

MACC Care Limited

Meadow Rose Nursing Home

Inspection report

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West Midlands
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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Meadow Rose Nursing Home is a residential care home providing personal and nursing care to 53 people aged 65 and over at the time of the inspection. The service can support up to 56 people. The service accommodates people over three floors which were accessed by a lift in one adapted building. It provides care to older people and some younger adults, some of whom are living with dementia.

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

Risks had not always been fully assessed to keep people safe and protected. People told us they felt safe. Staff had received safeguarding training and knew how to escalate suspicions of abuse. Accidents and incidents were recorded, and action taken to minimise risk for the future. People told us they received their prescribed medicines. People told us, and we saw the home was clean.

Improvement was needed to ensure pre-admission assessments were completed robustly. Most people felt staff had the skills and experience to care for and support them. People's nutritional needs were met. People accessed health care when needed. The environment where people lived was well maintained and was clean and fresh.

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.

People told us they were treated with kindness and compassion by staff who supported them. Staff took opportunities to speak with people and had a caring, friendly approach. People's privacy, dignity and independence were respected by staff. People's equality and diversity needs were respected.

People were supported to take part in social activities. The provider had a complaint process which people were aware of to share any concerns.

The service was not consistently well managed. The systems in place to monitor the quality and safety of the service were in place but not consistent in identifying where improvement was needed for example in relation to risk management. The registered manager was known to people and made themselves available.

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 8 September 2017).

Why we inspected

The inspection was brought forward due to an increase in the number of safeguarding incidents and

concerns shared by commissioners.

Enforcement

We have found evidence that the provider needs to make improvements. Please see the Well Led section of this full report. We have identified a breach in relation to Regulation 17, Good Governance at this inspection. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Meadow Rose Nursing 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 was carried out by one inspector, one specialist advisor with experience of nursing 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 second day of the inspection was carried out by one inspector.

Service and service type

Meadow Rose Nursing Home 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.

The service had a manager registered with the Care Quality Commission. This 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

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. We also looked for any feedback

available from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and six relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, nursing staff, care workers, lounge assistant, the chef, an activity worker and laundry staff. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two healthcare professionals who were visiting on the day of inspection.

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 seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and a variety of records related to the quality and safety of the service.

After the inspection

We sought feedback from the local authority and commissioning teams in relation to safeguarding concerns raised by a health professional after our inspection visit.

We spoke on the telephone with the relative of a person who lived at the home.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

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 now 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.

Assessing risk, safety monitoring and management

- There were no risk assessments in place for those people who were prescribed paraffin based topical creams. The nurse on duty was not aware of the potential fire hazard posed by such creams. Immediate action was taken by the registered manager to ensure risk assessments were completed and staff made aware of potential risks.
- One person sometimes displayed physically aggressive behaviour. Their care plan and risk assessment lacked details about the behaviours displayed and how they should be managed by staff. However, staff spoken with had a good awareness of how risks were managed. The registered manager updated the persons care plan during the inspection.
- We saw medicines were stored safely with the exception of prescribed thickeners which were not securely stored in some bedrooms. This had the potential to cause harm if people swallowed the powder. This was immediately rectified when raised with staff. The nominated individual told us they would ensure lockable storage was purchased.
- We saw safe moving and handling support. People were supported to move safely at their own pace, while staff reassured them.
- The provider maintained the safety of the building and equipment through regular checks, servicing and maintenance. Fire safety checks were completed. Personal evacuation plans were in place to ensure people received the right support in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt the service was safe. One person told us they felt safe because "There's always people around." One relative told us, "Yes very safe and secure because the staff are trustworthy."
- Staff had completed safeguarding training. Staff we spoke with knew how to report and escalate any concerns or suspicions of abuse.
- The provider had safeguarding procedures in place. We saw these were followed when potential abuse had been identified.

Staffing and recruitment

- We received some mixed views from people and relatives about staffing levels, in particular about how long it took staff to answer call bells. Call bell monitoring records showed that the majority of calls within the last two weeks were answered within three minutes.
- We did observe one incident where a person had to wait six minutes for staff to respond to their call bell, which did not meet the provider's aim of a response time of three minutes. We supported this person whilst

they waited for staff support to help reduce the risk of a fall occurring.

