Meadow Grange Nursing Home Limited

Meadow Grange

Inspection report

Homesfield Road
Dronfield
Derbyshire
S18 8WS

Tel: 01142891110

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Meadow Grange Nursing Home Limited is a residential home for 60 older people some of whom are living with dementia. The accommodation is provided across two floors.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good. However, we made recommendations for improvement in ensuring that people have maximum choice and control of their lives and staff understand how to assess their capacity to do this.

People continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their prescribed medicines safely. Lessons were learnt from when mistakes happened.

Staff received training and support to be able to care for people effectively. They ensured that people were supported to maintain good health and nutrition; including in partnership with other organisations when needed. The environment met people's needs.

People continued to have positive relationships with the staff who were caring and treated people with respect and kindness. There were opportunities for them to get involved in activities and pursue their interests. Staff knew them well and understood how to care for them in a personalised way. There were plans in place which detailed people's likes and dislikes and these were regularly reviewed. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they received.

People and their relatives were included in developing the service. There were quality systems in place which were effective in continually developing the quality of the care that was provided to them.

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 has deteriorated to requires improvement.	**Requires Improvement**
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**

Meadow Grange

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 comprehensive inspection took place on 1 February 2018 and was unannounced. It was completed by two inspectors 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. On this occasion we had not asked the provider to send us a Provider Information Return. 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 used a range of different methods to help us understand people's experiences. People who lived at the home had varying levels of communication. We spoke with fourteen people and also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We also spoke with five people's friends and relatives to gain their feedback.
We spoke with the manager, the provider's clinical lead, two senior care staff, two care staff, one housekeeper, one laundry assistant and the cook. We reviewed care plans for seven people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We reviewed audits and quality checks for medicines management, fire risk assessments, accidents and incidents, meeting minutes and health and safety checks. We also looked at five staff files and the staff training matrix.

Good

Is the service safe?

Our findings

People were protected from abuse by staff who understood how to identify signs and report in line with safeguarding procedures. One person we spoke with said, "I feel very safe as the staff look after me really well". Staff told us how they would report any concerns to their line manager or the local authority. One member of staff said, "If I ever had a concern I'd speak to the team leader, the manager, or regional manager. I know they would do something but I have never had to report anything yet". We reviewed safeguarding with the manager and saw that notifications had been raised when required and investigations had been completed in a timely manner.

Risk was managed and people were supported to be safe. One relative said, "They are being brilliant with my relative. They have only been here a few months and so we are all still finding our feet but in terms of safety it's been a life saver." We saw that people were supported to move safely; for example when staff used a hoist they used the correct sling and gave people reassurance throughout the manoeuvre. Other risks to people's health and wellbeing were also considered; for example, people used equipment to relieve pressure on their skin to ensure it did not become sore. Records that we reviewed showed that risk was assessed, actions were put in place to manage it and it was regularly reviewed.

The home was clean and hygienic which reduced the risk of infection. One member of staff we spoke with said, "We have plenty of protective equipment including gloves, masks, and different coloured aprons. We have a deep clean procedure in place if anyone has a sickness infection". The home had a rating of 5 from the food standards agency which demonstrated that systems were in place to manage hygiene in the kitchen and around food. The provider maintained infection control audits and implemented any required action points.

Lessons were learnt when things went wrong and actions taken to reduce the risk. The manager told us, "We have been reviewing falls because they seem to be quite a high number. I have analysed their occurrences for patterns of time of day etc. As a consequence I have made changes to the deployment of the night staff so that there is always someone on each floor". The manager had made referrals to other healthcare professionals such as physiotherapists and obtained equipment to support people. They had also arranged for falls prevention training for staff. This demonstrated to us that there were systems in place to review accidents and that the manager was responsive and proactive in considering solutions.

People had their medicines as prescribed. One person said, "The staff watch me while I take the tablets and bring me some water". We observed that staff took time to explain to people what they were taking and also asked if they required any additional medicines; for example, for pain relief. When people were prescribed medicines to take 'as required' we saw that there was guidance to support staff to understand how many they should take in a certain timeframe. Consideration was given to people's preferences. One member of staff told us, "One person has retained responsibility to manage their own medicines. We just count them on a Monday, with the person's permission, to ensure that they have what they need in stock". Medicines were stored, recorded and monitored to reduce the risks associated with them.

There were enough staff to ensure that people's needs were met safely. One person said, "There are always enough around to help". We saw that there were always staff in communal areas and that they had time to spend with people. Staffing levels were planned around individual need and that staff were assigned roles on each shift to ensure people's needs were met.

