

Yorkshire Parkcare Company Limited

Meadow View

Inspection report

Randerson Drive
Kilnhurst
Rotherham
South Yorkshire
S64 5UW

Tel: 01709586603
Website: www.priorygroup.com

Date of inspection visit:
21 August 2018

Date of publication:
28 September 2018

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 21 August 2018 and was unannounced. This meant the provider and staff did not know we would be visiting. We also returned for a second day on 4 September 2018.

Meadow View is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service was previously inspected in October 2017 and was rated requires improvement. We found there were two breaches of the regulations. These referred to risk assessments, management of medicines and the systems in place to monitor the quality of the service. We asked the provider to complete an improvement plan to show what they would do and by when, to improve the key questions of Safe, Responsive and Well-Led.

Meadow View is a care home for older people who require personal and nursing care. It also accommodates people who have a diagnosis of dementia. It can accommodate up to 48 people over two floors, which is divided into three units. The floors are accessed by a passenger lift. The service is situated in Kilnhurst near Rotherham.

The registered manager in post at our last inspection had recently left. The manager on the days of our inspection was registered at another service and was providing managerial support whilst the registered provider was recruiting a new manager. The recruitment had been successful and the new manager would be starting shortly and beginning the process of registering with CQC. A registered manager is a person who has registered with 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.

At this inspection, we found improvements in risk assessment and medicines sufficient to meet the previously breached regulation for safe care and treatment. However, we identified omissions and poor practice relating to consent, which the processes for governance had not identified. The registered provider informed us that this would be rectified in the immediate future with the introduction of a revised quality assurance system.

People were protected from harm by staff who were trained to recognise signs of abuse. Where risks to people were identified, staff acted to minimise them. There were enough staff to meet people's needs and staff were recruited safely. People were protected from the risk of infection by robust prevention and control measures. Analysis and reflective practice meant lessons were learned when things went wrong. People told us they felt safe living at Meadow View. Comments included; "Yes, I feel safe here. They (staff) look after me," and "Staff are kind, I'm safe enough." The atmosphere was relaxed and friendly. Staff supported people to move around and encouraged people to be independent.

Medicines were given to people as prescribed and disposed of safely by properly trained staff. Auditing processes were effective in identifying and addressing any medicines shortfalls. The storage, recording and stock control was robust and in line with guidance.

There was a stable staff team in place who knew people well. New staff were required to complete an induction and initial training. Training was regularly refreshed. Supervisions, annual appraisals and staff meetings enabled staff to raise any issues or suggestions.

Processes to assess people's mental capacity and to ensure decisions were made in people's best interest were not always recorded appropriately.

People's needs were assessed before they moved into the service. These needs were met by staff who had the skills and knowledge to deliver effective support. People were supported to eat and drink enough to have a balanced diet, including those with associated health needs. People were supported to have healthier lives by having timely access to healthcare services. People lived in an environment which was suitable for people living with dementia.

People received a service which was caring and, they were treated with dignity and respect. Staff were compassionate and caring, this was commented upon positively by people and their visitors. Staff treated people's private information confidentially. People, where possible, made decisions about how their care was provided and were involved in reviews of their care together with people important to them.

Care was personalised to people's individual needs and preferences. Some activities were available for people to participate in if they wished and people enjoyed spending time with staff, although activities were currently restricted whilst a new activities coordinator was recruited. Staff knew people's interests and needs well. There was a complaints policy available to people. Staff were open to any complaints and understood that responding to people's concerns was a part of good care.

People and staff were positive about the culture of the service and people felt the staff team were approachable and polite. The staff team worked with other organisations to make sure they followed current good practice. Maintenance records for equipment and the environment were up to date. Policies and procedures were up to date and available for staff to refer to. Staff said they were encouraged to suggest improvements to the service.

The provider had sent CQC notifications in a timely manner. Notifications are changes, events or incidents that the service must inform us about.