- Staff felt there were enough staff to meet people's needs although some staff told us this was affected when staff were off sick. Staff told us the provider always endeavoured to find cover for any staff absence.
- Staff did not leave communal areas unattended. We saw that when people needed assistance they did not usually have to wait long for staff to respond.
- The provider had a tool to assess the number of staff required, based on people's support needs. We saw staffing rotas reflected this.
- One relative told us, "There are usually enough staff but sometimes they are stretched." The provider had recognised more staff were needed to support people in the lounge and dining area. A lounge / dining room assistant had been recruited and further recruitment was taking place to enable this support to be provided at weekends.
- There were recruitment processes in place and we saw evidence of recruitment checks taking place before staff were appointed. Improvement was needed to ensure a full employment history was obtained.

Using medicines safely

- We observed a nurse preparing and administering people's medicines. Medicines were administered in a safe and unrushed manner.
- People indicated they received their medicine when needed. One relative told us that improvement was needed to make sure time specific medicines was always administered at the correct times. They told us one nurse set an alarm to make sure medicine was given at the right time but not all nurses did this.
- Medicines administration records indicated people received their medicines as prescribed. People's medicines administration records (MARs) we sampled were clearly completed with no gaps. These records were audited regularly.

Preventing and controlling infection

- The home was clean on the day of the inspection and staff wore aprons and gloves when required to reduce the risk of infection.

One relative told us, "The bedroom and home is kept very clean."

Learning lessons when things go wrong

- Incidents and accidents were investigated and analysis was undertaken to reduce the risk of re-occurrence.
- Timely and appropriate action had been taken in response to incidents, for example in response to a person's fall.
- The manager described learning taken from previous incidents and safety shortfalls. Staff gave examples of learning that had been shared with them.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- A pre-admission assessment was carried out to ensure care was planned and reflected people's individual needs and preferences. For one person the assessment did not show that identified issues with their behaviour had been sufficiently explored. This increased the risk of a person being placed at the service for whom they were unable to meet their needs.
- People using the service and their family members were involved in the initial assessment.
- We saw care plans included information about how people liked their care to be delivered.

Staff support: induction, training, skills and experience

- We received some mixed views from relatives and a health care professional regarding the abilities of staff to support people effectively. One relative told us they thought staff lacked knowledge in the care of people with Parkinson's.
- There was a system in place to monitor and ensure staff training was up to date and refresher training was completed. One member of staff told us, "Training is good."
- Work was underway to make sure all staff had received suitable training in positive behaviour management with additional training sessions already scheduled.
- Care staff told us, and records showed that newly recruited staff undertook induction training when they first started to work for the service. This included the Care Certificate, which is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours.
- Care staff we spoke with told us that they felt supported in their roles and that the management team were approachable.

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

- We saw that people's nutritional needs were catered for and they ate a healthy balanced diet. People were satisfied with the meals. One person told us, "It's very good, I like it. I'm on that diet where they mince everything." Another person told us, "It's alright, they give you choice."
- We saw the food looked appetising and assistance was provided to people where necessary. Staff were aware of people's individual needs such as food preferences and special diets. Staff checked that people had enough to eat and drink and either encouraged people or offered alternatives when needed.
- People on soft or fork mashed diets received the correct texture of food. Drinks were thickened where appropriate. People had access to hot and cold drinks throughout the day.

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

- The environment was well maintained. Refurbishment had recently taken place and we were informed people and their families had been consulted on décor and flooring.
- Recently a new lift had been installed that was spacious enough to accommodate a person using a stretcher if needed by the ambulance service.
- The environment had some adaptations to support the needs of people living with dementia. Orientation boards were on display to help people know the day and month. There were memory boxes by people's bedrooms to help them identify their rooms. The registered manager told us that dementia friendly signage on the communal bathroom and toilets had been taken down due to recent re-decoration but would be put back up soon.
- Staff used technology and equipment to meet people's care and support needs. For example, sensor mats to alert staff when people needed support.

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

- We looked at the pressure care arrangements for one person. They had previously had a pressure sore and staff provided effective care resulting in the sore healing. However, a further area of sore skin had developed. We found their Malnutrition Universal Screening Tool (MUST) was incorrectly calculated and that their skin integrity care plan required updating. These were updated during the inspection.
- People told us they were helped to access healthcare support. One person's relative told us, "Oh yes if she needed it. She has had her eyes and ears tested and she has seen the chiropodist." One relative told us that their family member was at risk of urine infections and that this was very well managed by staff.
- Nurses used a monitoring tool to help identify and respond to concerns about people's health.
- Handover meetings occurred between each shift, so staff could update each other on changes to people's care and support needs.

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.

