Sanctuary Care Limited

# Meadows House Residential and Nursing Home

## Inspection report

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26 January 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

We carried out an unannounced comprehensive inspection on 25 and 26 January 2017. At our last inspection on 01 and 03 December 2015 we found three breaches of the Health and Social Care Act 2008. These breaches related to the unsafe management of medicines, assessments of risks, person centred care and assessing and monitoring the quality and safety of the service provided. The provider sent us an action plan detailing the action they would take to meet the outstanding legal requirements.

At this inspection on 25 and 26 January 2017 we checked that the action plan had been completed and the breaches identified at the last inspection had been addressed. We found that improvements had been made in relation to management of medicines and records, Medicines were appropriately stored, administered and recorded properly. Risks to people were assessed and provided clear guidance and information for staff. Care plans and care delivered to people were person centred. The provider had an effective system in place to monitor the quality and safety of the service provided.

Meadows House Residential and Nursing Home provides nursing and residential care for up to 59 older people with dementia care needs. At the time of this inspection the home was providing care and support to 49 people.

There was a registered manager who had been in post since March 2016. 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.

Safeguarding adult's procedures were robust and staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

There were enough staff to meet people's needs. The provider had carried out appropriate pre-employment checks to ensure staff were suitable and fit to support people using the service.

Staff training was up to date. Staff received supervision, appraisals and training appropriate to their needs and the needs of people who they supported to enable them to carry out their roles effectively. There were processes in place to ensure new staff were inducted into the service appropriately.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005(MCA) and Deprivation of Liberty safeguards (DoLS). Staff asked people for their consent before they provided care.

People were protected from the risk of poor nutrition and had access to a range of healthcare professionals in order to maintain good health.

People were treated with kindness and compassion and people's privacy and dignity and confidentiality was respected. People were supported to be independent where possible such as attending to some aspects of their own personal care.

Staff were knowledgeable about people's individual needs. People's cultural needs and religious beliefs were recorded to ensure that staff took account of people's needs and wishes.

People were involved in their care planning and the care and support they received was personalised and staff respected their wishes and met their needs. Care plans and risk assessments provided clear information for staff on how to support people using the service with their needs and were reviewed on a regular basis.

People knew about the service's complaints procedure and said they believed their complaints would be investigated and action taken if necessary.

Regular staff meetings took place and people's views had been sought about the service.

People and staff told us they thought the service was well run and that the registered manager was supportive.

## 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.

There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Risks to people using the service were assessed and risk assessments and care plans provided clear information and guidance for staff.

Medicines were stored, administered and recorded appropriately.

There were enough staff on duty to meet people's needs. Appropriate recruitment checks took place before staff started work.

### Is the service effective?

Good

The service was effective.

Staff training was up to date. Staff had received appropriate support through formal supervisions and appraisals.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Care plans contained mental capacity assessments that where appropriate and applications for DoLS were made in accordance with the MCA 2005.

People were supported to have enough to eat and drink.

People had access to healthcare services when they needed them.

### Is the service caring?

Good

The service was caring.

Staff delivered care and support with compassion and consideration and supported people at their own pace.

People's privacy, dignity and confidentiality was respected.

People's cultural and religious beliefs were recorded to enable staff to take account of people's needs and wishes.

Staff encouraged people to be as independent as possible.

## Is the service responsive?

Good

The service was responsive.

People were involved in planning their care.

People's needs were reviewed on a regular basis.

Care plans were accurate and people's preferences were correctly documented.

## Is the service well-led?

Good

The service was well-led.

There were effective processes in place to monitor the quality and safety of the service.

Regular staff meeting took place and people's views had been sought about the service.

People and staff told us they thought the service was well run and that the registered manager was supportive.

# Meadows House Residential and Nursing Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 25 and 26 January 2017 . The inspection team consisted of one adult social care inspector and one 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.

Before the inspection we looked at the information we held about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also asked the local authority commissioning the service for their views of the service.

