

Meadow Lodge Home Care Services LLP

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This comprehensive rating inspection took place on 31 August 2016 and was announced.

At the last inspection on 14 May 2014 the service was meeting all of the regulations we assessed.

Meadow Lodge home care service provides personal care to people living in their own homes in the Sherburn-in-Elment, Tadcaster, Wakefield and Selby areas. The service currently provides support to approximately 200 people.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 the service was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulation 12 Safe care and treatment and Regulation 17 Good Governance.

Risk assessments and risk management plans did not provide staff with clear guidance about how to safely manage known risks to people. They were not always up to date which meant they did not reflect people's current needs.

Medicines were not safely managed. The registered provider did not have accurate recording systems in place for medicines which were administered to people from pre filled dosette boxes. This meant there was no clear record to say what medicines the person had received. In addition to this medicines risk assessments required improvement.

Care planning documentation was generic and task focused, although people told us they received good care and that staff knew them well the care plans we reviewed did not reflect this. Care records did not contain adequate information to provide staff with clear guidance about the care individuals required.

You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe. The service had clear systems in place to report and investigate abuse. Staff understood the types of abuse and were confident in raising concerns with the management team. Care calls were delivered by a consistent staff team and, in the main, people received their care calls on time.

Where people were unable to consent to care due to their mental health difficulties the service had not completed mental capacity assessments or recorded best interests decisions.

The service had safe and effective recruitment systems in place. Once recruited staff completed an in depth

induction programme and were subject to a probationary period. The service offered ongoing training and support to their staff team and also carried out routine competency checks to ensure staff were delivering effective care.

There were strong working relationships with relevant health and social care professionals and the service was proactive in liaising with other agencies when they were concerned about people's well-being.

People told us care staff were kind and compassionate and that they were provided with care which promoted their independence. The service had received a number of compliments about the care they provided for people at the end of their life.

The service had an up to date complaints policy and people told us they knew how to raise concerns. Complaints had been investigated and responded to in line with the policy.

Staff told us they felt well supported by the management team. There were regular staff meetings and changes to people's needs were communicated to the team.

The service had clear management systems in place and staff understood their roles and responsibilities. The registered provider had been operating the service for 22 years and had made appropriate notifications to the CQC.

People's views on the service were sought on a regular basis and this was used for ongoing improvements.

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 consistently safe.

Risk assessments and risk management plans did not provide staff with the guidance they required to keep people safe. Some risk had been identified but there was no clear direction for staff about how to manage this. Medicines were not safely managed.

Despite this people told us they received safe care and trusted the care staff providing support to them. Care calls were delivered timely and with a consistent staff team.

Staff were recruited safely. There were robust systems in place to protect people from abuse.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Where there were concerns about people's ability to consent to care we did not seem mental capacity assessments and relevant best interests decisions.

Staff were provided with a thorough induction programme and ongoing training. Regular meetings took place with their manager and spot checks ensured their ability to deliver effective care was routinely assessed.

The service worked closely with relevant health and social care professionals.

Is the service caring?

Good ●

The service was caring.

People told us they received kind and compassionate care.

Staff respected people's privacy and dignity. People told us they were supported to be as independent as possible.

Care staff described their role with warmth. The service had

received a number of compliments about the care they provided.

Is the service responsive?

Good ●

The service was responsive.

Although care plans were generic and task focused people told us their experience of care was good and responsive to their needs.

People knew how to make complaints and the service had a clear policy which provided guidance about how concerns would be investigated.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The service had recently developed more robust systems to audit the quality of care people received, these were in the early stages of being implemented and so we could not effectively evaluate their efficiency. Some of the issues we found had not been identified by the providers own quality assurance systems. Care planning paper work needed to improve to reflect people's current needs and to provide a focus on their well-being rather than being task focused.

Overall staff told us they felt well supported by the management team. Staff meetings took place on a regular basis.

People's feedback was sought on a regular basis and this was learnt from to ensure the service improved.

Meadow Lodge Home Care Services LLP

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 31 August 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available to meet with us. The visit was completed by two adult social care inspectors.

Telephone calls were made to people and their relatives by an expert by experience who has personal experience of using this type of service. A third inspector also telephoned people and staff to gather their views. These telephone calls took place on the 5, 12, 13 and 14 September 2016.

