

Northgate Healthcare Limited

Meadowfields Care Home

Inspection report

Pasturefields
Great Haywood
ST18 0RD
Tel: 01889270565

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

This inspection took place on 20 October 2015 and was unannounced. This is the first inspection since the service changed ownership. Meadowfields Care Home provides accommodation and personal care for up to 65 people. At the time of this inspection 33 people used the service. The service was undergoing refurbishment, one of the units was closed and in the process of redecoration.

The service had a registered manager. 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.

People felt safe and comfortable. Staffing levels were sufficient to support people individually and in their preferred way. Recruitment for additional care staff was on-going to reduce the need and use of agency workers. The provider had a recruitment process in place. Staff were only employed after all essential pre-employment safety checks had been satisfactorily completed.

Summary of findings

People's medicines were administered to them by staff; staff were knowledgeable and supported people with their medicines as required. Arrangements were in place for the safe storage, administration and management of medicines.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act (MCA) is designed to protect people who can't make decisions for themselves or lack the mental capacity to do so. The Deprivation of Liberty safeguards ensures that people are not unlawfully restricted. People were consulted with making decisions and offered choices and options regarding their daily lives. The registered manager told us that they had raised several DoLS referrals with the local authority.

People told us they enjoyed the food, had plenty to eat and drink and lots of choice. Where people needed help with their nutritional requirements, staff provided the level of support that each individual person required.

Health care professionals were contacted when additional support and help was required to ensure people's health care needs were met.

People were treated with respect and approached in a kind and caring way. People told us they found the staff

caring, friendly and helpful. People were able to see their friends and families as they wanted. There were no restrictions on when people could visit the home. Visitors we spoke with told us they were made welcome by the staff in the home.

Leisure and recreational activities were provided in house; these were either on a one to one basis or in groups. People could choose whether they wished to participate or not and staff respected their choices. The activity programme was being reviewed.

People were aware of the complaints procedure and knew how and to whom they could raise their concerns.

The home had a registered manager but a new person has been recruited to take over this position. The registered manager had planned to work closely with the new person to ensure continuity and stability of the service.

There were some quality assurance audits and checks in place but these did not give a comprehensive overview of the quality and safety of the service. Some records were not in sufficient detail to ensure care was provided in a consistent and reliable way. However, staff were knowledgeable regarding people's individual care and support needs.

Summary of findings

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 safe. People felt safe and care staff knew how to recognise and report abuse. There were sufficient numbers of staff to meet people's individual needs and keep people safe. Risks to people's health and wellbeing were identified, managed and reviewed. Some records were not updated to reflect the care, support and treatment that was provided. People received their medicines as prescribed.

Good



Is the service effective?

The service was effective. The principles of the MCA and DoLS were followed to ensure that people's rights were respected. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing. People were supported to have their healthcare needs met. Where required they received specialist healthcare treatment. People's nutritional needs were met.

Good



Is the service caring?

The service was caring. People told us the staff were kind and considerate. We saw staff were compassionate, helpful and patient when supporting people with their care needs. People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive. People received personalised care that met their individual needs. Recreational and leisure activities were arranged for people to enjoy either on a one to one basis or in a group. The programme of activities was under review. Complaints and concerns were dealt with through the complaints procedure. People were aware of the procedure and knew how and to whom they could raise their concerns.

Good



Is the service well-led?

The service was not consistently well led. Some systems and checks were in place to assess and monitor the quality of the service provided. However improvements were needed to ensure all aspects of the running of the home were assessed and checked. Staff told us they felt supported by the registered manager, the providers and other members staff team.

Requires improvement



Meadowfields Care Home

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 October 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. The expert by experience had personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public.

We spoke with the majority of the 33 people who used the service; some people were able to tell us their experience of life at the home. Some people declined or were unable to, so we spent time in the lounge areas and observed the interactions between people.

We spoke with the registered manager, the deputy manager, two providers, six care staff and one visitor. We looked at six people's care records, staff rosters, two staff recruitment files and the quality monitoring audits. We did this to gain people's views about the care and to check that standards of care were being met.

We also gathered information about the service provided from other sources. We contacted the commissioners of the service; commissioners are people who fund placements and packages of care and have responsibility to monitor the quality of service provided. We contacted Healthwatch Stafford; Healthwatch helps adults, young people and children speak up about health and social care services in Stafford.

Is the service safe?

