Barchester Healthcare Homes Limited

Meadow Park

Inspection report

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25 July 2017

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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

Meadow Park provides care to a maximum of 61 older people, including those who have a dementia related condition and live in a unit within the home called Memory Lane. There were 57 people living at the home at the time of the inspection.

The inspection took place on 20, 24 and 25 July 2017. The first day was unannounced. This meant that the provider and staff did not know that we would be visiting.

We last inspected the service on 26 April 2016. We found the provider was meeting all of the regulations we inspected although we made recommendations with regards to medicines and staffing. We gave the service a rating of 'requires improvement.' At this inspection, we found improvements had been made and the rating was changed from 'requires improvement' to 'good.'

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.

We checked the management of medicines and found improvements had been made in relation to record keeping and the management of topical medicines such as creams and lotions.

Suitable numbers of staff were on duty. Accidents and incidents had been analysed and staffing levels were adjusted to ensure staff were deployed in sufficient numbers at the locations and peak times accidents tended to occur. This had resulted in a reduction in unwitnessed falls.

Staff recruitment records we examined demonstrated suitable checks and procedures had been followed to support safe recruitment decisions and maintain the safety of vulnerable people.

Staff had received training in the safeguarding of vulnerable adults. They were aware of the procedures to follow. A safeguarding log was maintained with up to date information.

General risk assessments and checks were in place to monitor the safety of the premises and equipment. Individual risks to people had also been assessed and care plans were in place to address these risks.

The home was clean and well maintained. Infection control procedures were followed by staff.

Staff received regular training and supervision, and told us they felt well supported.

The service was operating within the principles of the Mental Capacity Act 2005. People had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies

and systems in the service supported this practice.

The health needs of people were met. Staff sought timely advice from care professionals and records confirmed that people had access to a number of these including GP's, mental health and general nursing staff.

People were supported with eating and drinking. Records of food likes, dislikes and special dietary requirements were held. People's weights were closely monitored and action taken in the event of concerns about their nutritional status.

The premises took into account 'dementia friendly' design in most areas but bathrooms did not always meet best practice guidance in this area. There was access to outdoor space which people enjoyed using.

Staff were caring, polite, warm and friendly in their approach. People and their relatives were complimentary about the welcoming atmosphere in the home.

People were involved in aspects of the running of the service. 'Resident Ambassadors' had been elected, and they contributed to promoting the voice of people using the service and supported the home when they hosted guests and visitors to open events.

Privacy and dignity was supported by staff. Improvements had been made to the storage of records which helped to maintain confidentiality of information, and staff described a variety of ways they maintained people's privacy. They also ensured the independence of people was promoted.

Person centred care plans were in place which were up to date and regularly reviewed. They contained detailed information about individual needs and preferences.

A range of one to one and group activities were available. Activities were planned in advance and evaluated to assess whether they were beneficial and enjoyable to people.

There were no recent formal complaints and a log of complaints received by the service was maintained.

A new registered manager was in post. The registered manager and the deputy were praised by staff and relatives for their support. It was reported that morale had improved in the home, and that the registered manager had introduced a number of positive changes.

A number of systems were in place to monitor the quality and safety of the service.

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

Improvements had been made in the way medicines were managed, including creams and ointments.

Regular checks on the safety of the premises and equipment were carried out. Staff followed infection control procedures and used personal protective equipment to help to avoid the risk of cross infection.

There were suitable numbers of staff on duty. Safe recruitment practices were followed which helped to protect vulnerable people.

Accidents and incidents were analysed and steps taken to prevent reoccurrence.

Is the service effective?

Good

The service remains effective

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service was Well-Led

A new registered manager was in post. Staff, relatives and visiting professionals were complimentary about the manager and deputy manager and the positive impact they had on the service.

Regular meetings were held with staff and the registered manager was kept up to date with issues affecting the service and people living there on a daily basis.