Governance systems were not always effective in ensuring shortfalls in service delivery were identified and rectified.

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.

Medicines were managed safely.

Staffing levels were appropriate and staff had been recruited in a safe manner.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

Risk assessments were in place and ensured risks to people were managed and people were safe.

There were systems in place to reduce the spread of infection.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Processes to assess people's mental capacity and to ensure decisions were made in people's best interest were not always recorded appropriately.

People's assessed needs were kept up to date and reflected in their care plans.

People were supported to eat healthily and given dietary choice.

People were supported to access healthcare services.

Is the service caring?

Good ●

The service remains Good.

People were supported with kindness and respect.

The service ensured people and their representatives were enabled to be at the centre of regular reviews of their care.

Is the service responsive?

Good ●

The service was responsive.

Care plans were updated to reflect people's changing needs.

Staff had a good understanding of people's care and support needs.

The service currently had limited activities for people.

The service supported people at the end of their life to be comfortable and took into consideration their wishes.

The service responded to all complaints and people were confident with raising concerns.

Is the service well-led?

The service was not always well-led.

Improvements were still required and embedding into practice.

Staff were positive about management team.

People and their relatives could provide feedback about the service.

A positive, person-centred culture was promoted by the Manager.

Requires Improvement 

Meadow View

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 was prompted in part by the need for us to check what improvements the registered provider had made following our last inspection on 9 October 2017 where we found the service was rated as requires improvement. We inspected to see if the provider had taken steps to address issues identified within our last inspection report.

The inspection took place on 21 August 2018 and 4 September 2018 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed other information we held about the service such as notifications, which tell us about incidents which happened in the service that the provider is required to tell us about. The provider had completed a provider information return (PIR) prior to our inspection; this document that told us how the provider was maintaining and improving the service as well as providing other data. We also contacted other agencies such as commissioners. We used this information to help us plan our inspection.

We spoke with nine people who lived at the home. We also carried out a Short Observational Framework for Inspection (SOFI) to observe people's experience of life at Meadow View. We spoke with two visiting relatives, a visiting nurse, the registered manager, three members of the senior management team and eight staff members including care workers, housekeeping and kitchen staff. We reviewed six people's care records; six medicine administration records (MARs) and two staff files. We also looked at other records relating to the management of the service, for example audits and certificates of safety for equipment.

Is the service safe?

Our findings

At our previous inspection in October 2017 we found the registered provider was in continued breach of regulation 12 as people did not always receive safe care and treatment. We previously rated this domain as requires improvement due to issues identified around medication and risk assessment. At this inspection, we found improvements were evident and have rated this key question as 'good.'

The registered provider had a system in place to ensure the safe management of people's medicines. We saw medicines were stored safely and temperatures were taken of the room and fridge used to store them. A record was maintained to show that temperatures were maintained in line with storing prescribed medicines.

The service had appropriate arrangements in place for storing controlled drugs (CD's). CD's are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage. We checked the stock of these medicines and found them to be correct.

People who had been prescribed medicines, had a fully completed medication administration record sheet (MAR's) in place to record when medicines had been taken. People who had been prescribed medicines on an as and when required basis (PRN) had a protocol in place to explain when to administer the medicine. There were occasional gaps in the recording of when these had been administered to show the reasons they had been given and effect the medicines had.

We observed the nurse administering medicines who was focused on the task and ensured people appropriately received their medicines at the times they needed them.

People were protected from potential abuse and avoidable harm. People told us they felt safe in the presence of staff and they were treated well. One person said, "Yes, I feel safe here. They (staff) look after me." Other comments from people and relatives included; "I'm safe enough I suppose," "I never really thought about it, I suppose I'm safe, that's their job," "Staff are kind, I'm safe enough," and, "He's very safe I think they are wonderful in here."

