

Springcare (River Meadows) Limited

River Meadows Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 16 February 2016 and was unannounced.

River Meadows Nursing Home is registered to provide accommodation with nursing and personal care to a maximum of 44 people. There were 40 people living at the home on the day of our inspection.

A registered manager was in post and was present during our inspection. 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.

The home was last inspected on 11 and 12 November 2014 where we gave it an overall rating of requires improvement. At the last inspection we asked the provider to take action to make improvements to staffing levels, to make sure people had the support they needed to eat and drink and to make improvements to their quality assurance systems. We asked the provider to send us an action plan to tell us how they would make these improvements. At this inspection we found that these actions had been completed and the required improvements had been made.

People were able to summon assistance when they needed it. Staff responded to call bells in a timely manner and let people know if there would be a delay in supporting them. Staffing levels were monitored and people were supported by enough staff to meet their needs safely. The provider completed employment and character checks on staff before they started work at the home to check they were suitable to work with people at the home.

Staff understood how to keep people safe. They had received training in recognising when people may be at risk of harm or abuse. Staff knew how to protect people and how to report any concerns they may have about a person's safety.

People were supported to take their medicines safely and when they needed them. Medicines were stored safely and only staff who had received training and been assessed as competent were able to support people with their medicines.

People's permission was sought by staff before they helped them with any care or support. People's right to make their own decisions about their own care and treatment were supported by staff. Where people were unable to make their own decisions these were made in their best interests and by staff who followed the relevant laws.

People received the support they needed to maintain a healthy balanced diet. People had enough to eat and drink and had access to snacks and drinks throughout the day. Staff supported people to make their own choices about what they wanted to eat and drink. People's routine health needs were met and referrals

were made when people needed other health care support.

People were supported by staff who were kind and caring. Staff knew the care needs and preferences of people they supported. Staff made sure people were involved in their own care and made sure they understood information that was given to them. People were treated with dignity and respect and staff understood how important this was in the way they cared for people.

Care and support that staff gave was personal to each person and people were supported to spend their time how they wanted to. People and their relatives knew how to make complaints but told us they had not needed to. They were able to give their opinions of the home and the care they received at meetings and through surveys.

People were supported by staff whose focus was on putting people first. We found the culture of the home was open and people felt involved in what happened at the home. The provider had systems in place which assessed and monitored the quality of care and support staff provided at the home and took action when improvements were needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There was enough staff to respond to and meet people's needs safely. People were supported by staff who were trained to protect people from harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks.

Is the service effective?

Good ●

The service was effective.

We saw that people were supported to eat and drink enough and access healthcare from other professionals when needed. Staff had received training to give them the skills and knowledge to meet people's needs effectively. Staff respected people's right to make their own decisions and supported them to do so.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff they were familiar with and had opportunity to build relationships with. People were kept involved in their own care and treatment and staff treated people with kindness, dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them and that was reviewed regularly. People spent their time how they wanted to. People were provided with opportunities to make comments or complaints about the care they received.

Is the service well-led?

Good ●

The service was well-led.

Actions had been taken to make the required improvements since our last inspection. People felt involved in what happened within the home. Systems were in place that monitored the quality of the service provided.

River Meadows Nursing 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 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 inspection took place on 16 February 2016 and was unannounced.

The inspection team consisted of three inspectors and one 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.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We spoke with the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

During the inspection we spoke with 16 people who lived at the home and seven relatives. We spoke with 13 staff which included nursing staff, care staff, activities staff, housekeeping staff, kitchen staff and the registered manager. We viewed five records which related to consent, people's medicines, assessment of risk and people's needs. We also viewed other records which related to staff training and recruitment and the management of the home. We observed people's care and support in the communal areas of the home and how staff interacted with people.

Is the service safe?

Our findings

At our last inspection we found that there was not staff to meet people's needs safely. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to send us an action plan outlining how they would make these improvements. At this inspection we found improvements had been made and there were enough staff to meet people's needs safely.

People told us there were enough staff to support them safely although one person told us they sometimes had to wait if they needed the toilet. We saw that care staff were busy at times but were not rushed and call bells were responded to in a timely manner by staff. One staff member said, "Yes, there are enough staff. Obviously we would like more as we do get busy". We saw that if staff were busy they would first make sure the person was alright before asking if they could return in a few minutes. Staff sought assistance from other staff to support people when needed to ensure their needs were met safely. People had access to call bells in their rooms and in communal areas of the home to enable them to call for support and assistance.