Regular audits were carried out to monitor the quality and safety

of the service. Feedback systems were in place to support people, relatives and staff to share their views about the quality of the service.

Meadow Park

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.

The inspection took place on 20, 24 and 25 July 2017. The first day of the inspection was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed all the information we held about the service. This included the notifications we had received from the provider. Notifications are reports of changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also spoke with the local authority safeguarding and commissioning teams.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

During our inspection we spoke with nine people that used the service. We also spoke with nine staff including the registered manager, deputy manager, operations director, three care staff, a cook, domestic and maintenance staff member. We also spoke with visiting professionals including a nurse and two members of the behaviour support service. We looked at five care plans, four staff files and a variety of records related to the quality and safety of the service.

Good

Is the service safe?

Our findings

People and their relatives told us the home cared for people safely. One relative told us, "We can go away on holiday now and know they are safe."

At the last inspection, we found medicines were not always managed appropriately, particularly topical medicines such as creams and lotions applied to the skin.

At this inspection, we found procedures had been improved and these medicines were stored safely. Records were up to date and accurately completed. Body maps were in place which denoted clearly where staff should apply particular treatments. An audit had found topical medicines were not always being discontinued or were sometimes being over used. Steps had been taken to ensure topical medicines in use were necessary, and stopped as soon as they were no longer needed.

Medicine administrations records (MARs) we checked had no gaps and were fully completed. A running total of medicines in stock was maintained. This helped to ensure the service did not run out of, and was not over stocking medicines. We randomly checked the stock levels of medicines and found these were correct and tallied with the total on the MAR.

Safeguarding policies and procedures were in place and staff were aware of how to report concerns of a safeguarding nature. The registered manager completed an out of hours visit to the service on the Saturday following the first day of the inspection. There was a safeguarding issue which arose during their visit, and they told us they stayed with staff to coach them through the process and ensured they were aware of all the necessary steps they needed to take. The staff received positive feedback from the safeguarding team who responded to the initial alert. We spoke with the team and they confirmed staff had taken all of the action necessary to satisfy them the initial concern had been responded to appropriately.

CQC had been notified of concerns of a safeguarding nature, and we were provided with regular updates of ongoing investigations. We spoke with the safeguarding team who told us there were no organisational safeguarding concerns.

Recruitment records we checked showed that the recruitment process helped to protect people from abuse. Staff completed an application form and right to work and identity checks were undertaken. Checks were carried out by the Disclosure and Barring Service (DBS). The DBS carries out checks on the suitability of staff to work with vulnerable people supporting employers to make safer recruitment decisions.

We checked staffing levels and found suitable numbers of staff were on duty during our inspection. People told us their needs were responded to in a timely manner. The registered manager had amended working patterns to ensure staff did not work excessively long hours. They told us they wanted to be sure staff did not become over tired and were able to care for people safely. Staff hours had also been increased following an analysis of accident records, which highlighted a pattern of peak times of unwitnessed falls, particularly in the Memory Lane unit. This enabled staff to supervise communal areas more closely and had resulted in a

reduction in the number of incidents.

Accidents and incidents were reviewed by the registered manager who had requested staff completed statements following each accident including where each staff member was in the building at the time of the accident. Body maps, which record bruising or marks on a chart, were completed following the accident and then 12 hours later in case it took time for marks to the skin to emerge.

Individual risks to people were assessed, and care plans were in place to mitigate these. Care plans were in place to avoid pressure damage to the skin, nutritional risks, choking and entrapment in a bath hoist for example. General risks in the building were assessed and a number of checks were carried out to ensure the safety of people, staff and visitors to the service. These included fire safety, gas, electrical and water safety checks.

The premises were clean, and we observed staff followed infection control procedures. There were ample supplies of personal protective equipment such as gloves and aprons, and staff used these. We spoke with domestic staff who told us they had completed the necessary infection control and control of hazardous substances training. This meant they were aware of how to store cleaning chemicals and equipment safely. Additional hand towels and soap dispensers had been provided.