We spoke with four people using the service, five relatives, eight members of staff, three healthcare professionals, the registered manger and the regional manager. We reviewed records, including the care records of six people using the service, recruitment files and training records for eleven members of staff. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures. We spent time observing the care and support delivered to people and the interactions between staff and people using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

# Is the service safe?

## Our findings

At our last inspection on 01 and 03 December 2015, we found a breach of regulations because medicines were not always safely managed. People's health charts were not always adequately completed, monitored or updated. Personal evacuation plans were not always completed to ensure people were safely evacuated in the event of an emergency.

At this inspection we saw that medicines were safely stored, administered and recorded appropriately. Medicines were administered using a monitored dosage system supplied by a local pharmacist. We saw Medication Administration Record (MAR) charts had been completed in full and people's allergies were clearly recorded in the front of the charts. Medicines to be given when required (PRN) had information and individual protocols in people's medicine records to guide staff on their use and were recorded on MAR charts. We saw that where topical creams were used records were completed to demonstrate that people were receiving these medicines as required. Controlled drugs were safely kept in locked cupboards within a locked medicine room. We looked at the controlled drugs register and saw it had been completed and countersigned by a second signatory as required. We saw medicines fridge temperatures and rooms temperatures where medicines were stored were recorded and monitored daily indicating that medicines were stored at the correct temperatures to ensure they remained effective.

Training on the safe use and administration of medicines had been provided to staff before they supported people to take their medicines. All staff administering medicines had regular competency checks. Audits of people's medicines were carried out on a regular basis to ensure they were correctly administered and signed for. We saw that the latest medicines audit carried out in December 2016 identified shortfalls and actions were carried out immediately to rectify the issues found. For example we saw an agency nurse had administered one prescribed tablet to a person instead of two tablets. We saw the registered manager had spoken to the agency and the nurse and this particular member of staff was not offered any further shifts. The service had also contacted the GP to ensure that the person had not suffered any adverse effects from not receiving the prescribed dosage. People we spoke with told us, "[Staff] bring [my medicines] in the morning after breakfast and help me take them with my water or tea".

Risk assessments were carried out and regularly reviewed and updated to record health care professionals' recommendations. For example, one person was at risk of choking, we saw that a Speech and Language therapist (SALT) had advised that the person should be given thin pureed meals and to ensure that the person sat in an upright position whilst eating. We saw that this information was recorded on the risk assessment and care plan. Kitchen staff were aware of people's dietary needs. There was a board displayed in the kitchen that listed people's needs, such as low sugar or a pureed diet. We saw that people's food, fluid and repositioning health charts were completed adequately to demonstrate that people's required food and fluid intake was being met. For example, people's fluid intake charts demonstrated exactly how much fluid had been consumed within in a 24 hour period to guide staff as to whether people may be dehydrated.

The service also completed risk assessments for each person in relation to medicines, nutrition, mobility and fire. Risk assessments included information about action to be taken to minimise the chance of the risk

occurring. For example, one person needed a walking aid and supervision whilst mobilising. We saw there was clear guidance for staff to ensure that the person had the correct walking aid and was supported adequately whilst mobilising. We saw people had individual emergency evacuations plans (PEEP) in place ensure people were safely evacuated in the event of an emergency.

People we spoke with told us that they felt safe and that they were happy with the care they received. One person said, "It's nice here and I do enjoy it. I feel looked after and yes safe". Another person said "I like it and I do feel safe". A relative told us "Yes it does seem safe and [staff] are always laughing with the residents".

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. Staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. The registered manager said that all staff had received training on safeguarding adults from abuse. Training records we saw confirmed this. Staff told us they were aware of the organisation's whistleblowing policy and they would use it if they needed to.

