the providers quality compliance manager and clinical facilitator told us how their positive role modelling was at the heart of their leadership, with staff telling us how they felt truly inspired by them to deliver an excellent standard of care.
- Staff spoke very fondly of people and told us they cared for people in the way they would want their own parents looked after. Staff also talked about relationship centred care and spoke about how it was important to care for the person's whole family. Staff commented, "Everyone deserves the best care", and "People's care is tailored around them and their families".
- People were supported by staff who truly cared about them and went the extra mile to make sure they felt loved and were happy. One member of staff told us how they made pictures for people's rooms, in their own time, based on things the person liked.
- The provider and staff were arranging a fundraising ball to support a person and their family raise money, so a close relative could visit from abroad.
- The staff were exceptionally observant and responsive to people's wellbeing. The provider had engaged with a local charity initiative called 'active plus' which offered support to veterans to combat loneliness. The provider ran a six-week team building course within the service involving people and their families. This initiative had also provided people with their own iPads. Staff had spent time helping people learn how to use them. One person had used it to keep in touch with their family while they were on an extended trip abroad, using the iPad to follow their families itinerary and explore the places they were visiting.
- Staff told us about one person who had been very depressed and described them as having 'given up'

when they moved to the care home. So, staff spent time with the person. They found out the person liked dogs, so they arranged for a family member to bring their own dog in to visit the person. This happened regularly and as a result, of the dog's visits, the person's emotional state positively changed.

- One person had been supported to express their lifelong interest and love of singing. Staff had empowered the person to plan and perform their own concert, which had now become an annual event! The person adored Dolly Parton, so the provider had obtained a life size cut out for them, so that they could be accompanied by their idol when they performed to others.

- To keep people at the heart of the service and at the forefront of their own care and support, the compliance manager had devised a project called 'one more time'. The project enabled people to choose something they had previously done in the past and/ or wanted to re-live again. Such as attending their favourite theatre show, or visit a place which held profound personal emotional sentiment.

- People's religious wishes were respected, and people were supported as needed to continue practicing their chosen faith.

- Staff had received training in equality and diversity, and consideration and respect was shown to people despite their diverse needs and cultures. Staff told us how they had supported a person at the end of their life who had been in a same sex relationship. They explained how they had encouraged and made welcome their loved one to stay overnight in the last weeks and days of their life.

- Views from external agencies were positive, with consistent comments about how caring and professional the staff were.

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

- People and their representatives were regularly asked for their views about their care plans and the delivery of their service.

- The weekly 'voices forum' chaired by people living at the service, helped to empower people and their families to express their views about their care and the service.

- A 'feelings book' had been created for people to express how they truly felt about the place they lived. One comment included, "I have never laughed so much in my life, till I lived here".

Respecting and promoting people's privacy, dignity and independence

- People told us staff were exceptionally respectful of their privacy and dignity. With one person telling us, "The staff are very respectful and discrete when I have my shower".

- Staff talked consistently and passionately about enabling people to make choices, have control of their own lives, and treating people with dignity.

- People's independence was celebrated. A staff member told us how they discovered one person had a lifelong interest in cooking. So, they had spent time with the person discussing the types of food they used to make and were now supporting them with weekly cooking sessions. The staff member talked passionately about the impact this had had on the person, and how they were also learning new skills, such as making pastry, from them.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery. Legal requirements were met.

At our last inspection in February 2018, this key question was rated requires improvement. We found people's care plans were not always reflective of the care they were receiving. At this inspection we checked to see if action had been taken and found improvements had been made.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support specific to their needs and preferences. Each person was seen as an individual. One person told us, "I came here especially because of the specialist care I was told was available here for my condition. I have great faith in the staff and how they look after me".
- Care plans now reflected people's health and social care needs and demonstrated how other health and social care professionals were involved.
- People's wellbeing was promoted by a variety of social engagement and activities available. People were also encouraged to continue to be part of the community. People commented, "You can do something every day if you want to and you can go out on trips as well" and "The Activities ladies are lovely and do a fantastic job". There was a 'one more time' project which enabled people to choose something they had always wanted to do, or to do again.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs.
- Staff were knowledgeable about the different methods some people used to communicate. For example, one person used eye movements, and another had talking technology.

Improving care quality in response to complaints or concerns

- The providers new welcome brochure contained details of how to complain.
- People and relatives said that they felt able to speak to the manager at any time. One person told us, "Everyone tries hard to sort any issues that have arisen since".
- We saw evidence that complaints received were taken seriously, and used to help improve the service where possible, with appropriate actions and records in place.

End of life care and support

- People were supported to have a 'good death'. Staff had received training in end of life care, and the service was accredited with the local hospice for providing quality and compassionate end of life care.
- People as needed had end of life care plans in place, which helped to provide information to staff about how they wanted to be cared for. Care plans took account of people's religious wishes.
- The provider had recently attended an end of life care workshop with the local authority and told us how they would be using what they had learnt to improve care planning for people.

- The provider had an end of life care champion, who was a link to the local hospice and who disseminated best practice information amongst the staff team.
- There were positive links with external professionals, such as GPs and community nurses. The provider had been chosen to be part of a new pilot which would involve multi-disciplinary video conferencing meetings, to help promote a more joined up and cohesive approach when people were reaching the end of their life.

# 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

The service was now consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Legal requirements were met.

At our last inspection in February 2018, this key question was rated requires improvement. We found systems to monitor the quality and safety of the service were not effective. At this inspection we checked to see if action had been taken and found improvements had been made.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives were complimentary of the management and leadership of the service. Comments included, "I know who the manager is, and they do a good job. They run a tight ship", and another said, "It is well run here which comes from the top".
- Relatives told us how they had been part of the 'journey of improvement', and now felt confident in the management and leadership.
- Staff told us the service was now well managed and that they felt, motivated, supported and valued.
- Staff told us they loved working at the service and spoke with passion and commitment to the providers values and vision.
- There was a person-centred culture which now kept people at the heart of the service.
- The provider admitted when things went wrong. All of which demonstrated the requirements of the Duty of Candour (DoC), to be open, honest and transparent.

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

- The provider now had an improved oversight of what was happening in the service.
- The provider was now more visible in the service and took an active role in the running of the service.
- There had been a significant amount of systems which had been developed to help monitor the quality and safety of the service. However, despite these systems being in place, they had not been fully effective in identifying that specialist pressure relieving mattress checks were not always taking place, and that care records had not always been in place. Therefore, we recommend the provider takes action to strengthen their overall governance systems.

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

- People were invited to attend the people's 'voices forum' and were asked to complete questionnaires to obtain their views. Feedback was used to help positively improve the service. For example, in response to people's feedback changes to the menu had been made, and opportunities for social activities improved.
- The management team spoke of the importance of "togetherness", and how recognising everyone's

individuality and diversity enabled a team work and great community.

- One person told us, "The newsletter keeps me and my family up to date on what's happening".
- A new electronic signing in visitors' system, asked any visitor to rate their experience from very good to poor. The outcome of visits formed part of the providers overall governance framework to assess ongoing satisfaction.
- There was an open-door policy.

Continuous learning and improving care

- The provider was passionate about continuous innovation and development.
- The ongoing improvements found at this inspection demonstrated the provider had learnt from past failings and continued to improve and develop the service in line with regulations and best practice.

Working in partnership with others

- The service worked in partnership and collaboration with other organisations to support care provision and improve service development. For example, the local skills for care managers network, and other local care home providers.