Safe recruitment procedures were followed to ensure staff were safe to work with people. The Disclosure and Barring Service (DBS) is the national agency that keeps records of criminal convictions. One member of staff told us, "I had a DBS check at my last job but it wasn't transferrable. So I waited for a new one here and for my references to come through before I started work". Records that we reviewed confirmed these checks were made.

Requires Improvement

Is the service effective?

Our findings

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People told us, and we observed that staff assisted them to make their own decisions. One person said, "The staff are always asking me is it okay before they do anything. I've never seen anybody being made to do anything; the staff are all very respectful". However, we saw that when people did not have capacity to make decisions for themselves this was not always assessed. For example, one person received their medicines covertly; which means without their knowledge. Medicines can be given covertly if the person does not understand that they are essential to maintain their health and wellbeing. However, there must be a capacity assessment to make the decision in their best interest with medical guidance and this should be regularly reviewed. This was not in place for this person. Furthermore, some DoLS applications had not been made for all restrictions; for example, some people had equipment in place to prevent falls which was not considered under a best interest or included in an application. This meant that the provider was not fully meeting their obligations under the MCA.

We recommend that the provider ensures that all assessments and best interest decisions are made in compliance with the Mental Capacity Act 2005.

People were supported by staff who were skilled and knowledgeable. One person told us, "The staff here are brilliant. My relative has been here for several years and the care they have received has been second to none". People were supported effectively and in line with national guidance. For example, there was guidance for staff about supporting people who took warfarin so that they understood the impact this could have on their health or in an emergency. The provider worked in partnership with other organisations to ensure that people's needs were met. One member of staff said, "One person is here for respite and bring their own yellow book (which is where their blood tests and warfarin doses were recorded). Fortunately, they are supported by the same district nurse team at home as here so we can offer good continuity to make sure they are taking the correct dosage".

Staff received the training and support they needed for them to do their job effectively. One member of staff said, "The training in medicines management was thorough. I did a day's training and then did some shadowing of other trained staff. I was then observed five times before I was able to do a full administration round on my own". Another member of staff said, "There are plenty of training courses and then refreshers every year or when you need them. I am also doing a nationally recognised qualification. There are optional course you can do too, if they interest you or if you want to get on." The clinical lead told us, "If there are additional places on training courses monitored we charge a small price for local providers to attend and this enables us to provide more training for our staff". This demonstrated to us that the provider ensured that staff received the development required.

People had their health monitored and regular appointments with healthcare professionals. One relative told us, "My relative sees the GP when they need to and we think they do a thorough assessment". Other

people told us about the range of health professionals they had contact with; for example, chiropodists and opticians.

People were supported to maintain a healthy balanced diet. One person said, "I like the food and I enjoy my meals here". We saw that the mealtime was a relaxed event and people were served potatoes and vegetables at the table so they could make a choice. People told us that they also had a choice of main meals. One person said, "They have two options at lunchtime but you can ask for something else if you don't want either of them". We saw that people were also offered a choice of seven deserts from a trolley. Another person told us, "I always choose to have a glass of wine with my meal".

Some people were at risk of losing weight or of choking and their meals had been modified to meet their needs. The chef told us, "I add cream to the potatoes to increase the nutritional value and some people have evening milky drinks that have been fortified to improve their calorie intake". Some people required support to eat their meals and this was provided respectfully and discreetly by staff or using adapted equipment.

The environment was designed to meet people's needs. There were several communal areas where people could choose to spend time; including a library which had an extensive selection of books. One person told us, "I like to come to the orangery because I like to watch what is going on. It's quite peaceful in here and it's nice to look out over the fields". There were also signs in the home to help people to find their way around and these included pictures for some people who may need information shared in that format.

Good

Is the service caring?

Our findings

People had caring, kind, supportive relationships with the staff who supported them. One person told us, "They're all lovely with us. They are really super people." Another person said, "They're all nice to us. I tell it how it is and I would say the staff are very good. They're very nice staff." Staff knew people well and we saw that they had time to chat to people and comfort them if they were distressed. For example, we saw one member of staff sitting with one person stroking their hand. One member of staff we spoke with said, "You see people every day and get to know their likes and dislikes, and their needs. There are lots of reasons people come into care and we adapt how we support them".

People were actively involved in making choices about their care. One person told us "I don't really like showers. I am a bit frightened in a shower because I feel unsteady but they understand and they help me have a bath instead." Another person said, "I get up when I feel like it and go to bed when I'm ready. I choose what clothes I want to wear; the staff will get things out of the wardrobe for me to pick from. I call them my wardrobe mistresses!"

