Tamaris Care Properties Limited

# The Meadows Care Home

**Inspection report**

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Date of inspection visit: 21, 26 May & 14 July 2015
Date of publication: 10/09/2015

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |
| Is the service safe? | Good |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Requires Improvement |
| Is the service well-led? | Good |

## Overall summary

This was an unannounced inspection which took place over three days, 21 and 26 May and 14 July 2015. The last inspection took place on 10 September 2014. At that time, the service was meeting the regulations inspected.

The Meadows Care Home is a purpose built care home providing accommodation for up to 69 people. There were 43 people living there at the date of inspection. The service is primarily for older people, some of whom may have a dementia related condition. It is registered to provide accommodation for persons who require nursing or personal care, diagnostic and screening procedures and treatment of disease, disorder or injury.

The Meadows has a registered manager who has been covering the service since 2014, whilst a replacement was recruited. With a new manager coming into post in 2015, the new manager intended to register and replace the covering 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.

# Summary of findings

People told us they felt safe and were cared for by staff who knew them well. Staff told us they knew how to raise concerns about people's safety and had confidence action would be taken if they had any issues.

Risk assessments had been carried out, but some audits and reviews did not clearly demonstrate how the care plans had changed as a result of these audits. These plans did not give the details needed for staff to meet people's changing needs and some plans lacked sufficient detail to describe how people preferred to be supported.

Staff were recruited in a way that ensured the safety of vulnerable people, but some training, supervision and appraisals were not being given as the providers policy and guidance stated, meaning that staff were not always trained and managed effectively.

People's medicines were managed safely. Stock control and ordering were managed by trained staff who carried out checks to ensure that the risk of errors was minimised. Audits of medicine administration were carried out regularly to ensure that staff were competent and that any errors would be quickly identified.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. There were a number of people subject to DoLS and these had been managed well by the service with referrals for local authority authorisation being made appropriately. The service had a system in place to ensure that renewals of authorisation were requested promptly.

People were supported to eat and drink in a dignified manner. People were given support to access external healthcare services and maintain their wellbeing. External health care professionals' advice was sought and referrals were made for specialist input as people's needs changed.

Care was delivered by staff in a positive manner, and there were evidence of good relationships between people and the staff. All staff we spoke with knew people's needs well and spoke about them in a constructive way. People were encouraged to express their views and make decisions about their care and support, and these decisions were respected by staff.

People's choices and rights were respected. Staff knocked on doors before entering, offered people choices in their daily living and looked at alternative ways of supporting people if this was requested.

The registered manager and new manager sought the views of people, families, visitors and external professionals to help them assess the quality of the service and make changes.

# Summary of findings

## 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. Staff knew how to act to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about poor practice in the service, and these would be addressed. People in the service felt safe and able to raise any concerns.

The staffing was organised to ensure people received appropriate support to meet their needs. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

People's medicines were managed well. Staff were trained and monitored to make sure people received medicines as required.

**Is the service effective?**

Requires Improvement

The service was not always effective. Formal induction, supervision and appraisal processes were not fully in place to enable staff to receive feedback on their performance and identify further training needs. Staff did not always have the opportunity to access the training they needed. Staff received on-going support from senior staff to ensure they carried out their roles effectively.

People could make choices about their food and drink and alternatives were offered if requested. People were given support to eat and drink where this was needed.

Arrangements were in place to meet people's health needs. External professionals' advice was sought when needed.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where they did not have capacity. Where people were deprived of their liberty this was in their best interests and was reflected in their care plans.

**Is the service caring?**

Good

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

The staff knew the care and support needs of people well and took an interest in people and their families.

# Summary of findings

**Is the service responsive?**

Requires Improvement 

The service was not fully responsive. We found that care planning, recording and review of plans did not always reflect what care was given or contain enough detailed information.

People had their needs assessed and staff knew how to support people in a caring and sensitive manner. The care records showed that changes were made in response to requests from people using the service and external professionals.

