Mimosa Healthcare (13) Limited (In administration)

Castle Meadows Care Home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 7 April 2015 and was unannounced. Castle Meadows Care Home provides accommodation, personal and nursing care for up to 51 people who may be living with dementia or a physical disability. At the time of our inspection there were 44 people living at the home. The home is divided into two units; the residential unit and the nursing unit.

At the last inspection, in May 2013 we found that the provider was meeting the regulations we inspected under the Health and Social Care Act 2008.

A registered manager was based at the service. 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 registered manager also managed another home owned by the same company so they were not available at Castle Meadows Care Home on a fulltime basis.

People told us they felt safe in the home and we saw the registered manager and staff knew how to involve other professionals where incidents of a potential safeguarding nature had taken place. The registered manager had ensured that learning from incidents was shared and we saw a reduction in the incidence of people falling because they had taken appropriate action.

Summary of findings

People and their relatives were satisfied with the numbers of staff on duty. We saw the staffing levels had been increased in line with people's changing needs and the registered manager had improved the skill mix by ensuring the staff on duty had the right skills and experience to meet people's needs.

People told us they had their medicines when they needed them. Guidelines for the use of 'as required' medicines and medicines that needed to be given in a specific way were needed.

Staff worked within the principles of the Mental Capacity Act 2005 by seeking people's consent before care tasks were carried out. Further consideration of the Deprivation of Liberty Safeguards (DoLS) was needed to ensure the provider had considered these to protect the legal and civil rights of people using the service.

People were supported to have their health care needs met and staff made appropriate use of a range of health professionals and followed their advice. People told us they enjoyed the meals and we saw there was a selection of meal choices. We observed positive interaction between staff and people who lived at the home. Staff knew people well and were aware of their likes and dislikes. Staff told us they felt supported and received regular supervision.

People who lived at the home, their relatives and staff told us they were happy, and that they were encouraged to share their opinions about the quality of the service. We saw that the provider had a system in place for dealing with people's concerns and complaints and had followed this.

The registered manager had identified where improvements were needed and we saw she was working on these. People felt the home was well managed and staff felt they had support from other managers when the registered manager was not available to work in the home.

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 were protected from abuse and harm because staff understood their responsibilities in protecting people from the risks of abuse.

Risks to people's health and safety had been identified and managed.

Suitable arrangements were in place to ensure people received their prescribed medicines.

People said there were enough staff and consideration of staff skills meant people were cared for by staff who understood their needs.

Good

Is the service effective?
The service was not always effective.

Consideration of the Deprivation of Liberty Safeguards was not effective to ensure that people's human and legal rights were respected.

Staff had sufficient knowledge and were skilled to meet people's needs effectively.

People had the involvement of health care professionals to support them with their well-being. The support available to people to eat their meals needed improvement.

Requires Improvement

Is the service caring?
The service was caring.

Staff had positive caring relationships with people and knew what was important to them.

People had been involved in decisions about their care and their dignity and privacy had been promoted and respected.

Good

Is the service responsive?
The service was responsive.

People were involved in planning their care and supported to pursue their interests both in the home and the community.

People were actively enabled to have contact with their relatives and friends.

People told us they were aware of how to make a complaint and were confident they could express any concerns.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

There were systems in place to monitor the quality of the service and these had led to improvements.

People, relatives and staff said the registered manager was approachable if they had any concerns.

Castle Meadows 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 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 7 April 2015 and was unannounced. The inspection team comprised of two inspectors.

We looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection.

We spoke with 14 people who lived at the home, three relatives, the registered manager, nurse, four care staff and the cook. We looked at the care records of six people, the medicine management processes and at records maintained by the home about staffing, training and the quality of the service. We also received information from a community nurse and the local authority.

Good

Is the service safe?

Our findings

People told us that they felt safe in the home and that they felt safe in the company of staff. One person said, "They [staff] are very good, they know I used to fall but make sure I use my frame and they are always there to support me, I feel very safe with the staff". People's relatives told us they had no concerns about people's safety. One relative said, "They [staff] couldn't be more helpful; we had some problems but they got the right equipment and [relative] gets the right care, its peace of mind for me".