Before the inspection we reviewed all of the information we held about the service, this included reviewing notifications we had received. A notification is information about important events which the service is required to send to the Commission by law.

We contacted the commissioning and contracts officer for the service. They provided us with information about a recent assessment visit they had undertaken, this had identified the need for some improvement.

During the inspection we spoke with the registered manager who is also the nominated individual, a company director, Human Resources Officer, care co-ordinators and members of care staff. Following the inspection we spoke with a further eight members of care staff on the telephone.

We spoke, on the telephone, with 15 people who used the service and two relatives.

We reviewed eight people's care plans and associated records. We looked at medicine administration records.

We reviewed records associated with the running of the service such as policies, staff files, audits, rota's and staff meeting minutes.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I do feel safe with them [care staff], they are grand lasses." Another person said, "I think they are trust worthy and I am happy with them in the house." Another person said, "I trust the carers, it's an excellent set up. They are wonderful, honest, caring, kind, reliable and extremely helpful."

However, we found the service did not have robust risk assessments and risk management plans in place to keep people safe. Staff did not have clear guidance about how to manage known risks to people who used the service. For example, one person's mobility had reduced, this meant they now spent most of their time in bed and care staff used a hoist to support the person to and from bed for their personal care. The care co-ordinator we spoke with explained this had been the case for a few weeks and we could see a note had been sent out to staff to inform them. However, the moving and handling risk assessment did not refer to any risks associated with using the hoist to safely move the person and the care plan did not refer to this equipment. This meant staff were not provided with clear guidance related to safely moving the person.

Another person was living in an environment which posed a hazard to themselves and care staff. Although this had been raised with the local authority and the registered manager was aware of and was addressing the concerns the environmental risk assessment did not refer to these issues. This meant there was no documented guidance about how staff could keep the person and themselves safe whilst delivering care.

During our inspection we found medication administration records (MAR) did not record the medicines administered from pre filled pharmacy boxes. This was not an adequate way of recording medicines as it does not identify and record which medicine had been administered. The registered provider told us they were planning to liaise with the community pharmacist about how this matter could be resolved. In addition to this medicine risk assessments did not always identify the appropriate level of support people required.

The lack of robust risk management plans and issues related to the records of administration of medicines meant we could not be assured people were being provided with consistently safe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People that we spoke with confirmed that staff provided the care they required and had never missed any of their care visits. One person said, "Carers stay for the right amount of time and are very good, I don't feel they are rushing." Another person said, "We have never had a problem, no missed calls or anything." The service had systems in place to monitor the timeliness of care calls and to ensure any missed visits were highlighted quickly this meant they could provide alternative arrangements should an emergency occur.

Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. Staff had received up to date safeguarding training. They told us they would always share any concerns with the office staff and they were confident concerns would be taken seriously and the action required to keep people safe would be taken.

Since our last inspection the service had notified the CQC of 12 safeguarding incidents. These had been appropriately referred to the relevant safeguarding bodies for investigation. This meant people who used the service could be assured that the registered manager was committed to ensuring people were protected from the risk of abuse.

Accidents and incidents were recorded and analysed by the registered manager. No one using the service had sustained a serious injury since our last inspection but measures were in place to ensure incidents were reviewed and action taken to reduce the risk of them reoccurring.

We saw calls to people were arranged in geographic locations to cut down on travelling time. This decreased the risk of care staff not being able to make the agreed call time. Each area was managed by a care co-ordinator. We reviewed the staff rota and spoke with a care co-ordinator who demonstrated the system to us. The service had an electronic system in place which enabled the care co-ordinator to plan people's care visits.

The service had sufficient staff available to meet people's needs. All of the staff we spoke with confirmed this was the case. One member of staff said, "We have enough staff, they are employing people all the time and I am asked if I want to do extra shifts sometimes, but if I say no, then this is fine. I'm not pressured to do more than my hours." The registered manager told us they were delivering 2,500 hours of planned care per week and this would only be increased as and when additional staff were recruited.

