Ashberry Healthcare Limited

Meadowview Care Home

Inspection report

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Date of inspection visit:
20 December 2018
21 December 2018

Date of publication:
13 January 2020

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Meadowview Care Home is registered for a maximum of 41 people. There were 41 people in the home at the time of this inspection. The home comprised of a ground floor, dining room, a main lounge, memory lane lounge area, gardens containing numerous ornaments and memorabilia such as a red pillar phone box. It was situated next to a primary school within a residential setting at the heart of a community. The service is not registered to deliver nursing care.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good overall. There were some areas where further improvements were required but no serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a new maintenance staff member in the home during our inspection who had begun to implement an action plan to improve the maintenance checks and records. They were also improving the fire safety according to the most recent fire inspection by Cheshire Fire Service.

There was an online staff training system in place which we viewed on the home manager's computer. It highlighted where staff training had expired or was due to be completed. Not all staff were up to date with Safeguarding training but they completed their training during this inspection.

Staff understood what their responsibilities were in relation to safeguarding people from abuse and the different types of abuse. They were able to explain the process of safeguarding people.

We found there was a warm, homely, inclusive, calm atmosphere within the home. The environment was conducive to replicating aspects of a person's home such as a lounge with a decorative fireplace, a phone with a dial, dolls for people to pick up and carry if they wished.

People were seen walking freely and being included such as one person we observed assisting staff to clean and tidy the tables after lunch. Staff treated people with dignity, compassion and respect. We observed people were being treated as individuals and were being supported in a person-centred way. The service had an equality and diversity policy in place.

Healthcare professionals we spoke with were complimentary about the service being delivered for people. People were being supported to access healthcare professionals when they needed them.

There were enough safely recruited staff seen on duty to meet the care needs of people. Staff and the home manager were seen regularly spending time with people in the moment when they needed reassurance.

We observed activities taking place within the home on both days. The activities coordinator knew people well and was skilled in grading the activities according to people's individual needs to enable everyone who

wished to take part to participate in a positive way.

Staff were overheard asking people what their preferences were, where they would like to sit and if they would prefer to be in their room. This demonstrated people were being supported to maintain choice and control of their lives. Staff supported people in the least restrictive way possible.

Care plans were in the process of being updated at the home. Risks had been identified, recorded and reviewed with improvements seen in the way risks were being recorded in new care plans.

People's weights were monitored appropriately and people were offered a balanced diet. People were provided with a choice of drinks and food. Dietary requirements information held in the kitchen needed updating. This was actioned immediately during this inspection.

There was strong leadership at the home and systems were in place with quality checks undertaken to always seek continuous improvements.

Prescribed medicines were administered safely and medicines were managed appropriately within the home. There were no covert practices in place. We observed staff spending considerable time with individual people to enable them to take their prescribed medicines.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risk assessments were not always detailed enough and care plans were in the process of being improved.

Maintenance records required improvements with gaps seen in the records.

There were enough staff to meet people's care needs during the inspection.

Is the service effective?

Good

The service was effective.

Staff had received an induction, supervision and had training for their development.

People were complimentary about the food and were having their nutritional needs met.

People were supported to make their own decisions according to the Mental Capacity Act 2005 and were having their rights upheld.

Is the service caring?

Good

The service was caring.

Staff demonstrated empathy, respect and dignity.

People were listened to.

People's rights and wishes were upheld.

Is the service responsive?

Good

The service was responsive.

People were receiving person centred care.

Activities were provided within the home.

There was a complaints policy and process in place.

Is the service well-led?

Good

The service was well-led.

The manager knew what the areas of improvements were and had an action plan.

Analysis and audits were effective in driving improvements.

There was a clear vision and strong leadership.

Meadowview 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 20 and 21 December 2018 and was unannounced. There was one adult social care inspector and an expert by experience who inspected the home. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We gathered and reviewed as much information as possible prior to the inspection for example from notifications of events within the service and from information sent to us from other agencies including the Local Authority. The provider information return was in the process of being completed by the home manager within the specified timeframe. This is a document we request to be completed to provide us with important information about the service.

As part of this inspection we spoke with 10 people using the service, six relatives/visitors, seven staff including the home manager. Three care plans were reviewed, one of which we undertook a case track which involved reviewing all of their care records. We observed a medicines administration round and observed a lunch time dining experience and activities. We also spoke with two healthcare professionals as part of the inspection.