Good

Is the service effective?

Our findings

A relative told us the care in the home was effective. They said, "The highest accolade we can give is that they are here. I am happy for them to be here and they are looking like their old self. They are enjoying cooked breakfasts!"

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. 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).

The service was operating within the principles of the MCA and a log of DoLS applications was kept. This included the outcome of applications and expiry dates. Individual care records contained details of capacity assessments and recorded when people lacked capacity to make decisions. In such cases, a record of decisions taken in people's best interests was maintained. Information about the types of non- complex every day decisions people could be supported to make could have been more detailed. We spoke to the deputy manager about this who told us this more detail would be added.

Staff received regular training. We spoke with staff who told us the training they had received included, safeguarding, moving and handling, falls awareness, choking, dysphagia (swallowing problems), and dementia awareness. Records confirmed training was delivered on a regular basis. The home had recently been accredited following the company dementia competency assessment. This assessment considers dementia specific staff skills and knowledge, activities and interventions, and environmental considerations for people living with dementia. An advanced nurse practitioner attached to the GP practice had provided training in care planning, early warning signs to avoid unplanned admissions, and delirium.

The health needs of people were met. Do Not Attempt Cardiopulmonary Resuscitation orders (DNACPRs) were in place where required and people with capacity were involved in decision making. These were up to date and had been reviewed. Emergency Health Care Plans (EHCPs) were also in place which outlined the level of care people should receive in anticipation of emergency health care needs.

Records we reviewed showed people had access to a number of health professionals. We spoke to a nurse who told us staff sought timely medical advice.

People were supported with eating and drinking. People and relatives told us they enjoyed the food. Comments included, "I like the food, it is all home cooked", "The food is good, food and biscuits are made from scratch", and "(Name of relative) is thriving. They are getting a nice little pot (tummy) which is lovely to see."

People's nutritional state was monitored and their weights were checked regularly. The registered manager held a daily meeting with senior care staff and heads of department. Nutritional risks to individuals were discussed during this meeting. One person had recently been admitted, and had lost 0.5kg. Although this did not trigger any specific intervention using the nutritional screening tool, the registered manager asked for a food chart to be maintained and for staff to observe the person's eating habits closely over the next week as they were just getting to know them and wanted to be sure they weren't missing a support need or dip in mood.

Fluid intake was also monitored and we saw that individual daily targets for fluid intake had been identified. We found evidence that when people did not reach their desired optimum target, staff encouraged people to have additional drinks.

We spoke with the cook who told us, "Everyone's likes and dislikes have recently been updated. I have a list of special diets displayed so any relief cook would know what people needed." They also had a good understanding of how to supplement meals for people at risk of losing weight.

Relatives told us they liked the environment. One relative told us, "It's not too flash. It's homely and comfortable and there is nothing scruffy. You get a good first impression." The service took into account 'dementia friendly' design features although some bathroom areas did not meet best practice in this area. We were told that this would be addressed in future. Staff told us they considered other environmental factors including the tendency for some people to be upset by noise, or disturbing content on the television such as terrorism footage. In order to facilitate people's viewing choice but to avoid distress, a number of lounge areas were available.

Good

Is the service caring?

Our findings

People and relatives told us staff were caring. One person asked us, "Is it your full time job to do this and check things?" We replied it was and they said, "I want you to know then, that we are very well looked after here." Another person said, "I couldn't fault any of the staff, they are wonderful lovely people." Relatives comments included, "Staff always speak to and acknowledge you. We always feel welcome", "When (person) came in staff took them tea in their room as they felt overwhelmed, they were so thoughtful", and "My relative likes banter (fun) and teases staff. They are friendly and respectful and give it back in an appropriate way. They understand their sense of humour."

We observed that staff were warm and caring in their approach to people. Staff appeared to know people well and had good relationships with them. We observed several examples of people joking with staff.