The provider's safeguarding policy clearly defined the different types of abuse and the actions to be taken where abuse was suspected. Staff demonstrated a good level of understanding and could clearly describe the steps they would take to protect people from abuse. Staff also knew how to 'whistle blow' and the external agencies that could be contacted to escalate their concerns. The registered manager was appropriately notifying CQC and the local safeguarding of any concerns which were of a safeguarding nature and understood their responsibilities around reporting concerns.

Where there were risks to people's safety and wellbeing, these had been assessed. Risk assessments and plans were available and included risk from falls, skin integrity, choking, malnutrition, mobility and moving and handling. Person-specific risk assessments and management plans were available and based on individual risks that had been identified. We saw detailed guidance was available for staff to follow on how

to mitigate these risks. However, we found some risks had not been considered or managed. For example, one person was regularly accessing the community and outside areas of the home. Risks for this had not been considered. We discussed this with the registered manager who committed to address this immediately.

We observed there to be sufficient numbers of staff available who were appropriately deployed around the home. Staff did not seem rushed and were able to attend to people's needs in a timely manner. Rotas seen for the day of the inspection, confirmed that the stated number of care staff were present in the home. People and relatives told us there were enough staff on duty to attend to their needs. Staff told us, "Generally, there's enough staff. When we are short we will use agency. But we work together as a team." Systems were in place to monitor call bell response times.

We found a recruitment and selection process was in place that specified the checks needed to confirm the staff member's suitability to work with adults; for example, last employer references, health checks and exploration of their working history. We saw these checks were completed. All staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

People were protected from the risk of infection and staff used appropriate personal protective equipment, such as gloves and aprons. All areas of the home were odour-free, clean and tidy and free of any hazards and all cleaning products were safely locked away. During our tour of the building we identified some minor issues with the environment which were rectified immediately.

Accurate detailed information was available to support emergency evacuations. Personal emergency evacuation plans (PEEPs) were in place and held in the person's care plan. These gave details of how to support people in the event of an emergency.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. We saw accidents and incidents at the service were carefully monitored and action taken where required to help reduce a reoccurrence, for example falls. The service learned from these to reduce the likelihood of a similar incident occurring again. Where people had fallen, individual plans were in place to reduce the likelihood of a further fall, for example checking call bells were within reach, observational checks increased as required, and people's equipment such as walking frames close to hand.

From our discussion with the management team we saw that they had worked together to rectify the concerns identified in our last inspections and were committed to further improving the systems and processes used.

Is the service effective?

Our findings

At our previous inspection in October 2017 we rated this key question 'Good'. At this inspection we identified concerns regarding consent and mental capacity. We have rated this key question as, 'requires improvement.'

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection two people had a DoLS in place. Other DoLS applications had been submitted to the local authority for authorisation.

The 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We did observe instances where staff asked people's consent before providing care. This showed consideration to people's right to consent to day to day decisions. However, the MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. People's care plans showed that decision making was normally not in accordance with the requirements of the MCA. For example, one person's care record showed that they lacked capacity to give consent to their care and treatment. Another person can only consent on their behalf if they have been appointed to do so by the Court of Protection. This is called a Lasting Power of Attorney. In care plans where relatives or others had signed consent forms there was no information indicating that the relative held Lasting Power of Attorney.

This was a breach of Regulation 11 of the Health and Social Care Act 2006 (Regulated Activities) Regulations 2014.

There was a robust induction and training programme in place for all staff. Staff received training and attended courses which developed their skills and knowledge. The manager said they used a mixture of on line training and face to face courses in the home. Staff were positive about their training. One staff member told us, "The training is great and regular." Another staff member told us, "There is lots of training opportunity and mandatory training is updated every year." Records showed staff received ongoing training to enable them to fulfil the requirements of their role which reflected current best practice in providing care.

Staff told us they felt supported with regular supervisions and an annual appraisal. Records indicated that supervisions took place with staff on a regular basis. Supervision sessions were individual to the staff member and topics such as work performance, objectives, personal development, organisational values, communication and any personal concerns the staff member may have. The annual appraisal followed a similar format and staff who had been in employment for more than one year.