Requires Improvement

Is the service safe?

Our findings

People we spoke with who were able to converse told us they felt safe living at the home. One person said, "Yes I am safe here", a second person told us "I feel as though I am (safe)."

Risks were being documented and assessed in the care plans we viewed. The deputy manager and the manager were in the process of updating all the care plans to a new format. We viewed the care plan schedule and found there were 36 care plans to be reviewed onto the new care plan format. The deputy confirmed the manager was providing them with enough time to be able to complete them. There were more detailed risk assessments seen within the new care plan format which was in the process of being rolled out. The risk assessments we viewed included risks such as pressure care, mobility, mouth care, nutrition and weight, falls, swallowing and moving and handling. The manager acknowledged there were on-going improvements to implement the remaining 36 new care plans. Risks were being reviewed when appropriate and action was taken to reduce risks when incidents/accidents occurred. The incidents we viewed contained details of the circumstances of the incident with a body map when appropriate. The provider was seeking to learn when there were suggestions made of how to improve their systems or when things may go wrong.

We looked into the maintenance of the building and safety checks being undertaken. The manager told us there had been gaps in the maintenance records which we confirmed when viewing them. Personal Emergency Evacuation records were in place but other records showed health and safety checks such as fire drills had not been undertaken consistently. A new maintenance worker had been brought into the home on 4 December 2018 to improve the maintenance systems and they shared their improvement plan with us during the inspection. We could see the new maintenance systems in place were robust and included legionella checks, fire drills, fire training for staff and they had implemented a new system for recording all maintenance jobs within the home. The home had been inspected by the Cheshire Fire Service on 10 July 2018 and had been provided with an action plan which the provider and maintenance workers were addressing to further improve the fire safety within the home. There was an electronic clocking in and out system for staff to confirm when they arrived on shift and when they were leaving the building.

Relatives and visitor's we spoke with were complimentary about the way staff treated people and commented how well staffed the home was. One visitor said, "I never see anyone looking unkempt".

We undertook several observations during different times of the day and found there were always enough staff around to deliver care for people when they needed it. Staff understood people's individual behaviours and were able to recognise when people were beginning to become anxious or worried. Staff knew when to intervene and provide reassurance to comfort people and thereby ensure their mental wellbeing. Staff understood which approaches worked for different people. For example, staff knew one person was more relaxed by walking around the home and other people who took comfort from holding a doll.

We checked the recruitment systems in place and viewed staff recruitment files. We found the provider had undertaken sufficient checks that included reference checks and a Disclosure and Barring Service check

prior to a staff member commencing their care duties in the home. They had also completed a recruitment risk assessment when appropriate. We saw evidence that the manager had completed an interview but recognised the need to document the interview formally on a separate interview document.

The home was fresh and clean with enough domestic staff visible around the home. The home manager confirmed there was a plan in place to replace some existing carpets with laminate flooring for infection control purposes to enable them to maintain a high standard of cleanliness. There were enough supplies of personal protective equipment seen around the home and staff were observed wearing gloves and apron then, changing them after each use.

We checked the systems for managing medicines. The medicines stock room contained a fridge which held prescribed medicines stored at the appropriate temperature. Stock control systems were robust and staff members who we observed administering medicines followed safe practices. They ensured the medicines trolley was secure when left, medicines were administered appropriately such as from separate medicine pots and placed within the person's hand. The staff member was seen checking the person had swallowed the medicine prior to recording they had taken it.

Staff were able to tell us what they would do to report and record if they suspected abuse or if they saw abuse. They could talk to us about the different types of abuse and who they would report it to. Not all staff were aware they could report any concern direct to the safeguarding authority so the provider ensured they placed a sign in the staff room to emphasise this during our inspection. The safeguarding log we viewed had been fully completed with actions taken. Staff were aware of what constitutes restraint and they could tell us how they ensured people are not being restricted within the home. Not all staff were up to date with their safeguarding training however, this was rectified and staff completed it during the inspection.

Good

Is the service effective?

Our findings

We asked people if staff were effective in the way they delivered care and knew what to do. One person said, "Staff go above and beyond what you would expect them to". Everyone we spoke with were confident in the staff's knowledge and understanding of their role.