We saw through observations and staff rotas that there were enough staff to meet people's needs. One person said, "[Staff] seem to be busy but I don't have to wait long and when they say they will pop back they do". A relative told us, "There does seem to be [enough staff] yes. [My relative] is being well cared for so far and seems happy and healthy". The registered manager told us staffing levels were calculated on the dependency of people who used the service. Staff we spoke with told us "Yes there are enough staff; we have enough time to spend with people." Another said, "We have enough staff, we have a good team."

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work at the service. We checked eleven staff files and saw they contained completed application forms including details of the member of staff's employment history and qualifications. Each file also contained evidence confirming references had been secured, proof of identity and criminal record checks undertaken for each staff member. The provider had carried out checks to ensure staff members were entitled to work in the UK before they commenced work.

There were arrangements in place to deal with possible emergencies. Staff told us they knew what to do in response to a medical emergency or fire and they had received first aid and fire training. Records we looked at confirmed this. The fire risk assessment for the service was up to date.

Good

# Is the service effective?

## Our findings

People and their relatives told us that staff were well trained and competent. One person we spoke with told us, "Yes [staff] know how I like things and they support me when I need help doing things". A relative said, "[Staff] seem well trained. They get on with things and talk to [my relative] while they [carry out tasks]". Records confirmed that staff had completed an induction and mandatory training in line with the provider's policy. This training included safeguarding adults, management of medicines, manual handling, health and safety, mental capacity and dementia. One staff member we spoke with told us, "My training is up to date, it's good and informative." Another staff member said, "All of my mandatory training is up to date."

We checked to see whether people's rights had been protected by assessments under the Mental Capacity Act 2005 (MCA).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). We saw the provider had followed the requirements of DoLS and had submitted applications to a 'Supervisory Body' to request the authority to legally deprive people of their liberty when it was in their best interests. We saw that applications under DoLS had been authorised and that the provider was complying with the conditions applied under the authorisation. Capacity assessments were completed for specific decisions such as taking medicines and using bed rails and were retained in people's care files.

We saw that staff were supported through regular formal supervisions and appraisals. During supervision sessions, staff discussed a range of topics, including issues relating to the people they supported, confidentiality, working practices and training. The frequency of supervisions meant that any shortfalls in knowledge or training could be picked up promptly and addressed so that people continued to receive an appropriate standard of care. One staff member we spoke with told us, "I have regular supervisions and can get individual feedback." Another staff member said, "I do have regular supervisions, they are good, I get guidance and can raise concerns if I have any."

People were involved in choosing what they wanted to eat or drink and were supported to maintain a healthy balanced diet to protect them from the risk of poor nutrition and dehydration. People's care files included assessments of their dietary needs and preferences. Daily menus were displayed on each table in each of the dining rooms in each unit. The menu was varied and people were offered a choice of meals. People who had difficulty communicating were physically shown the choice of meals and drinks on offer so that they could decide what they wanted to eat and drink. We saw a person who did not want any of the meals on offer and that they were immediately offered an alternative which was prepared for them. One person told us, "It's very good. I like that I can choose so if I don't fancy it they can change it, I have drinks in

my room on my table". Another person said, "You get enough that's for sure. I like that you can see the menu and change your mind." A third person said, "[Staff] watch me and make sure I'm eating and drinking enough". A relative told us, "There is always enough food and it looks lovely. They have lots of choices and some older style food like Shepherd's Pie and liver".

People were supported to access a range of healthcare professionals including a GP, district nurses, optician and dietician. One person told us, "[Staff] did bring the dentist in because my teeth were loose and they had to get me some new ones." A relative told us, "We saw the occupational therapist a while ago to chat about the position [my relative] was sitting in and what support could be used in the chair". We spoke to three healthcare professionals who were happy with the care people received. One GP told us "The care staff are competent and reliable. The necessary paperwork is always available and the registered manager is very conscientious." A community psychiatric nurse said " care staff are very good at their job."