People had a choice of food and drinks and the chef knew people's individual dietary needs. There was a list in the kitchen detailing this. The manager kept a weight record so they could monitor if people gained or lost weight and make referrals to appropriate professionals. Comments of the food provide at Meadow View included; "Food is ok, I get enough," "Food is ok, I had a bacon sandwich for breakfast," "Evening meals are cooked nice," "His food always looks nice," and, "He appears to like the food, he never complains to me."

People were supported to access suitable healthcare provision. The service had good links with other healthcare professionals such as, district nurses and GPs. We spoke to a visiting nurse who attended the service to review a person's healthcare needs. They were positive about the communication between the home and themselves. They said, "Staff are knowledgeable about the people they care for and all contact with our team is always appropriate."

People's care plans reflected their diversity and protected characteristics under the Equality Act. People's sensory needs had been identified and staff were prompted to make sure people had access to equipment to ensure their continued independence. Where people had specific language, cultural or religious needs these had clearly been identified and guidance provided to staff.

The accommodation was purpose built and designed to support people with a range of needs. Communal areas were spacious and homely and easily accessible. People were able to personalise their rooms with their belongings. Due to the numbers of people living downstairs a decision had been taken to move people on to one side of the building. We saw assessments and consultation had been undertaken prior to the moves happening.

Is the service caring?

Our findings

At our last inspection, this key area was rated good. At this inspection, the rating remained 'good.'

During the inspection we spent time in the lounge and dining areas to observe staff interaction with people and how people responded to the care and support received. People appeared relaxed and comfortable with staff. The atmosphere was calm and people spent time chatting with each other and staff.

People spoke positively about staff and told us staff treated them with kindness and compassion. Comments included; "I am very well looked after", "The staff are very nice" and "I like the staff, they always have a chat."

Some, but not all people's care plans contained information about people's life histories and backgrounds. This can help staff gain an understanding of people's background and what is important to them. Whilst staff were able to tell us about people's backgrounds and past lives and used this knowledge to help them engage meaningfully with people it was not always documented.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. We saw staff knocked on bedroom doors and waited for a response before entering.

People could make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. One care plan told us, "I like to wake early and the staff are always there with a cup of tea for me." Another said, "Sometimes my skin is a bit sore but the staff are always gentle with me."

Staff completed training on equality and diversity and demonstrated a clear understanding of what this meant, including protected characteristics. One staff member told us, "We [Staff] would welcome everyone regardless of cultural background and promote equality and diversity." This demonstrated that the service worked in an inclusive and respectful manner.

People were supported to express their views and be actively involved in making decisions about their support as far as possible. This included people being as independent as possible. Where people had had family and friends who could assist them to express their preferences they had been consulted. Information was available to contact independent mental capacity advocates. Advocates are independent of the service. They can support people to express their needs and wishes and take decisions about the options available for people.

Arrangements had been made to ensure that private information was kept confidential and secure. Care staff had been given training and guidance about how to manage information in a way that it was only disclosed to people when necessary. Most written records that contained private information were stored

securely when not in use, however, some records which were personal, were seen to be located in a communal area. Computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

We inspected the service in October 2017 and rated this key question as 'Requires Improvement' because care plans did not always reflect peoples changing needs. At this inspection, we found improvements had been made and rated this key question 'Good.'

People and relatives told us that the service was responsive to their care needs. People using the service and their relatives told us the management and staff responded to any changes in their needs. One relative told us their relative's health was actively monitored by staff. They told us, "I know he is well looked after, he looks well."

Care records had improved at this inspection. Most of the care records had been updated to a new, more organised, format. When we spoke with staff we found they had a good understanding of what was important for people. We saw there was regular reviews and care plans were updated when changes were observed, this confirmed what the registered manager and staff told us. People had been asked about their preferences when assessed and these included their needs in relation to any protected characteristics under the Equality Act, such as disability and religious needs. We saw where people had preferences under these characteristics staff were aware and respectful of them.

