

Meteor Rest Home Limited

# Meteor Rest Home

## Inspection report

34-36 Meteor Road  
Westcliff On Sea  
Essex  
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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

Meteor Rest Home is a residential care home providing personal care without nursing for up to 15 people some of whom maybe living with dementia. At the time of inspection 14 people were using the service. The service is set over two floors in a residential area.

### People's experience of using this service and what we found

One person said, "All the staff are kind."

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medicine was managed safely.

People were cared for and supported by staff who had received the appropriate training.

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. 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 support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. People had access to other health care professionals such as GPs and district nurses.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff worked to promote people's independence through encouraging and supporting people to make informed choices.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner. People were supported at the end of their life.

The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection: The last rating for this service was Good (last report published 9 August 2017).

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

Follow up: We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 ●

# Meteor Rest 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Meteor Rest 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 registered with the Care Quality Commission. This means that they 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 was unannounced.

#### What we did before the inspection

Before the inspection, the provider completed a Provider Information Return (PIR). We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people and observed interactions with staff. We spoke with the provider, registered manager, and two care workers. We reviewed a range of records. This included four care files, two staff files, audits and medication records and information held in relation to the running of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that 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 told us they felt safe living at the service. One person said, "I feel safe living here, there have never been any problems and I have a call bell if I need anything." Another person told us, "It is a safe place to live."
- Staff knew how to keep people safe and protect them from safeguarding concerns. The registered manager had policies in place for staff to follow on 'whistle blowing' and staff received regular training on how to safeguard people. One member of staff told us, "If I had any concerns I would record it and tell the manager. If they did not act I would go to the safeguarding team or CQC."
- Where any concerns had been raised the registered manager worked with the local authority to investigate these to ensure people were protected from harm.

Assessing risk, safety monitoring and management

- Staff undertook risk assessments to keep people safe. Assessments were aimed at supporting people's independence they covered such areas as, nutrition, mobility, falls prevention and pressure area care.
- Staff were trained in first aid and knew what action to take in an emergency or if somebody became unwell.
- People had fire risk assessments and personal evacuations plans for staff to follow. Regular checking of fire drills and checking of fire prevention equipment was completed.
- People were cared for in a safe environment. The registered manager completed regular checks of the environment, safety certificates were held to demonstrate equipment was safe to use.

Staffing and recruitment

- There was a consistent staff team. Staff told us they worked well as a team, and that if they ever needed more staff the registered manager accommodated this request.
- During the inspection we saw people's needs were met promptly and staff had time to spend with people. One person told us, "The staff will do anything you ask."
- The registered manager had an effective recruitment process in place and staff recruited were suitable for the role they were employed for.

Using medicines safely

- People were supported to take their medication by trained and competent staff. One person said, "The staff bring me my medication when I need it."
- Medication records we reviewed were in good order.
- The registered manager had processes in place to check the ordering, storing and management of people's medication. Regular audits were completed to check medication were being managed safely.

### Preventing and controlling infection

- People were protected from the spread of infections. Staff had received training in infection control and had access to personal protective equipment (PPE) such as gloves and aprons.
- The registered manager had processes in place to follow should there be an outbreak of an infectious disease. We saw notices asking visitors to consider not visiting if they had signs of infection such as flu symptoms to keep people safe from the risk of contamination.

### Learning lessons when things go wrong

- The provider had systems in place to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers

# Is the service effective?

## Our findings

Effective – this means we looked for evidence 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 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

- Before people came to live at the service a full assessment of their needs was completed with them and their advocates or relatives to identify their wishes.
- People's needs were consistently assessed and reviewed to ensure the care they received met their choices, needs and achieved effective outcomes. Care was managed and delivered within lawful guidance and standards.
- The registered manager responded to NICE guidelines to support people with oral health care and people had detailed care plans and were supported with their mouth hygiene needs.

Staff support: induction, training, skills and experience

- New staff were given a full induction to the service and worked alongside experienced members of staff when they first started. The induction involved the completion of the care certificate which is an industry recognised training for staff new to care.
- The registered manager employed a training provider to deliver face to face training and updates to staff. One member of staff said, "The training is really good we can ask anything and the trainer never leaves without making sure we have the answers we need or are confident with what we are doing."
- Staff received supervision and had yearly appraisals with the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. Throughout the inspection we saw people being offered a variety of drinks and snacks and were encouraged to stay hydrated.
- People were complimentary of the food and the choices they were given. One person said, "Fish is my favourite and I love the vegetables."
- Lunch was a sociable occasion with people socialising together. We saw people were given choice and meals were served to meet their individual needs.
- Staff had the information they needed to support any special diets, people's weight was monitored for signs of changes and where necessary referrals were made for medical assessment.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked closely with other agencies who provided support for people's on-going care needs. People were registered to a local GP practice and the practice nurse attended weekly to carry out health reviews. This had helped to reduce and prevent hospital admissions.

- In addition, people received support from the district nursing team, dementia nurse specialist and chiropodist.
- People were supported to attend health appointments including dentist, optician and hospital appointments.