People were supported by staff whose numbers had been based on people's dependency needs and not the number of people who lived at the home. The registered manager told us this enabled them to accurately establish how many care and nursing staff were needed to keep people safe. The provider had increased the number of staff who worked at the home since our last inspection and staffing numbers were kept under review by the registered manager. They told us that if people's needs changed they were able to request extra staff. They recently had needed an extra staff member to support one person during the night and the provider had provided this. The provider had their own staff agency which was used on occasion. They told us that because the staff were used from the provider's own agency this was good for continuity of care as people and staff got to know the agency staff.

People were supported by staff who did not start work at the home until their identity, background and past employment history had been checked. The provider sought references from potential staff's last employers and carried out a background check called a disclosure and barring service check. This helped to ensure potential new staff were suitable to work with people living at the home.

People were supported by staff who had been trained to protect people from harm and abuse. People told us they felt, "Safe and secure" living at the home and also when staff supported them with their care. One person said, "Staff all keep an eye on you here, you are watched and it makes you feel safe and secure". Relatives were all happy that their family members were looked after safely and that the environment was secure for them and their belongings. Staff understood their responsibilities for keeping people safe and protecting them from any harm or abuse within the home. They understood how people could be abused or discriminated against and knew the procedures they should follow if they had concerns.

Risks to people's safety and wellbeing had been assessed and were monitored regularly. Some people needed help with their mobility or to help keep them safe in their surroundings. One person said, "If I need

help with anything I get it to keep me safe". Staff were aware of the risks associated with people's care and support and knew the support they needed to help keep them safe. We saw people being supported safely whilst they were transferred from wheelchairs to armchairs. Staff told us that one person did not like being moved with a hoist. We saw staff offer plenty of reassurance to this person and kept them steady whilst they were being moved to help reduce their anxiety. The registered manager reviewed accidents and incidents which were reported by staff. They told us they reviewed all incidents monthly to see if any trends could be identified. Actions were taken in response to ensure people were safe and staff were aware of people's needs.

People told us they understood the medicine they were taking and were happy with the level of support they received from staff. One person said, "I have a painful shoulder". We asked if they received any pain relief for this and they confirmed staff offered this to them regularly. We saw nursing staff explained what each different medicine was for when they supported people with their medicines. People were offered drinks and we saw one person was asked in what order they wanted to take their liquid medicine and tablets. Support given by nursing staff was in accordance with people's medicine profiles which gave information on how people preferred to take their medicines. People's medicines were managed by staff who were trained to administer them safely.

Is the service effective?

Our findings

At our last inspection we found that people were not provided with sufficient support to eat and drink and drinks were not always accessible. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to send us an action plan outlining how they would make these improvements. At this inspection we found improvements had been made and people received the support they needed to eat and drink.

People were supported to have enough to eat and drink throughout the day. One person said, "I am enjoying my food, it is always tasty and good". Staff gave assistance to people that needed it and did so in a way that ensured their dignity. One person who was normally able to eat independently was offered support when staff saw they were having difficulty. Staff told us this person had not been well recently. Risks associated with people's ability to eat and drink had been assessed and was monitored by staff. Some people had been referred to a dietician or speech and language therapist and required specialist diets. Staff were aware of the diets people needed such as fortified meals, soft meals or thickened fluids.

We saw people had access to snacks and drinks throughout the day with choices including fresh fruit and confectionary left in communal areas and people's bedrooms. This included snacks which were appropriate for people who required special diets. The registered manager told us that since the last inspection people now had their breakfast when they wanted it and not when they were up and dressed. The cook spent time talking with people to find out their preferences regarding meals and they had recently introduced 'themed meals' to introduce new foods to people.

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. We saw people were supported to make their own decisions and give their consent to the support they received. People were asked for their permission before support was offered including whether they wanted their medicines at that particular time or if they were ready to eat and drink. Some people needed support to give consent or make a decision and we saw staff altered their communication to make sure the person understood them and was clear on what was happening. Where decisions had been made on behalf of people we saw these had been made in their best interests and staff had followed correct procedures in establishing people's capacity. Staff understood their roles and responsibilities in regards to gaining people's consent and what this meant or how it affected the way the person was to be cared for. This ensured that people's rights were protected and their best interests considered when decisions were made on their behalf.

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. The application procedures for this in care homes and hospitals are 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 were being met. We found that the provider followed the requirements in the DoLS to ensure that people were not being unlawfully deprived of their liberty. Applications had been made to the supervisory body and we had been notified as required when these applications were authorised. The registered manager was aware that some of these authorisations had expired and they had made new applications in a timely manner. Staff were aware who had a DoL in place and the reasons for these. This is important because a DoL may have conditions attached to them that staff need to follow. This could have an impact on how people's care is planned and delivered.