- Staff had received relevant training and had adequate understanding of the requirements of the MCA.
- The provider had submitted DoLS applications where they believed people could not consent to receive care and treatment at the home. Staff we spoke with knew which people were subject to authorised DoLS.
- One person had been refusing their medication. It was assessed that the person lacked capacity to understand the consequences of their refusal. Administering medication covertly was used as a contingency measure and had been assessed in the 'Best Interest' of the person.
- We observed people being asked for their consent before support was given.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring. One person told us, "We all have a chat and everything." One relative commented, "[Person's name] goes out, she went to Cannon Hill, I couldn't go so one of the girls who had booked a day off said she would take her, and she did. That's what the staff are like."
- During the inspection, we spent time in communal areas observing kind and friendly interactions between staff and people. People were supported by a regular team of staff who were familiar with their likes, dislikes and preferences.
- Staff members we spoke with talked about those they supported with fondness and compassion.
- We found people's equality and diversity needs were respected and care staff received training in equality and diversity. The chef prepared food specifically to meet people's religious beliefs when required.

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

- People told us they were supported to make choices about their care. We saw some people chose to stay in their bedroom's, others told us they made choices about what they ate or what clothes they wanted to wear.
- People and relatives were involved in the care plan and invited to residents and relatives' meetings.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect.
- We saw staff spoke respectfully to people, for example, they called people by their names, and spoke at a suitable pace. One relative told us, "I often see them chatting to him, they knock his door."
- People received their personal care in private; staff asked people discreetly if they required personal care and respected their privacy in the bathroom.
- Staff knew the importance of keeping information confidential and people's care records were stored securely.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's likes, dislikes and what was important to the person were recorded in person-centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- Staff respected people's individual choices and preferences. One relative told us, "Staff ask every day what [name] wants, they always get the same answer, but they always ask."
- People's religious needs were respected. A church group came into the home and some people attended a religious service organised by staff during our visit.

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.

- The registered manager was familiar with these standards.
- People had a communication care plan in place so that staff knew how people communicated. One person told us, "I have poor eyesight, so staff always explain everything to me."
- Information was available to people in alternative formats or languages if needed.

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

- There were a range of interesting activities on offer including crafts, bingo, baking, Tai-Chi, reminiscence and exercises sessions. The activities organiser was aware a person new to the home had an interest in chess so told us they were looking to organise a playing partner for them.
- Some people preferred to be in their bedrooms. Staff ensured they went in to speak to them. Some activities were on offer to people in their room to reduce social isolation.

Improving care quality in response to complaints or concerns

- People told us they felt able to complain if they needed to. Most people told us they would speak with the registered manager or a member of staff if needed. One relative told us, "Very good the manager. He will ask if there's anything, if there is a problem with mom or me, so I know if I did have a problem I can speak to him."
- We spoke with one person who had raised a previous concern about the temperature of their meals and they informed us the issue had been resolved.

- We looked at three complaints that had been handled through the provider's complaints procedures. They had all been investigated and outcomes recorded. Data was analysed to look for any patterns and trends.

End of life care and support

- People's wishes and preferences were being recorded in relation to what they wished to happen in the event of their deterioration towards the end of their life.
- Staff told us they had received training about End of Life care.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. 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.

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

- The service had a range of quality monitoring arrangements in place, but they were not always effective. Audits undertaken had failed to identify the issues we found on inspection.
- Some risks to people's safety had not been identified, including people's pressure care and lack of staff training on Parkinson's.
- Systems had not identified where recruitment processes had not always been followed appropriately.
- Concerns had been raised previously about staff response to call bells. There was no active use made of the system in place in the home to monitor responses to call bells. The registered manager advised that whilst there was a method of getting this information from the system, it was not being utilised. They commenced this process during the inspection.

The auditing of the service had not always been effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider had displayed their last inspection rating in the home and on their website.
- The registered manager was aware of their requirements around the duty of candour. When incidents had been reported they were investigated thoroughly, and outcomes recorded for learning. We saw management had been honest and apologies given to people and relatives when things had gone wrong.
- The management team understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding issues.

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

- People told us the management team were approachable. The registered manager held regular meetings for residents and relatives which were used to gather information about people's views. Surveys were also sent out on an annual basis. One relative told us, "The manager's door is always open. [Name] is the manager and we come to the relative's meetings. We get the minutes and if there is anything that has to be dealt with they will say in the minutes."

- Staff told us they had opportunities to attend meetings with the registered manager to discuss the service and raise any issues.
- The nominated individual visited the service regularly and made themselves available to speak with people, relatives and staff.

Continuous learning and improving care; Working in partnership with others

- The registered manager and nominated individual were receptive to feedback and proactive in making improvements.
- The service was working to an action plan with the clinical commissioning group to support continuous improvements to the quality and safety of the service.

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 17 HSCA RA Regulations 2014 Good governance The auditing of the service had not always been effective.