

Coseley Systems Limited

Meadow Lodge Care Home

Inspection report

445-447 Hagley Road
Edgbaston
Birmingham
West Midlands
B17 8BL

Tel: 01214202004

Website: www.meadowlodgecarehome.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Meadow Lodge is a residential care home providing personal care to 20 people aged 65 and over at the time of the inspection. The service can support up to 22 people.

People's experience of using this service and what we found

There were not always enough staff to meet people's needs. Medication was not always stored safely as temperature checks were not completed. Risks to people were not consistently assessed. Staff knew how to report concerns of abuse and there were effective infection control practices in place.

Staff received training relevant to their role. People's dietary needs were met and the decoration of the service met people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, records did not evidence that the Mental Capacity Act had been followed where people lacked capacity. People were not consistently supported to access medical appointments. Staff received training relevant to their role. People's dietary needs were met and the decoration of the service met people's needs

People were not always treated in a kind or dignified way. People were supported to make choices and people's independence was promoted where possible.

Although staff knew people well, care records were not consistently personalised. There was a lack of activities available for people. Complaints made had not been investigated appropriately. People's end of life care wishes had been considered.

Although there were systems in place to monitor quality, these had not identified the areas for improvement found at this inspection. Although people had been given opportunity to provide feedback, it was not clear if this had been acted upon.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 November 2018).

Why we inspected

The inspection was prompted in part due to concerns received about people missing medical appointments. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to people being treated with dignity and management oversight of quality. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Meadow Lodge Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and an assistant inspector.

Service and service type

Meadow Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with six people who used the service about their experience of the care provided. We spoke with three members of staff as well as the provider. 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 reviewed a range of records. This included six people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We looked at additional records sent to us by the provider. This included one medication record.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We received mixed feedback about whether there were enough staff to meet people's needs. Although some people told us their needs were met in a timely way, staff informed us that they felt rushed in their work and had little time to spend with people. One staff member told us, "To tend to one person can take 30 minutes, and then at the same time other people want support to go out for a cigarette or go to the toilet and they have to wait. We can't even sit with people for 30 minutes as if we don't keep up [with care tasks] we fall behind".
- We observed that staff were not always available for people when needed. Staff were often busy completing care tasks and were not always visible in communal areas. Where staff were available for people, the level of interaction was minimal as staff were seen only staying with people to complete tasks before leaving the room again. This was confirmed by a staff member who told us, "The care has been affected by the staffing levels. Instead of sitting with people, having a chat, its 'Here's your food, bye bye' and then don't see us again for the rest of the shift."
- We spoke with the provider who informed us they had a dependency tool to assess how many staff were required to support people safely. However, this had not been updated to reflect that two new people had recently moved into the service. The provider acknowledged this had not been updated and that one more member of staff was required to support people. The provider gave assurances that additional staff would be put into place the following day. However, this had meant there had not been appropriate staffing levels for a number of days since the new admissions arrived.

Assessing risk, safety monitoring and management

- Risks to people's safety and well being were not assessed consistently. Although some people's care needs had been clearly risk assessed and staff were acting in accordance with this, other areas of risk were not fully addressed. For example, one person's community nurse records indicated they had a pressure area that required treatment. However, this was not reflected within the person's care records to ensure all staff were aware of this. Following the inspection, the provider informed us that this person did not have a pressure area, and that this was a wound.
- Staff were aware of the actions they should take to keep people safe in the event of an emergency such as fire.

Using medicines safely

- Medicines were not always stored safely. We saw that medicines were kept in people's bedroom, but no monitoring of the temperatures in these rooms took place. Medicines can be adversely affected by temperature and the lack of temperature monitoring meant that the provider could not ensure medicines

remained effective. The provider had purchased thermometers to monitor temperatures but had not installed these throughout the home.

- Protocols for 'as and when required' medications were not in place. Staff we spoke with were not aware of these. This meant that the provider could not ensure medicines would be given in a consistent way as there was no clear guidance for staff. We raised this with the provider who believed these were in place but had been unable to find them. Following the inspection, the provider sent us copies of PRN protocols they were now using.
- Medication Administration Records had been completed and indicated that people had received their medication as required.