Some people did not know which care staff were due to visit, however people did not report this was a concern to them. Comments included, "They are on time but I don't know who is coming, I get lots of different ones but I don't mind they are all nice", "Sometime have the same two or three carers for a period of time, then I think they swap around, but they are all good and I have no complaints" and "I don't know who is coming beforehand but I am used to them all." A relative said, "I usually know who is coming. We have regulars because of my [relatives] condition, but sometimes we have different ones."

There was an on-call system which provided support to care staff outside of office working hours this meant staff and people could contact the service for advice or support. People we spoke with knew about the on-call contact numbers.

The agency had emergency contingency plans in place, and we were told these had been put into place when the local area had suffered major flooding. The registered manager told us they had continued to provide a safe service to people during this challenging period and that no essential care calls had been missed.

The service had an ongoing recruitment programme and we saw effective systems were in place to ensure people were recruited safely. Staff only started working for the service when all the required recruitment checks had been satisfactorily completed. Records we looked at confirmed that all pre-employment checks including a satisfactory Disclosure and Barring Service (DBS) were carried out. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with some groups of people who may be vulnerable. References from previous employment had been acquired prior to staff starting work. This showed us that the registered provider only employed staff that were deemed suitable to work with people using the service.

Is the service effective?

Our findings

People told us they received effective care. One person said, "Carers appear to be well-trained and are all good at their job. They know how I like things to be done and listen to me, so they know what I want." Another person told us, "They know what they are doing. They seem well trained enough and they always ask if there is anything else I want done."

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.

Staff told us they, "Always ask for consent for everything we do, and make sure people are making their own choices." Where people were unable to consent to care due to their mental health difficulties the service had not completed mental capacity assessments or recorded best interests decisions. This meant we could not be assured that care was being provided in people's best interests and that their wishes had been taken into account.

The service had an effective induction and training programme in place. The human resources (HR) manager explained all new staff attended four days of classroom based learning, which covered the essential standards required to deliver good care. Essential training included the following topics; safeguarding adults, food hygiene, health and safety, medicines administration, moving and handling and fire safety. Staff we spoke with confirmed they had received this training.

Staff completed a three month induction period before they were employed on a permanent basis. A review meeting took place with the member of staff and a manager each month and competency based checks took place whilst staff were delivering care to people in their own home. This ensured they were making the progress required to deliver effective care. The HR manager advised following a successful probationary period staff had access to regular supervision with their manager, ongoing training and they had an unannounced spot check and a medicines competency check annually. This meant the registered provider ensured staff continued to deliver effective care once they had passed the probationary period.

Overall staff told us they felt well supported by the management team. We saw evidence, within staff files, that supervision took place on a regular basis. Supervision is an opportunity for staff to discuss any training and development needs, any concerns they have about the people they support, and for their manager to give feedback on their practice. In addition to supervision the management team also completed 'spot checks' to make sure staff were delivering effective care to people in their own home.

Within the staff files we reviewed we saw evidence staff had completed essential training and had attended refresher courses as required. In addition to this some staff had completed specialist dementia training. One member of staff said, "Training is always done in time and kept up to date. Supervision is about every six

weeks and it is where I can voice my concerns and I do feel I am listened to and taken seriously." Another said, "We have regular on the spot observations and these are done in a supportive way, so no-one feels they are being watched or intimidated, but supported."

The service worked closely with health and social care professionals which ensured effective care was delivered. For example, we saw staff identified when people's needs were changing and they required additional support and there were clear records of when these concerns had been shared with social care professionals to ensure people received the support they required to meet their needs.

People told us staff supported them with their nutritional needs and people were supported to make their own choices. One person said, "They make my breakfast, they make whatever I want." Another person said, "They make my breakfast and my lunch, I put on my greens but they will dish it up for me, I might have a bit of salmon or a chicken leg, they pop in a baked potato for me if I want, they make what I want."

Is the service caring?

Our findings

All of the feedback we received from people and their relatives described kind and compassionate care staff. Comments included, "They are really good, they are ever so nice to us", "They are so nice to me, they fill up the bird bath for me, I do so like to see the birds" and "Staff treat me well and are caring and very nice to me and listen to me." One person said, "What an outstanding job they [care staff] do. Their pay and conditions do not reflect what a specialised job this is."

