

# Care UK Community Partnerships Ltd

# Meadow Court

## Inspection report

Goodmayes Hospital  
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Date of inspection visit:  
14 August 2016

Date of publication:  
07 September 2016

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

# Summary of findings

## Overall summary

At the last inspection on 19 and 20 March 2015 we found a breach of regulation and some areas which required improvement. Following the inspection the provider wrote to us to say what they would do to meet legal requirements in relation to the staffing level available to provide care and support to people using the service.

We undertook this focused inspection to check that they had met legal requirements and to confirm that they had followed their action plan and made improvements to the service. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meadow Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Meadow Court is a care home with nursing divided in to five separate units known as clusters. The service is registered to accommodate a maximum of 70 people. At the time of the inspection there were 29 people using the service and one person was in hospital.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 using the service and relatives told us there were enough staff to meet people's needs. People told us staff were kind and responded promptly to their needs when they needed support. We observed staff were available to assist people with their meals and provide people with the care they needed. Staff told us that the staffing levels were sufficient at the home and reflected the needs of people. People and relatives were concerned about the changes being implemented in the deployment of staff. We recommended that the registered manager refers to best practices of management of change.

We noted that the service had various policies and procedures including adult safeguarding and whistle blowing. People's care files also showed that care plans and risk assessments were regularly reviewed. Staff were aware of the provider's policies and had received training in areas such as moving and handling, infection control and medicine administration. We also noted that there was a good staff recruitment process in place. This showed that people were supported by staff who were appropriately checked and were suitable to provide safe care.

People told us staff administered their medicines. We found that medicines were administered and recorded by staff as prescribed by healthcare professionals. We also noted that all parts of the premises were clean and free from unpleasant odours. This ensured that any possible incidents of infections were controlled appropriately by staff.

## 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 told us there were enough staff at the service. Staff told us and records confirmed that the staffing level was reviewed to reflect people's needs.

People had risk assessments which were regularly reviewed. Staff had knowledge and experience to provide care people needed.

The service was clean and there were systems in place for safe administration of medicines and control of infections. This ensured staff administered medicines as prescribed by doctors and managed risks of infections.

**Good** ●

# Meadow Court

## **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 was a focussed inspection undertaken to check that the provider had made improvements to meet legal requirements after our inspection on 19 and 20 March 2015. We inspected the service against one of the five questions we ask about services: is the service safe? This is because there were not sufficient numbers of staff deployed to meet people's needs.

This inspection took place on Sunday, 14 August 2016 and was unannounced. It was undertaken by one adult social care inspector.

Before our inspection we reviewed information we held about the service and the provider such as the action plan the provider submitted setting out how they would become compliant with the breach identified at the previous inspection. During the inspection we spoke with four people, two relatives, three care workers, one nurse and the deputy manager. We also observed people's interaction with staff and reviewed two care files, staff training records, medicine administration records, staff rota and the provider's policies and procedures.

# Is the service safe?

## Our findings

During our last inspection in March 2015 we found that the provider was in breach of regulations. This was because there were not enough staff deployed to provide care that people needed. We saw some people had to wait for staff to finish helping others before they could be supported with their meals. At this inspection we spoke with people, relatives and staff, and reviewed the staff rota and found that improvements had been made.

People and relatives told us that there were enough staff at the service. One person said, "We have enough staff. The staffing level is enough." Another person said, "I feel safe here. Most of the time staff come [promptly] to assist me when I need help." A third person told us they felt there were "enough staff" but they didn't like having "different staff" to support them. They said, "[The service] changes staff when you get used to them." Before the inspection a relative informed us that they were "concerned regarding the change around of staff at the service where [my relative] lived". The registered manager had also notified us of their plan of introducing changes to the deployment of staff at the service. During the inspection we discussed people and relatives' concerns about the changes and were informed that these were being introduced gradually so that there was adequate time for people to know staff well and vice versa. We recommend that the registered manager refers to and uses best practices of management of change especially in relation to provision of care to people with dementia.

People and relatives talked positively about the staff. One person said, "Most of the staff are very good. They are kind. They help me." Another person told us, "Staff are fine. They come to assist me when I need." A third person told us that staff responded promptly when they pressed call bells. Before the inspection a relative stated, "I see that the staff are very gentle and patient when feeding the residents, talking to them quietly and making it a very special time for them."

Staff employed at the home had gone through the home's recruitment processes. We saw that relevant checks were completed before staff began working at the home. These included obtaining employment references and police checks to ensure staff were of good character. There was evidence in the staff files that staff were interviewed and had attended an induction programme before starting work at the home. These were also confirmed by staff. This showed people were supported by staff who had been appropriately checked.

We noted that care plans and risk assessments were detailed and were reviewed at least once every month or as required. The risk assessments identified individual risks and contained guidance for staff how to mitigate the risks. Staff we spoke with told us they knew the risks to people and how to manage them. For example, a member of staff described how a risk to a person was managed by ensuring that appropriate equipment was provided and a system was put in place to turn them every hour to reduce the risk of pressure sores. Another member of staff told us how they used a hoist to transfer one person safely when caring for them.

The service had appropriate policies to ensure people were protected from abuse. These included the adult safeguarding and whistleblowing policy. All the staff we spoke with and the records confirmed that staff had attended or read these policies and knew what to do if they became aware of a safeguarding incident. Staff told us they would keep records of the any safeguarding incident and report it to their manager or other authorities such as the police, social services or CQC. This showed that staff knew the procedures to be followed in cases of safeguarding incidents.

All parts of the service were clean on the day of the inspection. People we spoke with told us they liked their rooms and a relative said the home was "fantastically clean, there is never any bad smells." We observed that staff washed their hands before and after certain activities and wore protective clothing such as aprons and gloves to minimise infections. The deputy manager told us there was an infection lead responsible for monitoring that staff used safe infection control practices. This showed that the risk of infections was minimal.

People told us they received their medicines on time. One person said, "Staff give me my medication." Another person told us, "I get my medication ok." Relatives told us medicines were managed well with one relative saying, "They manage medication very well." We noted medicines were administered by registered nurses who had relevant experience and qualification. Staff were aware of the procedure to follow if someone refused medicines. Where covert medicine was offered this was done in people's best interest with the involvement of the GP, the pharmacist and an advocate where applicable. The deputy manager told us and records showed that medicines were audited monthly. We checked medicines and medicine administration records in two of the five units and noted that they were all in order.