

Nellsar Limited

Meyer House Nursing and Residential Care Home

Inspection report

28 Meyer Road
Erith
Kent
DA8 3SJ

Tel: 01322338329
Website: www.nellsar.com

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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

About the service

Meyer House Nursing and Residential Care Home is a care home service that accommodates 34 people across two floors in one adapted building. There were 24 people using the service at the time of our inspection.

People's experience of using this service

People said they felt safe and that their needs were met. Risks were identified, and risk management plans were in place to manage these safely. Medicines were safely managed, and people were protected against the risk of infection. Assessments were carried out to ensure people's needs could be met. Accidents and incidents were appropriately managed and learning from this was disseminated to staff. Sufficient numbers of suitably skilled staff were deployed to meet people's needs.

Assessments were carried out prior to people joining the service to ensure their needs could be met. Staff were supported through induction, training and supervisions. People were supported to have 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. People were supported to eat a healthy and well-balanced diet. People had access to different healthcare professionals when required to maintain good health.

People told us staff were caring and respected their privacy, dignity and always asked for their consent before supporting them. People's independence was promoted. Information was available to people in a range of formats to meet their individual communication needs if required. There was an effective system in place to respond to complaints in timely manner.

The service was not currently supporting people who were considered end of life, but if they did relevant information would be recorded in their care plans. There were effective systems in place to assess and monitor the quality of the service provided. The provider worked in partnership with key organisations to ensure people's individual needs were planned and met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating of the service was good (published on 01 December 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Meyer House Nursing and Residential Care Home

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: One inspector carried out this inspection 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.

Service and service type

Meyer House Nursing and Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager in post who had applied to be registered with the Care Quality Commission. This means that they when registered, and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection site visit took place on 11 June 2019 and was unannounced. Inspection activity started on 11 June 2019 and ended on 11 June 2019. We visited the office location on 11 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and accident and incidents. We sought feedback from the local authorities who commission services from the provider and professionals who work

with the service. 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 with us. The provider was asked to complete a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We use all this information to plan our inspection.

During the inspection

We spoke with 10 people and four relatives to seek their views about the service. We spoke with one nurse, three members of care staff, the deputy manager and manager. We reviewed records, including the care records of six people using the service, recruitment files and training records for six staff members. We also looked at records related to the management of the service such as quality audits, accident and incident, and policies and procedures.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said that they felt safe from harm. One person said, "I feel safe here."
- There were appropriate systems in place to safeguard people from the risk of abuse. Staff had completed safeguarding training and knew of the types of abuse and what to look for. Staff told us they would report concerns of abuse to the registered manager and were confident appropriate action would be taken.
- Where there were concerns of abuse the manager had notified the local authority, CQC and the police (where necessary).

Assessing risk, safety monitoring and management

- Risks to people had been assessed in areas including medicines, moving and handling, falls, nutrition, diabetes and communication. Where risks were identified, risk management plans were in place to provide detailed guidance for staff to manage these risks safely.
- Procedures were in place to ensure staff could deal with emergencies such as fire. People had personal emergency evacuation plans (PEEP's) in place so that staff were familiar with how to assist people in an evacuation.

Staffing levels and recruitment

- Appropriate recruitment checks took place before staff started work. Staff files contained completed application forms which included details of their employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed, and criminal record checks undertaken for each staff member.
- There were sufficient numbers of staff on duty to meet people's needs. We observed a good staff presence and staff were attentive to people's needs in a timely manner.
- The numbers of staff on shift matched the numbers planned for on the rota. Staff told us there were enough staff to meet people's needs in a timely manner.

Using medicines safely

- Medicines were managed safely. Medicine Administration Records were completed in full.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Staff had completed medicines training and their competencies had been assessed to ensure they had the knowledge and skills to support people safely.
- Health professionals reviewed people's medicines regularly, to ensure they still needed them.

Preventing and controlling infection

- There were systems in place to manage and prevent infection. There were policies and procedures in place which provided staff with guidance.
- Staff had completed infection control and food hygiene training and followed safe infection control practices. Staff were observed washing their hands and wearing personal protective equipment such as aprons and gloves when supporting people.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and investigated. There was guidance for staff in place to minimise future incidents and learning was disseminated to staff during handovers and staff meetings. For example, one person suffered a fall, the person was immediately checked, and an ambulance called. The registered manager reviewed the person's falls risk assessment and communicated how to minimise the risk of falls with this person and staff.
- When things went wrong, the manager responded appropriately and used this as a learning opportunity. Accidents and incidents were discussed at staff meetings and learning was disseminated.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were carried out prior to them starting to receive support from the service. The manager told us this was done to ensure the service would be able to meet people's care and support needs appropriately.
- During these assessments, people, their family, care coordinators or social workers were involved to ensure appropriate information was acquired to develop care and risk management plans.
- These assessments, along with information from the local authority were used to produce individual support plans so that staff had the appropriate information and guidance to meet people's individual needs effectively.

Staff skills, knowledge and experience

- People told us staff had the skills and knowledge to support them with their individual needs. One person said, "Staff know me by name and what I need."
- Staff training records confirmed staff had completed an induction and shadowed more experienced staff when they started work.
- Staff told us they were up to date with their mandatory training which included medicines, safeguarding, first aid, manual handling, managing behaviour and health and safety. Records confirmed this. One member of staff told us, "Yes my training is up to date. I enjoy the training."
- Staff were supported through regular supervisions and annual appraisals in line with the provider's policy. Records seen confirmed this. At these supervision sessions staff discussed a range of topics including training, safeguarding and health and safety, performance and any issues relating to the people they supported. One staff member told us, "I attend supervisions, it's a chance to get feedback and discuss any concerns I have."