Staff told us they had received training on how to keep people safe from the risk of harm. They knew about the different types of abuse and the signs to look out for which would indicate that a person was at risk of harm or abuse. Staff had access to the safeguarding procedures and how to report concerns to the local authority. We saw from records that where safeguarding incidents had taken place the registered manager had ensured action to protect people from harm. We also saw that learning from such incidents had taken place. We saw that action plans were in place and these had been discussed at staff meetings so that all staff had clear instructions on how to keep people safe. One staff member told us, "When there is any concern we talk about it and look at what we are doing to keep the person safe, we have good guidance from the manager". There were two safeguarding concerns under investigation by the local authority. We saw the registered manager had also carried out an internal investigation and had taken the appropriate disciplinary action in response to staff conduct to ensure people were protected from harm.

Staff we spoke with could identify the risks to individual people's safety and the actions they needed to take to manage these risks. We saw that there was a significant reduction in the frequency of people falling from their bed. This was because the registered manager had reviewed the pattern of falls and found 63% occurred due to the type of bed people used. We saw that all of the beds had been replaced so that people had a bed that could be adjusted to a safe height to reduce the distance they fell.

We looked at specific risks related to a person due to their distressed behaviour. Staff told us and we saw from records, that there had been repeated incidents of aggression from this person to staff and people who lived at the home. We heard from staff how they tried to minimise the risk of recurrence. We saw from looking at the person's care records that relevant health professionals had been involved in assessing the person's needs. We saw a review of their medication and a mental health assessment had been booked. During the day we saw staff supported this person in the way their care plan described so that the risk of aggression was reduced.

We looked at the way staff managed potential emergencies. We saw that people had individual personal evacuation plans. A person living at the home told us they used their buzzer if there was an emergency and that, "Staff respond quickly".

We saw copies of the whistleblowing policy on the walls within the home. Staff we spoke with understood how to use these to report concerns. We spoke with the registered manager who informed us of some concerns they had received from a whistle-blower and the outcome of their investigation. This showed the provider had taken these concerns seriously.

Staff told us there were enough staff to meet people's needs, one staff member said staffing levels were 'pretty good' following a recent increase. Another staff member said, "We do have more staff than we used to". A relative told us that staffing was, 'adequate', they said, "Very occasionally they were one down but this was very rare". When we asked people if there were enough staff to support them they told us there was. The registered manager told us that changes had been made to staffing arrangements so that they were now more flexible and that staffing levels were increased or decreased based on the needs and numbers of people staying at the home. This was supported by the staff rotas we sampled which showed an increase in staff had taken place based on people's needs. We also heard from staff that care tasks were clearly delegated on the shift and that the registered manager had looked at the skills mix so that the staff on duty could meet people's needs. A staff member told us, "There is one extra staff on each shift and now we work where we are assigned instead of choosing our own areas".

We saw that the provider had a robust recruitment process. The provider had all the information they needed to assess staff's conduct in their previous employment to determine if they were suitable to work at the home. One member of staff told us that when they started work they did an induction to the home and then shadowed a more experienced member of staff for several shifts. They felt this had prepared them for their role.

Good

Is the service safe?

We observed the medication routine and saw that the staff member carried out all the checks before administering medication. We saw a person dropped a tablet and the staff gave them another one. We checked the records and found it had been recorded as discarded and the reason why. This ensured the proper disposal of contaminated medicines. Medicines were stored securely in locked cabinets. The Medicine Administration Records (MAR) had been signed and a nurse told us audits on people's medicines were carried out daily and we saw records of this. The nurse confirmed that any errors picked up would be shared at their meetings to ensure they practiced in a safe way. Competency checks and observations of nurses administering people's medicines were in place and we saw staff who administered medicines had been trained to do so. We saw that written protocols were not in place for the use of medicines that needed to be given in a specific way. The nurse was aware of the process but this was not written down. The registered manager told us they would ensure a protocol was developed. We saw a person whose medication had changed from an 'as required' dose to a regular prescribed dose needed their care plan updated to show this although the MAR confirmed staff were administering this correctly in line with the prescription.

Requires Improvement

Is the service effective?

Our findings

People told us they were happy with the way staff supported them with their needs. One person told us, "I've only been here a while and the staff understand my medical condition; I have the right foods and they have made sure I see the right health people". A relative told us, "I am very happy with the care, staff know what they are doing and my [relative] is very happy with them".