Care plans contained information about how people needed to be supported, however, we found some instances of omission which had yet to be completed, for example, two people's 'life story' document was not completed. Whilst this did not have a bearing on the care people received, members of the management team, through quality assurance measures, had recognised this needed to be addressed.

One person told us, "The last activities person got me some chickens which I enjoy looking after." A visitor said, "I have seen people enjoying the garden." However, some people told us there was not enough activities. Comments included; "I don't do anything, just watch TV," and, "There isn't much to do." The home had been without an activities co-ordinator for some weeks but had recently made a new appointment. The new activities co-ordinator was on their induction during our inspection and was to commence their post in the immediate future.

People were able to follow their religious and spiritual beliefs because links had been made to access local churches and faith groups to give people the opportunity to be involved in activities relating to their faith.

The service met the Accessible Information Standard. The Accessible Information Standard is a law that aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's sensory loss and communication needs were flagged up in assessments, care plans and hospital transfer forms. Staff provided the support people required in these areas.

Concerns and complaints were seen as an opportunity to bring about improvement. Most people said they felt they would be able to complain if they felt the need. Information about how to make a complaint was

available in communal areas. These showed what people or their visitors could expect if they raised a concern. Comments included, "If I had a problem I would find a nurse and tell them," "I'd tell the staff," and "I would tell the manager, but I don't know their name."

Detailed information surrounding people's preferences at the end of their life was recorded and clear guidance was available for staff. Some care plans had information about decisions people had made on hospitalisation, and where appropriate, a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) was in place. A DNACPR is a way of recording the decision a person, or others on their behalf had made that they were not to be resuscitated in the event of a sudden cardiac collapse.

Is the service well-led?

Our findings

At our previous inspection in August 2017 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because new quality monitoring and audit systems had not yet been embedded into practice or sustained. We previously rated this domain as requires improvement. At this inspection, whilst we found that whilst improvements were evident and the previous breach was satisfied, there was some improvements still to be embedded.

There was a manager in post. The manager was registered at another service and was providing managerial support whilst the registered provider was recruiting. The recruitment had been successful and the new manager would be starting shortly and beginning the process of registering with CQC.

Most quality assurance systems were operated consistently, which meant people were protected from risks that can arise from ineffective audits of the service. Although the registered provider had some relatively new quality monitoring systems in place which ensured medicines management, infection control, maintenance of the building, fire safety and activities were routinely checked; we found the arrangements for care plans had failed to pick up or rectify issues we identified during our inspection. For example, omissions within care plan documents regarding consent. The registered provider informed us that this would be rectified in the immediate future with the introduction of a revised quality assurance system. We will assess the effectiveness of the action taken at our next inspection.

Staff told us both the manager and the deputy manager were visible in the service and very approachable. They had a positive attitude and morale in the staff team was good. One member of staff said; "We're a good team and work really well together."

A number of arrangements had been made to support people who lived at the home and their relatives to suggest improvements. These included being invited to attend residents' meetings at which people were offered the opportunity to give feedback about their experience of living at Meadow View. People, their relatives, staff, health and social care professionals visiting the service were also sent surveys about their view of the home. One suggested change involved the menu. Changes were quickly put into effect and a roast dinner was now available four times a week.

There was vision and strategy to deliver high quality care and support. There were defined lines of accountability and responsibility both within the service and at provider level. There was a clear management structure. The manager was supported by a deputy, nurses and a team of motivated staff.

Staff met regularly with their line manager, both informally and formally through supervision and regular staff meetings to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths. The

previous rating issued by CQC was displayed.

The service worked in partnership with other agencies. There were examples to confirm the manager recognised the importance of ensuring that people received 'joined-up' care. This was demonstrated when working in partnership with health care professionals, such as GP's, falls teams and dieticians.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Processes to assess people's mental capacity and to ensure decisions were made in people's best interest were not always recorded appropriately.