Staff were knowledgeable and received regular training. Some staff had completed a National Vocational Qualification (NVQ) in care with one staff training file evidencing level 5 as achieved. Training completed included areas such as dementia care, dignity, moving and handling, medication administration and safeguarding. The Care Certificate was completed with staff who had no previous qualifications in care. The Care Certificate is a nationally approved set of standards all care staff should be competent in. We viewed the online system of recording staff training and it highlighted some staff training which was either out of date or outstanding. Competencies were seen such as for the administration of medication. Some staff were champions in dementia care and others had completed additional training to become a fire marshal. Staff we spoke with told us they were received supervision and we viewed a supervision/appraisal plan during the inspection.

People's nutritional care needs were being met. The manager had implemented a new system to support people at meal times. The new system was to ensure people who needed support or assistance with eating and drinking, had a longer period of time over lunch to receive assistance if they needed it. The people who needed assistance were supported from 12.15 but people who were independent with eating and drinking were free to eat their meals at any time over the lunch period from 12.15 onwards. This created an inclusive and relaxed atmosphere within the dining area. We observed a lunchtime experience and saw tables were set with napkins and cutlery. People were provided with choices of drinks and glasses on the tables with jugs of water. Condiments were also in place on each table. The food was presented well and served warm from a heated trolley. We heard people commenting for example saying "it's nice." Another comment was "very tasty." Music was playing in the background. Staff knew what people's nutritional needs were and how to support people in the best way. For example, one person who became restless at the table was seen being supported by staff who were able to provide reassurance and the person continued to eat. Staff were seen wearing aprons to serve people. People's weights were recorded either weekly or monthly according to the Dietician's recommendations. Staff knew people's specific dietary needs well including the kitchen staff. The information held about people in the kitchen required updating which the manager actioned immediately.

People's care needs were being assessed according to their individual health needs. We viewed a new respite care plan which contained specific details of the care needs of the person requiring temporary respite care. Other care plans we viewed contained specific care plans for each health need. For example, one person who had recently demonstrated behaviours which were challenging had a behaviour care plan in place which confirmed they needed 30-minute observations.
Staff were knowledgeable about the specific advice provided by Healthcare professionals. For example, we viewed one person's records which detailed a healthcare professional had advised the placement of a floor sensor. We checked and found this had been acted upon and observed there was a floor sensor in place.

The healthcare professionals we spoke with were complimentary about the staff and how they reported concerns to them in a timely manner and referred on appropriately. Their comments included that there were "always plenty of staff around to support people and staff, including the manager were always helpful, staff are attentive to people, they know the changes in people because they know people well". The service had implemented the Red Bag Scheme as seen in the care plans we viewed which is a scheme recommended by NHS England which contains all important information about a person's healthcare needs when they are admitted to hospital. The manager was aware of the Herbert Protocol which is a personalised assessment for people with dementia devised by Cheshire Police for people who are at risk of becoming lost in the community.

People were heard being asked for their consent. We made observations where staff were asking people where they wished to sit, where they wanted to eat their lunch and choices of foods and drinks were being offered. People were seen freely walking around the home where they wished.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). The care plans we viewed contained a DOLS application/authorisation when appropriate. Staff were following best interest's processes as part of their care delivery and were consulting with others when making decisions on behalf of someone who had difficulty making specific decisions. For example, the manager had recently arranged a meeting with one person's General Practitioner, family member and nursing practitioner as part of a best interests process. Do not attempt cardiopulmonary resuscitation (DNACPR) best interest decisions were seen and the manager confirmed how they were ensuring they were implementing advanced decisions and advocacy when appropriate.

The design and layout of the home was open plan and such that it enabled people living with dementia to walk around freely without feeling confined. The lounge and dining room doorways were open creating light throughout the home. There was a quiet corner with books creating a relaxed area for people if they chose to sit there. The environment contained several interesting features for people to take interest in if they wished to. These included, transfers on the walls, pictures, books, a telephone with a dial, several dolls and other items for people to pick up and carry if they wanted to. As it was four days before Christmas when we undertook this inspection, we observed several Christmas decorations creating a homely environment. There was a large Christmas tree in one corner of the main lounge with individual decorations containing messages from family to each of the people living at the home. The maintenance workers had built a wooden manger and relatives/staff had knitted handmade figures for the manger which people could pick up and look at. The home was decorated in a personalised way which was stimulating for people.