There had been a recent history of complaints and concerns about the standard of care at the home. The registered manager had been in post for a year and had focused on introducing systems such as competency checks so that staff skills could be assessed. She had also reviewed the staffing compliment so that people were cared for by staff who had the skills and knowledge to meet people's needs as well as increasing the level of staff on a shift.

Staff told us they felt supported in their work and we saw they had completed an induction to the home which covered key areas and prepared them for their role. Staff had received training that helped them to meet the needs of the people who lived at the home. We saw that staff were supported to receive additional training to meet the specific needs of people they cared for, such as those living with dementia, diabetes and training in peg feeding; [This is where a person is assisted to maintain their nutrition via a feeding tube]. We also saw that a nurse had been recruited with specific skills in end of life care.

All of the staff we spoke with told us they had refresher training in different areas such as moving and handling and dementia awareness when they needed this. Staff said that they had supervision and staff meetings in which to discuss their practice and that any new updates to people's care needs were communicated to them. Nurses confirmed that they had regular clinical team meetings in which to review the nursing aspects of care provided to people. All of the staff we spoke with felt they were well informed about people's needs and from our discussions with them and observation of their practice we found they knew each person's needs and preferences well and had the necessary skills to carry out the required tasks.

We observed staff practiced in a way that reflected the principles of the Mental Capacity 2005 (MCA). They did this by seeking consent from people regarding their every day care needs. We saw they asked people before supporting them with their continence needs, what they wanted to eat, what to wear or whether they wanted their medication. Staff told us that some people might need help to be able to make or communicate a decision but that they still had capacity and that in this situation an explanation to the person helped them to understand and give their consent. A staff member told us, "If someone does not have capacity to make a decision we would involve their family or the doctor so that decisions are made in their best interests".

We saw capacity assessment forms and best interest forms in place but these had not been completed. We discussed this with the registered manager who told us that when people moved to the home the social worker or doctor would complete the capacity assessments. We saw where a person's capacity had changed the registered manager had alerted the doctor and arranged a referral to the mental health team to assess the person's capacity. Care plans did not always reflect when people lacked capacity or when their capacity changed. We saw that information of powers of attorney was recorded in people's care records so staff knew who they needed to consult with regards to certain decisions.

Most staff spoken with were able to explain the principles of Deprivation of Liberty Safeguards (DoLS). We were told no one had a DoLS authorisation. We saw from the falls records a person had three accidents. The reasons provided indicated their mobility was being restricted. Discussion with staff confirmed the person had caused injury to others. There was no record to show a best interest meeting had taken place to ensure that the person's freedom was not overly restricted, or that the provider had considered contacting the local authority to request advice. We spoke with the manager about ensuring both the MCA and DoLS had been effectively considered to ensure their human rights were respected.

People were eating breakfast when we arrived and told us they had a choice of what they wanted and we saw some people were eating a cooked breakfast whilst others had cereal and toast. A person told us, "You can have what you want to eat. If I want anything I just ask." A relative said, "The food is very good. They give people the choice of meal and plenty to drink". We saw people had been actively involved in deciding the menu choices. In addition people told us their specific likes were attended to; one person said, "I've spoken with the cook she brings me in crackers

Requires Improvement

Is the service effective?

and square cheese and new stuff". Another person told us they had recently tried toad in the hole which had gone down well with people. Staff told us how a person enjoyed hash browns instead of potatoes. We saw diabetic meals had been catered for and a person told us they liked shandy and showed us a bottle staff had got for them.

We saw in the residential unit staff assisted people with eating at a pace that was manageable for them. People had access to condiments and specific cutlery that enabled them to eat independently. In the nursing unit we saw a person did not receive the support they needed to eat their meal. Several staff passed the person at the table but failed to offer support, prompt them, or intervene when the person continually transferred their meal from the plate to other empty bowls on the table. We later saw initial hand over hand (staff support the person's hand whilst the person holds the cutlery) guidance was provided which enabled the person to eat their meal. The level of support the person had to eat was not sufficient and there was no clear detail in their care plan as to what staff needed to eat to support them. The person's weight records were not completed accurately and showed a weight loss. We discussed the risks around this person's nutrition with the registered manager who advised this would be reviewed. In other people's files we saw nutritional assessments had been completed and food and diet care plans developed with fluid monitoring charts completed.