Good

# Is the service caring?

## Our findings

People and their relatives told us staff were caring and they were happy with the service they received and they were treated with dignity and respect. One person told us, "Oh yes they are [caring]. I'm treated well." Another person said, "I'm treated like a king". A relative told us, "My [relative] is treated very well and [staff] really do care for them well."

Throughout the course of our inspection we observed staff treated people in a calm, respectful and dignified manner. We saw staff engaged with people positively in conversations that were relaxed and friendly and staff took their time and gave people encouragement whilst supporting them. For example, one person required support with their meal. We saw the staff member supported the person in an unhurried manner and checked if they had had enough to eat. Staff responded kindly and warmly to people. Staff checked on people's welfare when they preferred to remain in their bedroom or chose not to take part in activities. We saw staff provided reassurance for people when they were anxious. For example, a member of staff sat next to one person gently stroking their hand and talking with them to provide comfort and reassurance. This showed that staff were knowledgeable about how to care for the person.

People were involved in their day to day care. One person told us "[Staff] ask me if and what I would like help with and I tell them". Staff knew people's life histories in detail and how to support them; they were able to describe the individual needs of people who used the service. For example, they knew the times people liked to go to bed and wake up, and the types of food they liked and disliked. One staff member we spoke to told us, "One person really enjoys knitting, they have taught me how to knit, it's great."

Staff protected people's confidentiality, privacy and dignity. Records regarding people's care and treatment were stored securely to ensure confidentiality. We observed staff knocking on people's doors and waiting for permission before entering their rooms. One person told us "[Staff] seem to try to respect everyone's privacy and they always knock when they come into the rooms". Another person said "[Staff] ask if they can help me or touch my arm when they help me undress and things."

Staff told us that they promoted people's independence by encouraging them to carry out aspects of their personal care such as washing and shopping. One staff member told us, "I let people do as much for themselves as possible, such as brushing their teeth and dressing". Another said, "Some people are still capable of doing things for themselves, it's important to encourage them to do this"."

Staff showed an understanding of equality and diversity. Care records showed that people's choices and preferences including their religion, interests and preferences were recorded which enabled staff to provide a service suited to their individual needs. For example, people with religious needs were supported to visit a place of worship of their choice so they could practise their faith. Where people were unable to worship in the community, we noted that spiritual representatives visited the home to support people practise their chosen faith. One person told us "I wear my cross and have my bible next to the bed."

People were provided with information about the home in the form of a service user guide. This guide

outlined the standard of care people could expect, and the services and facilities provided at the home and included the complaints procedure.

People's relatives were encouraged to visit them at the home to ensure social isolation was reduced. One relative told us "Yes we can visit anytime, even on Boxing Day my whole family visited". Another relative said "I always get time with my [relative] when I visit. We are not interrupted and it's nice so we can have a chat".

Good

# Is the service responsive?

## Our findings

At our last inspection on 01 and 03 December 2015 we found a breach of regulations because people's care plans were not always personalised to reflect their individual needs.

At this inspection we found that people's care plans were person centred and reflected their needs. We saw people received consistent care that was appropriate to meet their individual needs. For example some people required incontinence wear, he type and size of incontinence wear and the frequency of support needed with this was recorded in peoples care plans.

We saw people were assessed to receive care and treatment before they moved into the home and care plans had been developed and reviewed on a regular basis to ensure their needs were met. People and their relatives told us they were involved in the care planning process. One relative said, "Yes [staff] do ask what we think and keep us informed of any changes in care". We saw staff recorded daily progress notes that detailed the care and support delivered to people.

We looked at six people's care files and saw they were well organised and easy to follow. Care plans contained clear guidance for staff on how people's health needs should be met. People's records identified their choices and preferences and what was important to them, such as enjoying regular visits with family, what they liked to do, the things that may upset them and how staff could best support them. For example, talking to people calmly and reassuring them. People told us they had a choice in the gender of their carer. One person said, "I asked for a lady and this has been fine". Another person said, "I do have a choice but I don't mind either".