Dignity and privacy were upheld for people to ensure that their rights were respected. One person told us, "The staff never enter our rooms without knocking". We saw that staff knocked on bedrooms doors before entering and kept them closed when undertaking personal care for people.

Independence was encouraged for people's abilities. One person explained, "I can look after myself but I'm not so good on my feet which is why I need them to help me. The staff are kind and understand I like to do things for myself when I can".

Families and friends were welcome to visit freely. One relative told us "Visitors are made welcome." The manager said, "We do have protected mealtimes so that we can concentrate on making that a pleasant experience for people. Other than that they can come any time and we encourage them to attend events as well".

Good

Is the service responsive?

Our findings

People were involved in planning and reviewing their care. One person told us, "I know all about the care plan and I tell them exactly what I want or don't want". One relative said, "I was involved in the care plan from day one and we've had review meetings which is a good thing." Staff understood their preferences and provided care that was responsive to people's needs. One person told us, "I sometimes like to get taken outside for a walk. I like to walk if I can but the staff notice if I'm getting tired and then help me get into my wheelchair". Another member of staff told us, "One person likes to help others and so I make sure I involve them in things when I can to encourage them".

We saw that records were maintained and regularly reviewed to ensure that staff had guidance to enable them to support people in the requested way. When people's care needs changed the plans were reviewed with them and their families. One member of staff told us, "You get to know peoples needs through the care plans when you first start. We have just added more information into their plans, like their spiritual interests which helps us to understand what is important to people". One relative we spoke with said, "[Name] is a practising Roman Catholic and the priest has visited them here. Staff have also taken them to the Church for mass as well". This demonstrated to us that care and support was provided to meet people's needs.

When people were at the end of their life their wishes had been assessed and there was specialist support in place. People who were important to them were able to contribute to the planned support. One relative told us, "We went through all of that with them. My relative has a 'Do Not Attempt Resuscitation' (DNAR) order in the care plan. That was their decision and we have agreed that they will not be hospitalised and will be cared for here with any necessary pain relief. The arrangements for organising their funeral are also in the care plan. We have reviewed this from time to time in case they have changed their mind (particularly about the DNAR) but they are clear that is what they want."

There were activities available as well as opportunities for one to one interaction. One person told us, "We do all sorts of things and you can join in as much as you want but there is no pressure if you don't feel like it. We play carpet bowls and have quizzes. There are some good singers here and the activities coordinator is really good at starting a sing song." Another person said, "I like the armchair exercises. It's always good for a laugh and we have film days when they show one of the old movies. That's good as well." A third person said, "We have day trips when the weather is good. I like going to Chatsworth and we can have a cup of tea and a bun." On the day of the inspection visit we saw people joining in with games such as bingo.

People and their families knew how to make complaints. Nobody we spoke with had made a complaint but they all felt confident that they would be listened to if they did. We reviewed the recorded complaints and saw that they were all responded to quickly, resolution noted and apology given where required. The manager told us, "Most of them are grumbles, for example about the quality of a meal. However, we manage all of them as though they were complaints so that we can review them easily; for example, for any repetition or pattern".

Good

Is the service well-led?

Our findings

There was not a registered manager in post. 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. There was a manager in post when we completed this inspection visit who was commencing their registration with us. However, they have since left the service. The provider has assured us that their role is being met through other staff and with support from other services.

The manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the home and on the provider's website in line with our requirements.

People had the opportunity to contribute to the development of the service through regular meetings and annual surveys. The chef said, "We have recently had a residents meeting where we discussed menus and what meals people would like". People had completed a survey in the previous month and the majority of the responses were positive. Where the response fell below the standard expected the follow up actions were recorded.

Staff felt that they were well supported and able to develop in their role. One member of staff told us, "If there are any issues you can talk to the managers. They would not be happy if you didn't take problems to them". They told us that they had regular supervisions and team meetings.

The manager was supported by monthly managers meetings. The clinical lead told us, "These are an opportunity for us to update each other and keep abreast of new practice; for example, we share the Derbyshire End of Life work we are focussing on and working in partnership with other organisations".

There were quality audits in place to measure the success of the service and to continue to develop it. We saw that these were effective and that there were plans in place as a consequence. For example, the service had a fire risk improvement plan after a visit and we saw that they had met the action points on it. The operations manager completed a monthly audit which had a service improvement plan. The manager told us, "As a new manager I find this useful to focus on the priorities". We saw that the action points in the plan had been addressed; for example, there had recently been a deep clean of the kitchen area.