Staff were relaxed about people picking items up and understood how this provided people with sense of purpose when walking around the home, maintaining a calm atmosphere. The gardens contained several interesting features such as ornaments of animals, a summer house, a red telephone box, bicycles propped against the fence which overlooked fields with horses. The trees had been trimmed back and there were several bird feeders for people who wished to watch the birds feeding.

Good

Is the service caring?

Our findings

Everyone we spoke with spoke highly of the manner in which staff delivered care for people. One person said "Very kind to me, and others I know. I couldn't ask for better", another person told us "Yes, I like it, they listen to me", a third person said "Staff always knock and ask if I need anything", a fourth person told us "I am treated well, very good. Nice people". Relatives we spoke with said "Staff give up their own time even. Dedicated staff in my opinion", another relative said "Very kind and caring" and a third relative told us "Staff care for everyone here, it's nice".

We checked to see if people were being listened to and their views upheld. Our observations were that staff took time to talk with people and find out things about them. Staff we spoke with also told us they had the time to sit and talk to people to find out important things about their lives and what was important to them. We could see the positive impact of this for people as they were calm and comfortable with the staff. Staff were seen being attentive, gently reassuring people thereby having a calming influence on people who were at times becoming unsettled due to their dementia. The staff were working as a team to deliver care. For example, one person with dementia was seen approaching a staff member who was already speaking with another person with dementia who needed their attention. Another staff member responded and went over to support the staff member to provide the level of support needed for both people. This meant staff were being proactive in preventing potential incidents where people may become agitated with one another.

We viewed the last resident family meeting minutes held in September 2018 and noted the comments made by family members had been acted upon by the service. For example, a comment was seen in the minutes the garden was over grown. At the time of our inspection the trees had been trimmed and tidying of the garden had been actioned. Another request from the families was to have a newsletter. We found this had also been acted upon and were provided with a copy following our inspection.

We found the home was inclusive and upheld people's rights, dignity and wishes. We viewed the provider's Equality and Diversity Policy and Procedure dated 22 May 2018. The home were open and welcoming to visitors and one person was receiving advocacy services at the time of our inspection. There were a diverse range of people living at the home with a variety of needs which the staff were respectful of. The staff we spoke with demonstrated empathy towards everyone living at the home. A staff member had attended one person's funeral in their own time on the first day of our inspection. It was their day off and they were not included on the rota. This demonstrated staff were genuinely caring and went the extra mile.

People were encouraged to be as independent as possible and to participate as much as possible. For example, we observed one person who was living with dementia assisting the staff to clear up after the lunch time period. They were seen folding napkins into a pile. Staff understood this activity was purposeful to the person and upheld their dignity by enabling them to continue to do this. After the person was satisfied with how they had folded the napkins and left the dining room, staff discretely placed all the napkins in the laundry. This meant staff understood the benefits of enabling people to participate in a way which was beneficial to the individual person to maintain their sense of independence. Staff knew that interrupting the person from what they wanted to do may raise the person's anxiety. Staff were relaxed when people wanted

to be involved in a task and were inclusive of people, thereby demonstrating respect.

Good

Is the service responsive?

Our findings

Everyone we spoke with were complimentary about how well staff knew people's preferences, likes, and dislikes and they were involved in the care planning process. People also spoke highly about the activities taking place within the home. For example, one person told us "I like the music playing, I sing along", we observed this. A second person said "There is always something going on. It's lovely outside I like to walk in the grounds. Staff help me when they can", a third person said "I like to stay in my room. That is respected. I don't have to do anything I don't want to". Relatives we spoke with said "Always activities going on. No matter what day or time we come", "I go through care plan on a monthly basis with staff".

We observed activities going on in the home during our inspection that included a choir, religious service and a quiz. The activities coordinator graded the activity appropriately according to people's ability and needs. The quiz contained a mixture of questions which were pitched at different levels to enable everyone to participate. We viewed the activities programme which included reading poems, sensory bags, flower arranging, manicures, spot the difference, band entertainment, Christmas party, pantomime, dominos, card making and singalongs. We noted one person's birthday was being celebrated within the home. One to one activities were also being provided for people who remained in their room. We observed a hairdresser who visited the home during the inspection. The home used technology where possible and had a smart television in the main lounge and access to WIFI for people to use skype.