Our findings

People confirmed they felt safe and comfortable and told us the staff supported them to move around the home safely. One person said: 'I'm fine here thanks, I feel safe and secure of course I would rather be at home, but this is okay, everyone is friendly and polite'. Some people required constant supervision to ensure their welfare and safety was upheld. In one lounge area there were times when people were left unsupervised for short periods; staff were not readily available to provide support to people when it was needed. However call bells were answered without delay and when staff were required they were quick to attend. The registered manager offered an assurance that the staffing levels on this unit would be reviewed

One person who used the service told us the staff were 'very good' but thought more staff particularly at weekends would be helpful. Staff commented that currently there were enough staff to meet the needs of people. The registered manager explained the current staffing arrangements and at times supplemented the levels and gaps in the staffing rota with the use of agency staff. Recruitment for staff was on-going which the registered manager told us had been successful. The additional carers would then reduce the need for agency staff.

Staff knew what constituted abuse and said they would report any concerns they had. One staff member said: "If I thought the managers had not taken the necessary action I would report it to you (CQC)". The registered manager told us safeguarding people was discussed at staff meetings. We saw a flow chart had been completed which offered staff the added guidance of where and how to report any concerns.

We saw staff supported people when they needed help to move around the home in a safe way. Where people required specialist equipment, it was provided for them. For example pressure relieving aids and wheelchairs. Two people sat on pressure cushions to reduce the risk of developing sore skin; we saw these cushions were transferred with them from wheelchairs to armchairs to ensure their comfort and well-being. People at high risk of falling out of bed had been provided with the necessary equipment to reduce this risk, for example low rise beds, bed rails and crash mats.

Staff told us and records confirmed that the provider had an effective recruitment procedure in place. This meant staff that were employed had been subject to checks to confirm they were suitable to work at the home.

People told us that staff made sure they received their medicines when they needed them. We saw senior staff administered medicines to people individually; time was taken to explain what the medicine was and to ask the person if they required any additional medicines, for example pain relief. One relative told us: "When my relative won't take her tablets, the staff just keep coming back and trying again until she will take them". Medicines were safely stored in locked medicine cabinets in locked rooms. Each person had their own clearly labelled compartment within the cabinets for their prescribed medicines. External creams and ointments were managed well. We saw body maps had been completed to indicate the area where the external creams were to be applied. Care staff applying the creams signed a separate medication administration document to record they had applied the creams as prescribed.

Is the service effective?

Our findings

People told us they felt well supported by the staff. One person said: “Oh, yes the staff do know what they are doing”. Staff told us they recently received training in safe moving and handling. One staff member told us: “The training was really good by an external trainer, we had the theory and then the practical it all seemed to fit together”. Another staff member said: “We don’t lift people, we support them”. We saw staff supported people to transfer from area to area in a safe and effective way, people were supported well.

We met people who were living with dementia. They told us and we saw they were happy and comfortable. Staff consulted people at all times in relation to making decisions and choices. For example, what they would like to do, where they wished to sit and what they would like to eat and drink. The rights of people who were unable to make important decisions about their health or wellbeing were protected. The staff demonstrated they understood the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us there were no DoLS authorisations in place but because people were subject to continuous supervision and not free to leave due to safety reasons applications to the Local Authority had been made. We saw that the restrictions of movement for people were minimised and in the least restrictive way. We saw people could and did access all areas within the home.

Without exception people told us they enjoyed the food. One person said: “The food is good and I enjoy the meals”. Another person commented: “The food is good, I never go hungry”. Some people preferred to have their main meal in the evening rather than at midday. Staff told us this was the person’s choice and described the arrangements in place for their preferences to be respected. People were encouraged to use the dining room for meals where a choice of menu was offered. We saw everyone was asked if they wished to go into the dining area for their meal, some people chose to stay in the lounge or their bedrooms.

People considered to be nutritionally at risk were provided with fortified diets and food supplements to support them with adequate daily nutrition. Some people had food and fluid charts to monitor their daily intake. We saw not all of the charts had been sufficiently completed to provide an accurate account of a person’s daily diet or fluid intake. We spoke with the registered manager and deputy manager about our findings. Immediate action was taken to ensure the documents were accurately and fully completed so that at any time during the 24 hour period staff were aware of how much the person had been offered and consumed.

People’s health care needs were met and they were supported to have consultations with external health care professionals. We saw people had visits from their doctor, consultants, district nurses and community psychiatric nurses. One person had recently been supported by staff for a health condition that required specialist interventions. They were unable to fully tell us about their experience but said they were ‘okay’ when we asked after their welfare.

Is the service caring?

Our findings

People who used the service told us the staff were kind and caring. One person said: “It’s a wonderful place, a home from home”. We saw staff were patient, thoughtful and respectful when a person became distressed and asked: “Where am I? Can I have a cup of tea?” Staff spent time with the person and quietly explained their whereabouts before providing them with a cup of tea.