#### Adapting service, design, decoration to meet people's needs

- The provider kept the service well maintained and decorated. All refurbishment such as carpet replacement and redecoration were discussed with people, so they were kept fully informed by the registered manager.
- The service was provided over two floors and was spacious with two separate lounges for people to use and a dining room. There was a lift between floors for people to use.
- There was good signage around the service and people had personalised their rooms.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS.
- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities.
- Mostly people at the service had capacity, appropriate applications had been made to the local authority for DoLS assessments. Where relatives had lasting powers of attorney over people's health or welfare the service retained copies of these form their records.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence 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 people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy living at the service. One person told us, "I can tell you everything is fine all the staff are lovely, very caring, we get on very well."
- The service was lively with people and staff spending time together socialising. One person said, "We all get on well, I talk to everyone." Staff had good relationships with people and observed many occasions of staff laughing with people.
- People's equality and diversity needs were identified and recorded in care plans to ensure their individual preferences and needs were being met. The registered manager told us people had access to religious support as they wished.

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

- People and relatives were involved in planning their support needs. Care plans were person centred and provided staff with all the information they needed to support people.
- Care plans were regularly reviewed with people and if they wished relatives. Some people had advocates to support them make decisions about their support needs. Advocates are independent people who can make sure people's voices are heard and rights are protected.
- The registered manager and provider were present at the service throughout the week and had good relationships with people. One person said, "[providers name] brings me my breakfast every morning and we have a chat."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. One person said, "There is no disrespect of any kind."
- Privacy was respected and where there were shared rooms a curtain was provided that could separate the room to allow privacy. One person said, "I don't mind sharing a room, I like it, I have enough privacy."
- Staff supported people to be independent. One person told us, "When I came here I couldn't walk, the staff have got me walking again using a frame."
- People were supported to maintain contact with friends and relatives and there was an open visiting arrangement at the service.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service 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 people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Before people came to live at the service a full assessment was completed to ensure their needs could be met.
- Care plans were person centred and included information on people's background and hopes for the future, hobbies and interests, likes and dislikes and preferences on how they wished to receive their care and support.
- Care plans were regularly reviewed with people to ensure staff had the most up to date and relevant information to support people.

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.

- Care plans identified people's communication needs and staff knew how to support people.
- People were supported to have eye test and wear their glasses, and to wear hearing aids if needed.
- Information was shared with people in a format they could understand such as large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they had enough to do to keep them occupied and support their well-being. One person said, "I have my crosswords which I enjoy doing and every week a lady comes in and does movement to music with us. She is very nice and chats with us." Another person told us, "I have satellite television in my room and I enjoy watching sport all day."
- People also told us they enjoyed having visitors and some people told us they enjoyed going out with relatives.
- The registered manager told us staff did a number of activities with people which they enjoyed and they also had an activities person who came to do dedicated activities with people and spend time with them.

Improving care quality in response to complaints or concerns

- People we spoke with told us they generally did not have any complaints and enjoyed living at the service. There was a complaints system in place and information was available to people on how to raise a complaint.

#### End of life care and support

- Staff had received training in end of life care and the registered manager had contacts with the relevant health care professionals.
- People's preferences for the end of their life had been explored with them and was recorded in care plans. Where appropriate some people had taken decisions about if they wished to be resuscitated and this was recorded.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People were very complimentary of the service they received and everyone we spoke with told us they were happy living at the service. One person said, "We have good banter."
- The registered manager promoted a positive culture, they told us, "I want people to be comfortable, to feel empowered, have all their care needs met and to enjoy day to life."
- Staff shared the registered manager's vision. One member of staff said, "We encourage independence and want people to achieve what they can and feel comfortable."
- The registered manager understood their responsibility under duty of candour to be open and honest if things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff felt supported by the management team and were clear about their roles. One member of staff said, "We all support each other, it feels like a family, we can go to the manager/owner anytime and they will support us." Another member of staff said, "The manager is very approachable and supportive."
- People benefited from a staff team that worked together and understood their roles and responsibilities. Staff told us they worked well together as a team to meet people's needs.
- The registered manager had a good oversight of the service and staff worked within regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were actively involved in improving the service they received. The registered manager and provider spoke with people daily to get their feedback.
- Care documentation and care plans were regularly reviewed with people and their relatives to get their feedback and to keep care relevant to them.
- The provider sent out questionnaires to people, relatives, staff and other health professionals to gain their feedback. We saw these were analysed and a response made available of any actions undertaken.

Continuous learning and improving care; Working in partnership with others

- The registered manager had quality assurances processes in place. Regular audits were completed on all

aspects of the service and action plans were in place to work towards continual improvements.

- The registered manager supported staff to continuously learn and develop their skills. They worked in partnership with other healthcare professions to provide training for staff on such things as end of life care, sepsis awareness and catheter care.
- Other health care professionals such as practice nurses worked closely with staff at the service to monitor people healthcare needs to provide prompt support when needed.