We observed staff supporting people kindly. One staff member gently brushed crumbs off a person's clothes. The persons said, "You're lovely." Another person became upset on a number of occasions. Staff were attentive and used a variety of approaches which worked well, including reassurance, distraction and physical activity such as a walk. We observed staff reminding one person how to recognise their way back to the lounge. They said, "Okay, see you later alligator" the staff member replied "In a while crocodile", they both laughed.

People were involved in the running of the home. Resident Ambassadors were elected and they took on various roles within the home. They supported staff in hosting guests during open days and visitors to the home. They also helped to represent the views of other people using the service and presented staff awards. We spoke with one ambassador who was doing office work which they said they enjoyed.

Privacy and dignity was maintained. Records were stored confidentially and staff told us they spoke about people and used the telephone in private. The registered manager had moved the nurse's station from a lounge to ensure records were locked away and there was a private office for staff to use. Staff told us they preserved dignity and independence. They said, "We always knock on doors and close curtains. We try not to take too much (independence) away from people. We offer but don't do everything for people." We observed staff prompting and providing discreet support throughout our inspection.

People appeared clean and tidy and were supported to maintain their dignity by being offered assistance with personal care, or clothing protectors at mealtimes for example. We observed, however, that a number of people in the Memory Lane unit were not wearing socks or tights. It is not unusual for some people living with dementia to refuse to put on, or tend to take off socks. We noted, however, that out of 11 people, eight people had shoes or slippers on with no socks or tights, two had only socks, and only two people had footwear on with socks. We considered this was higher than we would normally expect to see. We spoke with the registered manager about this who told us they would monitor this and ensure people were dressed in the way they preferred, in order to maintain their comfort and dignity.

People were cared for at the end of their lives in the home, if it was their wish to stay there. Support was

provided by community nurses. We read the care plan for one person who was approaching the end of their life which had been updated to reflect their changing care needs. We spoke with them and they were comfortable and relaxed. Anticipatory medicines had been prescribed. This means medicines that may be needed for pain or distress are prescribed in advance and in stock so they are available straight away thus avoiding any delay and helping to avoid discomfort.

Good

Is the service responsive?

Our findings

We observed that staff were responsive to the needs of people and knew them well. A nurse told us, "All staff are pretty good at seeking advice and getting in early. They are proactive in managing needs."

Person centred care plans were in place. This meant that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care. Care plans we checked were up to date and reviewed on a regular basis.

Staff were supported by the behaviour support service to devise care plans for people experiencing behavioural disturbance and distress. A nurse from the service told us, "Staff understood the person well. They engaged well in the process and wanted to know more about the residents and accepted explanations (about their behaviour) positively." They told us staff were keen to help and developed and implemented care plans which were, "Well thought through and person centred." We read behaviour support plans and observed that staff followed these during our inspection.

Care plans we checked had been reviewed on a regular basis and family members were involved in reviews where appropriate. Other care plans included advice about physical care needs and communication. They contained detailed information to enable staff to support people in the way they preferred.

In the Memory Lane unit, a functional behaviour profile was completed. This assessed the level at which a person with dementia was functioning. In the care plan we read, the person scored 20 which showed they were at an advanced repetitive stage in their illness. It was unclear how this information was then used to inform care planning and we spoke with the registered manager about this as we felt the information, while valuable, was not being used to maximum advantage. It would also be of benefit in activity planning, yet the activities coordinator was unaware if this tool. The registered manager told us they would look at how best to utilise this information.

An activities coordinator was employed to work with people to plan activities to meet people's hobbies and interests. Staff also supported with activities in the service. A range of activities were available and these were advertised on notice boards throughout the service. The registered manager carried out checks that activities advertised, happened. Activities included individual and group activities. One relative told us they had spoken with staff about their relations occupation needs. They told us, "They have now been given a duster and help set the tables which they enjoy."