People were supported by staff who received training and support to enable them to carry out their roles effectively. One relative said, "I have no complaints about the staff, they do very well in what they do". Another relative spoke about the staff knowing their family members care needs. They said, "I am able to go home without worrying about [person's name]". Staff told us they received regular training. One staff member said, "There is always training on offer". They told us that they valued their training and spoke about moving and handing training they had completed. They told us it showed them how to assist people without causing injury. The registered manager told us that staff had access to on-going training and were able to request any training they felt would be beneficial to meeting people's needs. They said, "Anything any staff wants we will facilitate". Staff told us they received the support they needed through one to one supervision meetings. This gave them the opportunity to talk about their training and skills and receive feedback on their performance.

People were supported to access healthcare services and receive the on-going support they needed. Arrangements were in place for people to receive visits from the chiroprapist, dentist and optician. If needed staff would support people to attend healthcare appointments outside of the home such as outpatient appointments at the hospital. The registered manager told us the doctor visited the home twice a week and appointments were arranged if people needed to see them. Where people required emergency treatment this was arranged quickly. People's medicines were reviewed with their doctor to ensure they were still effective and that people did not experience any effects of taking medicine long term. This showed people's health was supported through access to appropriate healthcare services.

Is the service caring?

Our findings

People told us they were looked after well and the staff were caring towards them. One person said, "I am very happy here and they [staff] are all very kind". One relative told us they felt able to discuss any aspect of their family member's care with staff and they felt listened to. We saw staff were kind and caring when they supported people. When staff spoke with people they showed they were interested in and cared about what people had to say. We saw one staff member sat with one person looking at photographs with them. Despite this staff member being busy we saw they took the time to support this person with their memories. We saw the interaction was positive and meaningful for this person and the staff member listened to what the person said and responded in a sensitive way. People were spoken to in a respectful manner by staff and we saw staff made sure people understood what was said to them and involved them in conversations. We saw that all staff at the home took time out of their day to speak with people and take an interest in the conversations they had. Staff told us their focus was on getting to know people. One staff said, "We know this is people's home. They don't live in our place of work, we work in their home".

People told us they were involved in making decisions about their care and support needs. One relative told us they used to support their family member with some of their care needs before they came to live at the home. They told us they were very pleased they were still enabled to be involved in their family member's care by staff. People were involved in their own care and in identifying how they wanted to be cared for. Information on what was important to people had been used to develop their care plans and we saw involvement of the person and their families in gaining this information. People had identified their future wishes and choices regarding their end of life care. This had been discussed with people and was recorded within people's care plans. People were supported to be involved in making day to day choices whether it be what they wanted to do with their time or what they wanted to eat. People had recently chosen their own 'key workers' who supported them with identifying what was important to them and would ensure they had items they needed such as toiletries. People were able to choose from care staff and housekeeping staff. Two housekeepers told us that they were very pleased to be able to be more involved in the day to day lives of the person they were keyworker for. One staff member said, "Some people don't have family or visitors. It's important they have someone they can share their thoughts and views with". The registered manager told us that by choosing who they wanted as their key worker they hoped this would strengthen the relationships between people, their family and staff.

People told us staff respected their dignity and privacy. One person said, "I am doing fine thank you. This is a wonderful place and everyone is helpful and smiling. My privacy is respected and I am treated as an individual not just a name. They [staff] know I am still young in my head". People were supported to maintain their independence. People used aids to enable them to stay independent when eating and drinking and staff encouraged people to do as much for themselves as they could. We saw staff were discreet when they needed to speak with people about personal matters. We also saw staff knock on people's bedroom doors before asking to enter and staff asked if people wanted their bedroom doors open or closed. Staff understood the importance of maintaining people's dignity and privacy and told us they were mindful of this when supporting them.

Is the service responsive?

Our findings

People were provided with care and support that was individual to them. They told us they received the care and support they wanted and needed. One person told us they liked to eat when they wanted to and not at any set time and this was accommodated by staff. Staff were aware of people's preferences. One staff said, "I know what they [people] like but I still offer them a choice of something different". Where people's needs or abilities changed staff provided care and support that responded to these changes. One person was unable to use a call bell and staff had placed a monitor in their room so the person could ask for help and be heard by staff. Changes in people's needs were monitored by staff and care plans were reviewed and updated where needed. People and relatives told us they felt involved in these reviews and that staff respected their views.