We observed very positive and caring relationships between people and staff. People were treated with respect and approached in a kind and caring way. One person who used the service told us: “The staff are very caring, when they are administering care they are respectful and kind. They always ask me if it is ok to do things in relation to looking after me. The door is always closed and so are the

curtains”. People were listened to and staff spent time talking with and responding to people. Some people had limited verbal communication and we saw they were given time to express their wishes and requests.

A relative we spoke with said they were happy with the care and thought their mother was too. They went on to comment: “Staff are lovely”. People’s privacy and dignity was respected. We observed a staff member very discreetly asked someone if they required the toilet and then supported them in a dignified manner.

People were supported to be as independent as they were able to be. Some people required help and assistance with their daily lives, some people required minimal assistance. A member of staff explained the additional support a person required to enable them to be as comfortable as possible during a personal care intervention. This showed that staff supported this person well and in regard to their personal and individual requirements.

Is the service responsive?

Our findings

People received personalised care that met their individual needs. Staff told us of the individual support needs of one person and we saw that the environment had been adapted to meet this. Some people required specialist and adapted equipment to support them with maintaining their independence. For example, different cups and eating utensils dependent on people's individual needs were provided.

People offered varying views about the recreational and leisure activities that were provided. One person said they joined in the activities 'when they felt like it'. Other people were fully involved and explained how they enjoyed the involvement with the activities coordinator. They told us that some additional equipment would be useful so they would be able to expand the variety and assortment of the arts and crafts articles they produced. Staff told us people were encouraged to join in the activities that were provided but if they did not wish to participate that was their choice. Activities were arranged in groups and on an individual basis. Currently the activities arranged were at a minimum due to the activities coordinator being away for the home. The registered manager told us they would speak with the directors regarding activities and a new activity plan would be introduced.

Staff knew people well and care was responsive to people's needs, staff were able to give a good account of people's individual needs. We saw that some people had been involved with agreeing and reviewing their care plans. A person who used the service told us: "My relative would have dealt with the care plan when I first arrived, I leave that sort of thing to them and it suits me". The registered manager told us they had identified some shortfalls in the recording of the care and support plans. They told us all care plans were being reviewed and that it was 'work in progress'.

People who used the service told us they would speak with the staff or the manager if they had any concerns or complaints. One person said they had nothing to complain about as they were 'happy, comfortable and contented'. A relative said if they had a complaint they would see the senior member of staff and would not hesitate to speak to the new providers who they had met and been introduced to at a meeting. The registered manager had implemented a complaint flowchart so that people were able to see the complaint procedure at a glance and the processes that were followed to resolve the situation.

Is the service well-led?

Our findings

There were some quality assurance audits and checks in place but these did not give a comprehensive overview of the quality and safety of the service. Some records we saw needed more information to ensure that care and support were provided in a safe and consistent way. For example risk assessments and behavioural management plans needed information to ensure staff had guidance for providing safe care.

Staff told us some people who used the service had specific healthcare needs but confirmed there were no care plans which detailed how the care was to be delivered. Staff gave us a detailed and comprehensive verbal account of the care and support they provided to people with these health conditions. They demonstrated a good knowledge and understanding of people's individual needs and the risk of harm as a result of poor record keeping was low.

The registered manager has recently implemented general and specific audits to monitor the quality of the service. These included a medication audit which identified that relevant policies, procedures and protocols were needed for senior staff to follow. These have now been put in place and available for staff.

There was currently a registered manager in place but another person had been recruited and was due to begin work in this position shortly. The registered manager confirmed they planned to work closely with the new

person to ensure continuity and stability within the service. The registered manager had very recently implemented many new ways and systems of working and these will be discussed with the new manager in due course.

Meetings were arranged and had been held with people who used the service, relatives and staff to keep people informed regarding the service and the new providers. One person who used the service told us: "Yes I have met the new owners they seem to be very friendly". One staff member said: "They [the providers] are very responsive if you ask for anything". Another staff member expressed their satisfaction and said: "I left and have come back, I love it here".

At a recent service user/relative meeting concerns were raised about the staffing levels and the reduction in recreational and leisure activities. The registered manager confirmed the action taken in regard to the recruitment of staff and the introduction of the activity programme.

Satisfaction questionnaires had been distributed earlier on in the year and those returned expressed a general satisfaction with the service. Comments included: "Everything is first class, 100%". And: "Very pleased with the care provided it was a sad decision to place my relative into care but it has turned out well".

The service had been through a period of considerable change with new providers, new managers and the turnover of care staff; people who used the service told us they were unsettled during this time. However, they now feel that improvements are being made.