Each person in the Memory Lane unit had a memory box, which contained items personal to them which could be brought out at short notice to distract and divert the person. They contained a list of favourite things, including music. An MP3 player (a portable music device) was available with headphones, which enabled people to enjoy music they preferred. We observed one person enjoying listening to their music during the inspection. Another person was watching a film clip of family members on a computer tablet. This showed bespoke personalised activities had been provided for individuals.

A number of group activities were available. A minibus was available for people and shared between a group of homes. Entertainers visited the home on a regular basis and people were supported to maintain friendships in the home. Two friends living in the home were invited to each other's relations for tea for example. Staff had brought fish and chips into the home which people enjoyed. There were links with local churches and people could receive communion in private or at a service in the home.

We found the environment on the Memory Lane unit to be rich in objects and items for people to explore and engage with. One person pointed to an old movie picture and told us, "I can remember going to see that film." We saw people engaged with therapy dolls and were exploring other items in the lounge area. It is important for people living with dementia to have access to a stimulating environment, as they can find it difficult to initiate activities on their own. The environment in the home facilitated spontaneous occupation and activity which helps to relieve boredom and tension.

A complaints procedure was available and displayed in the home. There had been no recent formal complaints.

Good

Is the service well-led?

Our findings

At the last inspection, the registered manager was absent and there was a period of instability with interim managers providing cover. At this inspection, a new registered manager was in post who was supported by an experienced deputy. Staff told us they were happy with the new manager and said they had made a number of positive changes. One staff member told us, "There has been a tremendous difference since (name of manager) came. I like the way they don't stay in the office all day, she's out and about seeing what's going on." Another staff member told us, "(Name of manager) has brought more structure. Staff respect her and morale has improved."

A relative and a visiting professional also spoke highly of the deputy manager, they said, "The deputy manager sold this place to us. The way they greeted us, the way they interacted with everyone. We went to other places but nothing was comparable" and, "The deputy is caring and very good at disseminating information. They are excellent with residents and good at helping staff understand people's needs."

The registered manager carried out a range of audits and checks. These included a daily walk around speaking to people and staff, and going into the kitchen and laundry. A kitchen staff member told us, "We have just had a kitchen audit. The manager is very supportive and approachable." Other audits included medicines and a 'resident of the day' audit included a review of all aspects of people's care including care records, medicines, bedroom facilities and activities. The registered manager was aware of issues potentially affecting the quality of the service. For example, concerns had been raised about the effectiveness of communication, including between care staff and visiting professionals. They were in the process of introducing systems to ensure communication was improved.

There was evidence that the registered manager used audit data collected to make improvements in the quality and safety of the service, for example in relation to accidents monitoring and steps taken as a result to reduce the number of unwitnessed falls.

Regular meetings were held with staff. We observed a daily 'stand up' meeting where senior care staff and heads of department met with the registered manager. Heads of department included maintenance, domestic, laundry, kitchen and administrative staff. Each attendee completed a form, and noted any relevant issues which were then discussed and actions were then agreed. During the meeting, the registered manager returned completed forms from the previous meeting having highlighted areas they wanted to be followed up. Concerns re the building, equipment or people using the service were discussed. The meeting was professional and thorough. We observed the registered manager guiding, advising and thanking staff for action they had taken.

The registered manager told us they were well supported by the organisation. They were in contact with other Barchester registered managers locally who were able to offer support and advice. The regional director was present in the home throughout the inspection, in part to support the inspection but also to support the registered manager with other matters. They visited on a regular basis and carried out their own audits and checks on the quality of the service. A weekly general manager bulletin was provided and the

issue we saw included updates about the change in formula of Lucozade, advising that when used in diabetes care, it now contained 50% less sugar. This showed the organisation sought to update managers with useful information.

The views of people, relatives and staff were obtained. An annual independent survey was carried out by Ipsos Mori on behalf of the provider, to gather feedback about the service. A report was produced called 'Your Care Rating'. We read the most recent findings. The home was rated an overall score of 921 out of a possible 1000.