People told us that care staff respected their privacy and they were confident that they maintained confidentiality. One person said, "I get on well with them all and they are very nice. I haven't had a bad one ever and they don't gossip about other people." Another person said, "Sometimes they are running late if they have had to deal with an emergency, they always let you know they are held up but they are discreet and don't share the details." A member of staff confirmed the importance of respecting people's confidentiality. They said, "I respect the clients confidentiality and privacy and treat them how I would like to be treated."

Staff spoke positively about their caring role and showed warmth about their work and the people that they were providing care to. One member of staff said, "I do care about the clients I work with. You have to be a caring person to do this job." Another told us, "I care about the clients and have built good relationships with them."

Staff completed training about the importance of respecting people's privacy and dignity. The management team undertook spot checks of staff and this was a specific area of focus. We saw a spot check record which stated, '[Name of member of staff] spoke respectfully to the client and used a towel to protect their dignity in the bathroom.' A member of staff told us, "I respect their privacy and dignity at all times. This is really important and we are in their home, so I respect that." This demonstrated the service supported the staff team to ensure people received dignified care.

People told us they were supported to be as independent as possible. A member of staff said, "We encourage people to be independent and can support them if they need it. We can do things together if that is how someone wants their care to be given. It's their choice." Another told us, "Some people want to be independent and do some things for themselves, so I encourage this and am there to help them if they need me to." One person we spoke with confirmed this approach and the impact this had on their life. They said, "It gives you independence, they help me to stay in my own home."

The service had received a number of compliments. Comments included, 'we know you all did a lot more for [name] than was strictly your role and it was much appreciated.' Although no one was receiving end of life care at the time of our inspection we saw compliments from relatives of people who had been supported. Comments included, 'We will always be very grateful to you for making [relative's] last days as comfortable and pleasant as they could be' and, 'We would like to thank you for the care and compassion given to our [relative] during the last part of their life. We could not have managed without you.' This demonstrated people had been supported to have a dignified death in their preferred location.

Is the service responsive?

Our findings

People told us they received care which was responsive to their needs. One person said, "The service changes according to my needs because I have sometimes been in hospital and they adjust my care to what I need when I get home." Another person told us, "My husband is going into hospital soon and he does my medicines and my meals but the care staff said, 'don't worry if you need more help you only have to ask', so I know they can give me the extra help I will need when the time comes." People told us they were contacted by the management team to review how their care was going on a regular basis. One person said, "The lady from the office comes sometimes to ask about things." Another person said, "They do come and check with us, they were out this weekend from the office as they were covering, so we had a chat, they are absolute stars with us."

All of the care staff we spoke with knew people well and could describe people's likes and dislikes and people told us they were satisfied with the care they received. Despite this the care planning documentation we reviewed required improvement and did not always reflect the care which was being provided to people.

For example we saw clear evidence, within the daily records, that staff and the management team had taken a proactive approach with the local authority because of concerns that they had for a person's safety and well-being. However, this was not reflected within the care plan which was generic and did not identify the risks or the level of support the person required.

The registered manager told us they had identified that care planning documentation required improvement. They explained they were in the process of transferring records onto new documentation which they had developed.

One care plan we reviewed was detailed and provided staff with the guidance required to provide person centred care. Person centred care ensures people receive care and support tailored to their individual need. This care plan provided information about the person's family background, likes and dislikes and referred to maintaining their independence and dignity.

Overall, we found care plans were task focused and generic. They did not provide staff with information about what was important to the person, their previous life experiences and what they wanted to achieve from the support provided. However, we were assured this issue had been identified by the registered manager and planned improvements were underway. In addition to this the paperwork did not appear to have had a detrimental impact on people's experience of the care they received. Everyone we spoke with provided positive feedback about the care they were provided with.

The service had an up to date complaints policy which was available for people and their families. This provided clear information to people about how the complaint would be responded to and gave information about other bodies which could be approached should they not be satisfied with the response. The service had received 13 complaints in the last 12 months and these had been appropriately responded

to. People told us they knew how to make a complaint. One person said, "I usually phone if there is anything I am worried about and it's trivial stuff really and they have dealt with it promptly. I have had no real complaints." Another person said, "If I wanted to complain then I would do. Would talk to a carer or ring the office, but am very happy with them."

Is the service well-led?