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people may need to be deprived of their liberty in order to receive care and treatment in their own

homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked and saw the service was working within the principles of the MCA

- The manager and staff had a good understanding of the MCA and when it should be applied. People were encouraged to make all decisions for themselves and were provided with information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible, including considering the best time for them to do so.

- Care plans were developed with people or in their best interests following an assessment of their mental capacity for specific decisions, such as managing finances or accessing the community.
- People's rights were protected because staff sought their consent before supporting them. One staff member said, "It's a given that I ask for people's consent."

Supporting people to eat and drink enough with choice in a balanced diet

- People were involved in planning their meals and choosing what they wanted to eat and drink. If they did not want the meals on offer, alternatives were always available. •People's care files included assessments of their dietary needs, preferences, their likes and dislikes.
- There was no-one at risk of malnutrition, however, staff knew the signs to look out for and actions to take if this occurred. They told us that they would provide additional support such as referring them to healthcare professionals if required.
- Staff knew people's eating preferences well. One staff member said, "Some people have pureed food, so I make sure this is what they have. Another person doesn't like toast and cereal for breakfast so always has a cooked breakfast."

Supporting people to live healthier lives, access healthcare services and support: Staff providing consistent, effective, timely care within and across organisations

- People had access to a range of healthcare services and professionals which included GPs, opticians, chiropodists and dentists.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us that staff were caring and respectful. One person said, "Staff here are lovely, very kind."
- The home had a calm and relaxed atmosphere. People and staff positively interacted with each other.
- Staff knew and understood people's individual needs, for example, their individual interests. One staff member said, "One person loves knitting and has even taught staff how to knit."
- People's care plans included their life histories, their choices, preferences, likes and dislikes.
- People were given information in the form of a 'service user guide' prior to joining the home. This guide detailed the standard of care people could expect and the services provided. The service user guide also included the complaints policy, so people had access to the complaints procedure should they wish to make a complaint.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their daily support. For example, choosing what they wanted to wear.
- Staff knew how to support people; they understood and were able to describe the individual needs of people who used the service. For example, the time people liked to wake up and go to bed and the things they liked to eat.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity by knocking on doors and ensuring permission was granted before entering. One staff member said, "I ensure people are covered up and close curtains and knock on people's doors before going in."
- People's information was kept confidential by being stored in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that people's needs were met through good organisation and delivery.

Personalised care

- People had individualised care plans that met their needs. People and their relatives were involved in planning and reviewing their care and support needs on a regular basis.
 - Care plans were regularly reviewed and updated if there was a change in people's needs.
 - People had a personal profile in place, which included important information about the person such as date of birth, gender, ethnicity, religion, medical conditions, next of kin and family details and contact information for healthcare specialists.
 - Care files included individual care plans addressing a range of needs such as medicines, communication, nutrition, personal hygiene, environment, moving and handling.
 - Relatives and friends were welcome to visit, and people were supported to develop and maintain relationships to avoid social isolation. One relative said, "I like the way staff are so friendly and call me by my name."
 - A church representative visited the home regularly and people were supported to practice their faith if they chose to do so.
- People were supported to follow their interests and take part in activities that interested them. This included knitting, singing, cooking and quizzes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There were some people who were not able to communicate verbally. People's communication needs had been assessed and they were provided with information in a format that met their personal needs. This included care plans, menus and the complaints policy, which were available in a pictorial format as well as in large font. Information displayed around the home for people was also in accessible formats which met people's needs. People's diverse needs were identified in care plans and they were supported to meet these needs. For example, they were supported to practise their faith.
- For one person who could not speak English well, staff had pictorial cards and had words from English

converted to the person's native language to aid effective communication. One staff member said, "The pictorials and translated words are really good and we can communicate with the person. We also use gestures and signs."

Improving care quality in response to complaints or concerns

- The provider had an effective system in place to handle complaints effectively. Complaints were logged and investigated in a timely manner.
- Staff understood the complaints procedure and told us how they would support people to make a complaint and ensured they received an appropriate response.

End of life care and support

- The service did not currently support people who were considered end of their life. The manager demonstrated that if they needed to, they were aware of best practice guidelines and would consult with relevant individuals and family members where appropriate to identify, record and meet people's end of life preferences and wishes.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- There were effective processes in place to monitor the quality of the service.
- Records showed regular audits were carried out at the service to identify any shortfalls in the quality of care provided to people. These included care plans, complaints, accidents and incidents and medicines.
- Information gathered from accidents and incidents and safeguarding adults was used to develop the service and to make improvements where required.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The management team and staff consistently monitored and reviewed each person to ensure their needs were being met. Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements.
- People were positive about the care and support they received and the way in which the service was managed. One person said, "The service is well managed and well organised." Another person said, "The registered manager and the team keep an eye on you and see how you are coping."
- The ethos of the service was about 'providing the highest standard of care to our residents.' The manager and staff told us that the service was fulfilling this by the service they provided. We observed this to be the case.
- There was a manager in place. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Staff understood their responsibilities to share any concerns about the care provided at the service. They described a culture that was open and transparent.

Engaging and involving people using the service, the public and staff

- Regular resident meetings were held to obtain people's feedback. Minutes from the last meeting in January 2019 showed items discussed included activities, meals and trips.
- An annual resident survey had not been carried out since June 2017 to obtain people's feedback. The manager told us this was because response to annual surveys had always been low. However, they would try and obtain feedback by this method again and send out an annual survey by the end of the month.
- Staff attended regular team meetings. Minutes from the last meeting in January 2019 showed areas discussed included people using the service, training, care plans and supervisions. These meetings were

also used to disseminate learning and best practice so staff understood what was expected of them at all levels.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and health and social care professionals to provide joined-up care. Feedback about the service from the local authority was positive.