People told us they had access to the healthcare professionals they needed such as the doctor, or falls clinic. We saw people were supported with routine health checks for their vision, hearing and dental needs. A relative told us, "I have found they are very good with people's health; they get the right people in and the right equipment, I have no concerns there".

Good

Is the service caring?

Our findings

People told us they were happy and that the staff were caring and kind to them. One person told us, "They look after you well. If you need help they are there right away." They went on to say, "They have helped me to get a lot of confidence back". Relatives were complimentary about the staff who worked there. Comments we received included, "I have never heard staff treat anyone with anything but kindness". They also said, "It is very good here, the staff are very friendly".

We observed positive interaction between staff and people who lived at the home. Some people were in the garden enjoying a beer, one person told us, "It's really lovely here the staff are very good to me". We saw staff were sitting and talking with people in the garden and heard a staff member say, "It's very hot we will have to get the sun creams and hats". Another person told us they enjoyed the garden and sat out regularly, they told us, "They are getting some garden sheds and plants for me because I love gardening". Inside we saw people were relaxed with staff and confident to spend time with staff. We saw some people getting ready to go out shopping, a relative told us, "Staff are very good, they invite different people out at least once a week, it means I can shop with my husband which I couldn't do on my own". Another relative told us, "The staff have always been very caring and take the time to support [name of person] with their appearance which is important to him".

A relative told us they had Christmas day lunch with their dad at the home. They went on to say that the home had bought them all presents. They said that staff encouraged families to be involved in celebrations. Another relative told us they had been to meetings about their relative's care and that they felt confident in expressing their views to staff or the registered manager. One relative said, "They remedied the concerns I had and put things in place, I am happy they listen to me".

We saw and heard staff respond to people's distress and anxiety in a patient and sensitive manner. When a person was seen to shout out staff were seen to talk calmly and softly to them. Staff we spoke with appeared to have a clear understanding of the people they were supporting and tried to anticipate their needs and reduce any distress. We saw staff reassure people when assisting them with mobilising and transfers.

Throughout the day we saw staff assisting people in making choices about what they would like to eat and drink and the activities they wanted to do. A relative told us, "Some people can't express themselves but I see the staff are patient and offer them choices, whether this is food or things they might like to do like going out". A person who had limited verbal communication gave us a thumbs up sign when we asked them if they were happy at the home.

Staff demonstrated that they respected people's rights and choices by affording them privacy. A person living at the home told us, "They always knock my door before they come in." A staff member gave examples of how they respected people's privacy and dignity this included ensuring curtains were shut, using a towel to cover people and adjusting people's clothing.

We saw information on the walls about a local advocacy agency and staff were aware of when advocacy could be used to support people's choices.

Good

Is the service responsive?

Our findings

People told us that their care was personal to them and their preferences were respected. One person said, "I usually get up about 10-10.30, that's my choice". A relative told us, "I have just been invited to a review as my relative's needs have changed so we will discuss a new care plan". Another relative told us, "The staff regularly go through a list of questions with me to make sure the care plan fits [relative's name] needs".

We saw that people's care records contained pre admission assessments that had been completed with them to ensure the home could meet their needs. Care plans were individual to the person and included information about people's likes and preferences such as people's preferred names. We heard staff use people's preferred names when communicating with them. Care records were person centred, for example, one person liked to wear a watch with an elastic strap in bed. Another person liked to sit on their bed and be given a flannel to wash their hands and face when they first woke up. Care plans for moving and handling identified the equipment people needed and the number of staff required. For example one person required the use of a stand aid and one staff member for all transfers and we saw they were supported in this way.

The staff we spoke with told us they had information about people's needs so that they could respond to them in the way they preferred. Healthcare professionals had been consulted to assess people. One person was undergoing a mental health assessment due to their changing capacity and behaviour.

People were supported to stay in touch with their family and people important to them. Relatives told us that they were made to feel very welcome and actively involved in activities they could not enjoy without the support of staff, for example shopping with their husband or wife. We saw staff arranged transport which enabled family members with the support of staff to go out for lunch, shopping and various places of interest. One relative said, "I couldn't do this on my own".