Preventing and controlling infection

- There were systems in place to prevent the spread of infection. The home was clean and staff had access to personal protective equipment where required.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with understood the types of abuse and how they should report any concerns. Staff confirmed they had received training in safeguarding adults.
- Where concerns had been raised, these had been responded to appropriately and referrals made to external agencies where required.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's mental capacity had been assessed, however this was not done in line with the MCA. Assessments of people's capacity were not decision specific and did not record details of the best interests decisions discussed and who had been involved in these processes. Although DoLS had been applied for and granted for some people, it was not clear how the need to apply to deprive people of their liberty had been assessed and agreed by relevant parties. We raised this with the provider who was unsure why these processes were not recorded.

Staff working with other agencies to provide consistent, effective, timely care / Supporting people to live healthier lives, access healthcare services and support

- Prior to the inspection, concerns were raised about people missing medical appointments. During the inspection, the provider informed us that a total of 12 medical appointments had been missed by people and they were in the process of supporting the local authority in investigating the reasons people had not attended their appointments. We are awaiting further information about this.
- People told us that staff would seek medical attention for them if needed. One person told us, "They [staff] get the doctor in, that was only a week ago". Records we looked at showed that people had been seen by health professionals including, district nurses, dieticians and podiatry.

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

- People's needs had been assessed prior to them moving into the home. Reviews of people's needs then took place where required. The assessments took into consideration and protected characteristics under

the Equality Act including any religious needs.

Staff support: induction, training, skills and experience

- Staff told us that prior to supporting people they had received an induction to the home that included completing training and shadowing a more experienced member of staff. Staff then undertook refresher training to update their knowledge. Staff feedback on the training provided was that this did not always meet their learning needs. One member of staff told us, "The training is all online. Some is useful, some is not." However, one staff member informed us that practical training was booked for them to attend in the coming months.
- Staff had access to supervisions to discuss their learning and development and informed us that they were able to request additional training if they wished.

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

- People told us they were happy with the food they were provided with. One person said, "The food is very nice". A second person told us they enjoyed eating curry and that staff had supported them into the kitchen to help prepare their own meal.
- Staff were aware of people's dietary needs and ensured these were met. People had access to drinks and snacks throughout the day.

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

- The design and decoration of the service met people's needs. People's rooms were decorated with items of personal significance to them and there were adequate outside space for people to spend time if they wished.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Although people spoke positively about the staff team, we saw that the availability of staff impacted on their ability to ensure people were respected and well treated. For example, we saw one person become distressed in the communal areas. The person was visibly shaking and upset. A staff member approached the person to ask what was wrong but then due to being busy preparing lunch left the person before finding out the cause of the person's distress or providing any reassurance. Due to the person's increasing distress, inspectors intervened and sought a staff member to support the person. A staff member told us that they struggled to support people's emotional needs due to staffing levels. The staff member said, "We should be there for people emotionally but we are not as we don't have time."
- In addition, we saw that staff's low availability to spend time with people meant that they did not always communicate with people in a kind way. When handing out people's meals, staff were seen to present the plate, say 'dinner' and then walk away before any response could be given. We also saw staff walk away while speaking to a person with a visual impairment. This method of communicating with the person may have affected their ability to hear or understand the staff member. We raised these issues with the provider who informed us they would speak to the staff team about ensuring they speak and support people in a respectful way.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was not always promoted. We saw that one person had been left with their meal placed on their lap in bed. The person required a table to support them to eat independently but this had not been provided. The person was struggling to balance their plate and was seen to be spilling their meal in bed. Staff members walking past the person's room had not identified that they had been left in an undignified way. Inspectors intervened to get the person the equipment they needed to eat independently.

People were not always treated with dignity and respect. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other people were supported to maintain their independence where able. We saw that one person went out in the community independently and another person informed us they were supported to make their own meal.

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

- People told us they had choices with regards to their daily care. One person told us, "They [staff] come and

talk to you and ask what you want to do". We saw people being given choices that included where they would like to sit and what they would like to eat.