Our findings

People told us they thought the service was well-led. One person said, "I feel the staff do listen to me and am confident in the management of the service. I know I could talk to them if I was concerned about anything. I would recommend the service to other people."

The service had a registered manager who was supported by a HR manager and a team of care co-ordinators. There were 88 care staff and 11 office based staff working alongside the management team.

The service employed a quality assurance officer who was responsible for completing spot checks on staff within people's homes to ensure they were being provided with the care they required to meet their needs. They had also recently increased their hours, by six per week, to spend more time based at the office auditing paper work such as MAR charts, care plans and daily records. In addition to this care co-ordinators were spending one week on a rolling basis focusing on quality management. Their core work was covered by the other care co-ordinators, this meant they had the time required to effectively audit the care which was being delivered to people in their area. In addition to this the registered manager told us they intended that this would drive improvement and shared learning across the care co-ordinator team.

These changes had been implemented following a recent visit by NYCC commissioning and contracts team. The visit identified that the service required more robust arrangements to monitor the quality of the service provided. The improved measures had only started in the beginning of August and as such it was difficult to assess how effective these systems would be in driving improvement. The existing audits had not yet identified some of the issues we found during our inspection. For example, we identified care plans which did not reflect people's current needs and risk assessments and risk management plans were not adequate and this meant people could be at risk of not having their needs met and may be at risk of harm. Care records which we reviewed did not contain adequate information to provide staff with clear guidance about the care individuals required. This meant people were at risk of not receiving the care and support they required to meet their needs.

This was a breach of Regulation 17 (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager explained there was a daily meeting between themselves, the human resources manager and the care co-ordinators. This enabled the management team to review what had happened overnight and whether any follow up was required to on-call concerns raised it also meant that the team were aware of the challenges within the service and could effectively plan how best to meet these.

There were up to date policies and procedures in place for staff to follow. This meant the registered provider had taken the necessary steps to ensure the care team had access to clear guidance which was up to date and based on good practice guidance.

Staff meetings took place on a regular basis. This meant the staff team had an opportunity to contribute to

the running of the service and were kept up to date with developments. In addition to this we saw evidence that information about people's changing needs was communicated to the staff team electronically. The majority of staff we spoke with felt well supported by the management team. Comments included, "I feel supported by the team and by the co-ordinators and would go to a co-ordinator if I was concerned about anything and I know they would look into it for me" and "If I've got any problems I can go to the office about them and I do feel supported by them. This is a good place to work." However, two members of staff we spoke with told us they did not think the management team offered the support they required. They had addressed these concerns with the registered provider.

The service asked for formal feedback via an annual satisfaction questionnaire which was sent to people, relatives and relevant health and social care professionals. In September and October 2015 the service had sent out 200 surveys and received 67 responses. 100 per cent of people expressed the view that they with either 'satisfied or very satisfied' with the service they received. In October 2015 30 questionnaires were sent to health and social care professionals and seven replies were received. All of the feedback was positive. One professional wrote, "I find whenever I phone Meadow Lodge there is always someone who can help. The co-ordinators are excellent in their role, always professional and extremely helpful."

There was a regular management board meeting, which had a set agenda and looked at key areas of risk across the service. For example, safeguarding situations were reviewed, there was oversight of the visit monitoring report completed and key operational issues were discussed. We could see clear evidence of action which had taken place as a result of this oversight. The registered manager was also the registered provider and had been running the business for 22 years. They were supported by another director who was responsible for finance and strategic oversight of the business. We met them during the inspection.

The management team were aware of notification requirements. From the records we reviewed we were confident the registered manager was making the required notifications to the CQC. A notification is information about important events which the service is required to send to the CQC by law.

Following our initial inspection feedback the registered manager had completed an action plan to address the issues we discussed, this demonstrated a commitment to ongoing improvement and an open approach to working together.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was a lack of robust risk assessment management plans. Issues related to the records of administration of medicines meant we could not be assured people were being provided with consistently safe care and treatment.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The existing audits had not yet identified some of the issues we found during our inspection. For example we identified care plans which did not reflect people's current needs and risk assessments and risk management plans were not adequate and this meant people were at risk of harm. Care records which we reviewed did not contain adequate information to provide staff with clear guidance about the care individuals required. This meant people were at risk of not receiving the care and support they</p>