People told us they enjoyed how they spent their time at the home. One person said, "This is my favourite day of the week, I'm getting my hair and nails done". Another person said, "The [staff] are all really nice and get you what you want when you want it. We do get taken out regularly which is nice. We have been to the Cardingmill Valley and Shrewsbury Museum and had rides out into the country which I enjoy". One person told us they were, "bored". Their relative told us they forgot what they had done due to short term memory loss. They told us staff gave their family member lots of little activities to do to keep their interest and recorded these in a book for them to look back at. This person said, "I get very bored here because I cannot remember what I have done but the book helps". Staff told us part of the keyworkers role was to support people to keep following their interests. One staff member told us they took an interest in what people had done before they came to live at the home and made sure they could still follow their interests as much as possible. One person used to be a jockey and still enjoyed watching the horse racing, another person enjoyed the rugby. The provider employed 'activities staff' who along with the other staff at the home supported people in their chosen interests and made sure they were not socially isolated.

People had opportunities to give their feedback and opinions about living at the home. They told us they were happy living at the home and had no complaints. The registered manager was seen around the home often and told us they took these opportunities to talk with people and relatives and get their feedback. People and relatives also had the opportunity to give their feedback in meetings and through surveys. Staff told us that one person had commented that drinks were often cold by the time the tea trolley got to them. As a result of this staff now refreshed the drinks halfway through to make sure everyone received a drink that was hot. Relatives told us they felt confident to raise any concerns or complaints they may have with the registered manager or staff although they told us they did not have any concerns. Staff told us they would support any person or relative who raised a concern or complaint. Complaints received had been addressed in line with the provider's complaints process and action taken as required.

Is the service well-led?

Our findings

At our last inspection we found that the provider's quality assurance systems were not effective and a lack of monitoring of staffing levels meant people's basic needs were not met. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to send us an action plan outlining how they would make these improvements. At this inspection we found improvements had been made and quality assurance systems were effective in identifying and addressing issues and staffing levels were monitored.

Following our last inspection we received an action plan from the registered manager which detailed the actions they planned to take in response to the breaches and concerns we had identified. We saw the registered manager had kept this action plan under constant review and addressed all areas of concern. New systems had been introduced to monitor specific areas of concern raised at the last inspection. Call bell response times were now monitored and extra call bells fitted in communal areas to ensure people could summon assistance and receive assistance in a timely manner. A dependency tool was now used to monitor the required staffing levels against people's dependency needs and this was reviewed monthly. The registered manager told us the last inspection had, "Showed us that we needed a shake-up". They told us the inspection had shown them the areas to improve in and they had worked hard as a team to make the required improvements. They said, "It's important to have all staff involved in this". This showed that the registered manager was able to make the required improvements to ensure people received a quality service.

People and relatives felt involved in developing the service provided. Feedback obtained from meetings and surveys was used to make improvements to systems. Following feedback received in a survey in March 2015 people had commented they did not feel involved in their own care planning. Action had been taken and this was discussed with people and with staff. At this inspection people told us they now felt involved in their own care planning. People were visited by a local community group who would sit and talk with them. People had invitations to local events within the community and volunteers from the local community came to the home to help with events. Staff told us they felt involved in developing and improving the service provided. One staff member told us the findings from the last inspection were shared and discussed in meetings. All staff were confident to whistle blow and report poor practice and understood how they could do this.

We found the culture of the home was open and staff's focus was on putting people first. One staff member said, "The values [of the home] are that we care for everyone, we give them choice and we respect their dignity". The registered manager said, "This is their [people's] home and we are part of their family. We try to make it a happy home". They told us staff went, "Above and beyond" their roles and would come in on their days off to support a person with an appointment or events and outings. The registered manager told us they were happy they had built a good team, which included all staff who worked at the home.

People, relatives and staff all told us they found the registered manager approachable and supportive.

Issues and questions we had during our visit were dealt with and resolved quickly by the registered manager. We saw lunchtime in one of the dining rooms lacked some organisation and one person's meal had gone cold. This was addressed quickly by a member of staff and the registered manager assured us they would look into what had happened over that meal time to see if lessons could be learnt. The registered manager submitted statutory notifications in accordance with their regulatory responsibilities however, they were not aware they were using older versions of the forms. They told us these were sent through from head office for them to use and they would let head office know.

People were protected against the risk of poor quality care because quality assurance systems were effective. Quality checks were completed on different areas of the service such as medicines, care records and the environment. Checks on all fridges were completed as a result of the last inspection to ensure fridges are now kept at correct temperatures. The registered manager had responsibility for sending a monthly report to the provider which contained information on areas such as accidents and incidents, concerns, complaints and staffing. The provider also completed monitoring visits to the home. The registered manager told us these were to, "Check they were doing what they say they are doing in their action plans". Information was shared within the organisation and we saw that recent changes in regulations had been discussed with staff to ensure they were aware of their responsibilities in accordance with legislation.