- Staff member's gave examples of how they ensured people could express their views. One member of staff told us, "We always ask, we always gain consent."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. One person told us, "I could ask any of them [staff] and they would try to help me."
- We saw that one complaint had been made. Although this had been investigated, the provider had not ensured that this was investigated by someone independent of the complaint. Records showed that the subject of the complaint was the same person responsible for investigating this. We raised this with the provider who informed us that they were aware that this should not have happened but due to a lack of management at the service at the time of the complaint, there was only one person who could investigate. The provider gave assurances that in future, complaints would not be investigated by a person implicated in the concern.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People gave mixed feedback when asked about the activities available to them. One person told us, "About three times a week, they do different games...I don't go out much." However another person told us, "There are games around the home. I am happy with how things are."
- We saw that there was a lack of activities available for people. Although staff had offered people a colouring activity, staff were not present to support with this and so there was little engagement in the activity. People spent long periods of time in communal areas with only minimal conversation with staff or others. We raised this with the provider who felt there were sufficient activities for people and said this would be raised with staff to action.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that staff knew them well. Our conversations with staff showed this to be the case. Staff had an in depth knowledge of people, their likes and dislikes.
- Records did not always reflect the knowledge staff held about people and we saw that some records were not personalised. For example, three care records referred to people by the incorrect name. We raised this with the registered manager who informed us they would address this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- Where people had a sensory impairment, staff were aware of these and there were systems in place to ensure the accessible information standard was met. Staff understood how the person preferred to be communicated with and details of this was included in care records. The person had also been offered support to learn new methods of communication including Braille.

End of life care and support

- Although no-one living at the service required end of life support, records showed that people had been given opportunity to discuss any wishes they may have at the end of their life. This would ensure that staff were aware of people's wishes when needed.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care / Working in partnership with others

- There was little evidence of continuous learning and improving care. The provider has been rated as Requires Improvement for the key question of 'Well-Led' in the previous two inspections of the service. Although some improvement in governance systems were seen at the last inspection, the provider has failed to make and sustain these improvements to ensure people receive appropriate care and support and at this inspection, we have identified further areas for improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was unavailable on the day of inspection. However people we spoke with knew who this was. The provider was also regularly at the service to see people. One person commented on the changes in the service and told us, "Its changed completely, its more friendly."
- However, staff morale was low and staff reported that they did not feel supported in their work. One member of staff told us, "I don't talk to the managers, they don't listen." Another staff member added, "I could go and raise an issue but it is 50/50 whether they will deal with it." Staff members told us the staffing levels were impacting on the care they were able to provide to people as they were too busy to support people. We raised this with the provider who was not aware that staff felt this way. The provider advised us he would speak with staff.

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

- There were quality monitoring systems in place. This included analysis of falls, activities, weights and staff practice. Where areas for improvement were identified, these were acted upon. However, these systems had failed to identify the areas for improvement found at this inspection. Medication audits had not identified missing PRN protocols and care plan reviews had not identified that people's names were incorrect. In addition, the dignity audit completed had not identified areas of poor staff practice, such as lack of interaction with people.
- In addition, the provider had failed to use their own processes to monitor quality. The provider had not used their dependency tool to monitor staffing levels and as a result, there were not sufficient numbers of staff to support people on the day of our inspection. The provider gave assurances that this would be addressed and additional staff allocated.

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

- People were given opportunity to feedback on the quality of the care provided. This took place via questionnaires. For example, we saw that people had been asked for their thoughts on activities in the service. Feedback from people indicated they wished to go out more and this formed part of an action plan for the provider. However, we were unable to see if this feedback was acted on. There had been no updates to the action plan and people did not know if they were going out more often. We raised this with the provider who advised they do act on this feedback but had no record of this.
- Staff informed us that their feedback was not acted upon. One member of staff told us, "We have staff meetings but when we do, we vent and nothing gets done. There is no point going." Staff told us that they had fed back to the provider that there were not sufficient numbers of staff to support people but that they had received no response to this feedback.

The provider had failed to sustain improvements in the care provided and quality monitoring systems remained ineffective in ensuring that areas for improvements could be identified and acted upon. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had met their duty of candour. Where incidents occurred, these had been reported and investigated appropriately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had not ensured that people were treated with dignity and communicated to in a caring and compassionate way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to sustain improvements at the service and quality monitoring systems had not been effective.