People told us they had regular opportunities to undertake activities. One person said, "A few of us like sport so if it's on the telly staff help us all to sit together". We saw people's individual interests were being addressed; one person told us, "I am doing my gardening and I'm happy with that". A relative told us, "There is an activities worker who works really hard to organise lots of different things". People told us staff tried to tailor the activities to people's needs. We saw a list of activities was on display. A lot of in-house activities had been planned which relatives told us enabled them to join in too. For example people told us about receiving Christmas presents and Mother's Day presents. One person living at the home described an activity, they told us, "It was lovely we did roses for our wives". We saw craft made by people at the home for Easter and this included Easter presents for families. One person told us, "We made loads of things and all had a chocolate egg in them as presents for our families".

The registered manager had made the complaints procedure available to people in their welcome packs. People were aware of the procedure and knew who to approach if they were unhappy. A relative told us, "We had a few minor issues but they have always responded quickly". They told us they had no concerns and any day to day issues were resolved. We saw from records that a complaint had been investigated and the complainant notified of the outcome in line with the homes policy. The registered manager told us that any day to day issues were addressed immediately. People and their relatives told us that they felt able to raise issues with any of the staff and they had confidence that they would act appropriately.

Good

Is the service well-led?

Our findings

Relatives told us there had been some meetings about the proposed new ownership of the home. They also said they were confident they were listened to and that they were familiar with the staff and managers at the home.

There was a registered manager who had worked at the home for twelve months. The registered manager told us that she also managed another home owned by the same company which meant she was not at Castle Meadows every day. We saw there was a management structure in place which included a manager for the residential unit and registered nurse as deputy for the nursing unit which enabled consistent management overview in the registered manager's absence. The management team members we spoke with told us they had regular management and clinical meetings with the registered manager to oversee the care practices in each unit.

The registered manager had identified and acted on improvements. For example a staff member told us, "They have changed the rotas and who we work with to make sure we have a better balance of skill, it works well". A nurse told us, "Communication is better, we know what we need to do, and the allocation of tasks is clearer". The manager had introduced a system for alerting the falls team and district nurses if a person had fallen twice. This ensured appropriate assessment of their needs as well as identifying and purchasing the equipment they needed to ensure that risks to people were well managed. We saw for example, some people had crash mats and sensor alarms in place to alert staff of their movement. This had resulted in a significant decrease in the numbers of falls from beds and so had improved the safety of people. We also saw that new furniture was being purchased and plans were being considered to provide a third communal lounge for people.

All of the staff we spoke with told us that the registered manager was approachable. One relative told us, "I would speak to the manager if I have any issues". We saw the registered manager had provided support systems for staff, one staff member said, "We do have support and supervision and the manager will come out and support us on the floor".

Staff understood their responsibilities to report any concerns they had about the conduct of another colleague. They knew they could use the provider's whistle blowing procedures (which were displayed) in order to do this. We saw the registered manager took disciplinary action where staff performance warranted this.

The registered manager had a system for the reporting and reviewing of any accidents, incidents and events that affected people at the service. We saw that accidents, incidents, falls and pressure sores had been recorded. Nurses told us they reviewed the incidence of these at their meetings so that any action needed could be discussed and implemented. There was evidence that learning from incidents and accidents had taken place. We saw for example staff had guidance on preventing falls in their staff meetings to reduce the likelihood of reccurrence. However further improvement was needed to ensure that decisions were recorded with regard to a series of falls for one of the people to ensure the action being taken was appropriate for the individual.

People we spoke with and their relatives had the opportunity to complete a survey about their experiences but the results of these were not displayed. The registered manager told us an analysis of this would be made available to people so that they could see what improvements would take place as a result of their comments. The registered manager told us they were looking at ways to feedback to people the results and any improvements made as a result of their contributions. We saw from the minutes of meetings and complimentary cards received, that positive feedback from people about their experiences had been captured.

The registered manager was aware of their responsibilities under the Health and Social Care Act 2014 and had notified us of incidents. The registered manager had a copy of the Code of Practice on the prevention and control of infections. An action plan was in place following a recent infection control audit. We heard from the kitchen staff that regular audits were completed by the head cook. They told us they would soon be due to have their next food hygiene inspection. We also saw there was an effective system in place to monitor people's medicines. We heard from people and visitors that there was an open culture in the home so that they could voice their opinions.