People were able to express their individuality. People's bedroom doors were painted different colours and there were memory boxes outside their doors to help them identity their room. Bedrooms reflected people's personality, preference and taste. For example, rooms contained articles of furniture from people's previous homes and they had a choice of their own furnishings and bedding. This meant that people were surrounded by items they could relate to. We saw there was a sensory room to stimulate people's senses and that the home had some features in the communal areas such as a sample post box, telephone box, and street signage to stimulate people's memories.

Activities took place daily. There was an activities schedule on display which included bingo, ball games, manicures and singing. The home had two activity co-ordinators in post and on the days of our inspection we saw that activities were carried out in small manageable groups. We saw people were involved in playing bingo and singing along to popular songs. Some people chose to sit and observe, we saw staff regularly encouraging them to participate and checking they were alright. One person we spoke with told us, "I am just settling in at the moment and like the activities so far". Another person said, "I like to stay in the room with my visitors or watch TV". On relative told us, "There is always an activity and laughing".

We saw the service had a complaints policy in place and the procedure was on display for people within the home should they need to raise concerns. Although the service maintained a complaints folder they had not

received any complaints to date, however if they did the registered manager said they would follow the complaints process to investigate the matter. People said they knew about the complaints procedure and said they would tell staff or the registered manager if they were not happy or if they needed to make a complaint. One person told us, "I would go to the care manager." Relatives also said they knew how to make a complaint if they needed to. They all said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. One person said, "Not had to make a complaint. I like it so far". One relative told us, "I would go straight to the registered manager."

Good

# Is the service well-led?

## Our findings

At our last inspection on 01 and 03 December 2015 we found a breach of regulations because the provider did not have effective processes in place to monitor the quality of the service.

At this inspection we found there were effective processes in place to monitor the quality of the service, and the registered manager recognised the importance of regular quality monitoring. The provider had carried out regular monthly audits at the service to identify any shortfalls in the quality of care provided to people using the service. These included quality of care, care plans and risk assessments, health care charts and records. For example, one person's blood pressure for November 2016 had not been recorded on their health chart. We saw that action had been taken to address this and saw that the person's blood pressure had been taken and recorded for November, December 2016 and January 2017.

People we spoke with were happy with the service they received. They were highly complementary about the registered manager, the staff and the service. One person told us, "The registered manager is quite nice." Another person told us, "The registered manager is very efficient and helpful." One relative told us "The registered manager has an open door policy which is good".

The service had a registered manager who had been in post since March 2016. Staff described a culture where they felt able to speak out if they were worried about quality or safety. They told us they were happy working in the service and spoke positively about the leadership team who they said were receptive to their feedback. One staff member told us that the registered manager was," Approachable and is a good leader." Another staff member said, "The registered manager was supportive; they have an open door policy."

Staff told us and records we looked at confirmed that regular staff meetings took place. Minutes of these meetings showed discussions took place around areas such as training, meal times, privacy and dignity, first aid and moving and handling. For example, ensuring people enjoyed the 'lunch time experience', which ensured that in dining rooms there was a calm atmosphere with soft classical music playing in the background and unrushed staff supported people on a one to one basis at their own pace.. This meant that learning and best practice was shared with staff and they understood what was expected of them at all levels. One staff member told us, "I attend staff meetings regularly and can discuss issues." Another staff member told us, "I attend staff meetings; it's good as we discuss the service and ask questions."

Regular resident and relative meetings were held to gather people's views on ways to improve the service. There was a resident and relative notice board that displayed details of relative meetings. We saw minutes of the last meeting which took place in November 2016; areas discussed included menus, activities and laundry. For example, one person told us "[Staff] ask us what new things we would like to do for activities. I would like to watch football, I told them and it was done". One relative told us "I've seen changes for the better. There is more equipment and activities and they ask your opinions and [my relatives] too". Another relative said "I think there are a lot of good things about the service and they involve everyone in what their plans are. They have regular relative and resident meetings".