Staff delivered person centred care and could tell us about people's background, preferences, likes and dislikes. These were well documented within the new care plans, compared to the old format care plan. As staff knew people well and involved people's family members or the person who knew them the best, they were able to deliver person centred care. For example, one person was seen walking around approaching other people throughout the inspection. We asked a staff member to tell us about the person's preferences likes/dislikes and they could tell us the person preferred to walk and became anxious if asked to sit down unless they were being engaged in something which involved sitting down. We observed the person freely walking around the home and staff understood this was the person's preference.

The home promoted people's relationships and encouraged people to maintain contact with the people who were important to them. For example, the home employed a relative of one person thereby demonstrating they were inclusive of families who wished to be involved in the home.

The home had a complaints policy and procedure and were communicating with people to let them know how to raise a complaint if there was anything they were concerned about or wished to make a complaint about. There had been no complaints logged. The manager told us there had been no complaints since she came into post within the home and she had an open-door policy for anyone who wished to speak with her. We viewed a complaints procedure on the board visible for people to read and asked people if they had felt the need to make a complaint. One person told us "Yes I know who to speak to if I'm not happy. They do listen to anything I say", another person told us "I've no complaints, if I did I would say but I've not".

There was no one receiving end of life care at the time of this inspection but we looked into how the home

are equipped to deliver end of life care. The manager was in the process of coordinating one person's pathway whose condition was deteriorating and was able to relay to us how they intended to involve the person, appropriate healthcare professionals, family and specialist when they approach the need for end of life care, including supporting the person to make advanced decisions. A healthcare professional we spoke with told us they had confidence in the staff to monitor and support people who were unwell and provided an example where they had asked staff to provide a person with additional fluids. They told us they found staff were following their advice and were encouraging more fluids.

Good

Is the service well-led?

Our findings

People we spoke with were complimentary about the new manager. One person said, "I know the manager by face". A healthcare professional told us "Really, really good management here". A relative told us "Very approachable manager".

The new manager was well respected by everyone we spoke to and demonstrated clear leadership within the home. They were transparent and provided us with an honest account of where the home's areas for improvements were. They were able to demonstrate how they were working towards them. They were working with the Local Authority Quality team and the Cheshire Fire and Rescue Service to implement the recommendations they advised within a timeframe.

The manager had completed competency and supervision checks with staff when they first came into post and applied the disciplinary process when needed. As a result of this zero-tolerance approach there had been some staff turnover. We observed the staff group present in the home during the inspection were working cohesively together towards a clear vision. The culture of the service was inclusive, treating people with respect and dignity and as individuals.

The rating was seen displayed as you walk into the home in a visible location. A new manager had commenced in her role as home manager in June 2018. The Nominated Individual who was present for this inspection confirmed the manager was intending to apply to become registered manager through the Care Quality Commission (CQC).

We viewed the audits and quality assurance checks undertaken within the home. We also looked into how the home was analysing information such as incidents for trends/themes to strive for continuous improvements. We found the deputy manager and the home manager had completed a falls analysis where they identified there was a high number of falls occurring at the same time in the evening and within the same area of the home. The home manager and the deputy manager completed a spot check at the time when falls were occurring and spoke with the night staff. Their analysis concluded that staff were leaving the main lounge unsupervised at the time the falls were occurring. This was quickly rectified and as a result of this analysis and subsequent swift action the falls decreased by the following month as seen in the records and incident forms. This demonstrated the management team were analysing information and acting upon it to make improvements.

Audits we viewed included a monthly health and safety audits which highlighted action points such as for replacement chairs for people, carpet replacement in the office and rooms for refurbishment. We viewed a quarterly fire audit was being implemented and a staff recruitment audit which had highlighted an interview sheet was required. A monthly supervision and appraisal audit and mattress and weights audits were also seen being undertaken on a monthly basis. Other audits seen included medication, infection control, care plans, hand hygiene falls, accidents and incidents, safeguarding, dining weekly and a pressure ulcer safety cross system audit.

The manager was looking to broaden and widen the resources being deployed to the home by involving as many community partnerships, community groups and resourcing other organisations to learn from and follow best practice. For example, they had resourced an organisation called OOMPH. They are an organisation who believe every older person deserves a full life for life. The manager provided us with a copy of their annual report and told us they intended to utilize them as a resource. They also involved the local primary school and had a close affiliation with the school situated closely to them. The manager arranged for the school children to visit the home and was keen to build further close links by inviting them into the home at other key times of the year. The manager and the provider demonstrated a clear vision that they were seeking to deliver the highest standard of care possible for each person in a person-centred way.