People who used the service and visitors were supported to take part in recreational activities in the home and the community.

People could raise any concern and felt confident these would be addressed promptly.

**Is the service well-led?**

Good 

The service was well led. The home had a registered manager and a new manager in post. There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

The provider had notified us of any incidents that occurred as required.

People were able to comment on the service provided to influence service delivery.

People, relatives and staff spoken with all felt the registered manager and new manager were approachable, caring and responsive.

# The Meadows Care 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 inspection took place on 21 and 26 May and 14 July 2015 and day one was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by two adult social care inspectors, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was trained as a nurse.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Information from the local authority safeguarding adult's team and commissioners of care was also reviewed.

During the visit we spoke with 15 staff including the registered manager and new manager, 10 people who used the service and 11 relatives or visitors. Observations were carried out over a mealtime and during a group recreational activity, and a medicines round was observed. 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. We also spoke with an external professional who regularly visited the service and a local commissioner of the service.

We reviewed 13 care records, five medicines records and the staff training records. Other records reviewed included safeguarding adult's records and deprivation of liberty safeguards applications. We also reviewed complaints records, eight staff recruitment/induction and training files, six staff supervision files and staff meeting minutes, people's weight monitoring, internal audits and the maintenance records for the home.

The internal and external communal areas were viewed as were the kitchen and dining areas on each floor, offices, storage and laundry areas and, with their permission, some people's bedrooms.

Good

# Is the service safe?

## Our findings

People and their relatives told us they felt safe living at The Meadows. One person told us "You will have no worries with this home. The care is brilliant and the staff are great." Staff we spoke with knew what concerns to report and felt these would be acted on by seniors or the new manager. People told us they felt there were enough staff to keep them safe. People also told us they felt able to raise any concerns and felt they would be responded to by the registered manager or new manager.

Records were available to record significant incidents that had occurred for individuals. These were detailed and showed appropriate actions had been taken and that other professionals were involved as necessary. For example a person at increased risk of falls had pressure sensors under their mattress, so if they got up at night staff would be alerted to support them to use their bathroom safely.

The building was purpose built, with large well decorated communal areas and wide corridors. We checked the building and found that all premises safety checks were in place and that any maintenance tasks were addressed quickly. Bedrooms were large and kept clean and tidy, with peoples own furniture if they wished. Cleaning and maintenance staff told us their routines and how they addressed issues within the home to prevent the spread of infection as well as maintain a safe environment. There was a system of checks and audits in place to monitor the safety of the environment for people, staff and visitors. There were records of safety checks of equipment. These included checks of water and plumbing. We saw records to confirm there were annual safety checks carried out by external contractors for example, electrical appliance tests, fire equipment, lift and fire systems servicing.

During our three days of inspection we did not observe any people using the inner courtyard or outside garden areas. We discussed this with the new manager who explained that the access was not suitable for the needs of the clients and they were reviewing this access issue to see if people could be supported to access the inner courtyard more often.

There was a documented plan for the home that identified steps to be taken in the event of an emergency situation. However we found that the emergency 'grab bag' (which staff would use if the building was evacuated) was missing items, and contained inaccurate information. When we brought this to the attention of the new manager it was immediately updated.

We reviewed the staffing levels with the new manager who explained the process they used based on dependency and risk to calculate staff numbers across the service. Staff were visible throughout the service and call bells were answered promptly. The new manager told us how they wished to change the way the service was presently split into units based on category, (such as nursing), and instead base it on the practical needs of people. For example a quieter area of the home for those who needed that environment. They thought this would mean that people could make better use of the some of the communal lounges for activity and access the outside space.

We looked at eight recruitment files; these showed us that the provider followed a consistent process of application, interview, references and police checks when appointing new staff. New staff we spoke with confirmed they had been subject to an application, references and police checks.

We saw evidence in staff files of where action had been taken with staff whose conduct needed further attention. We saw the new manager had moved senior staff to different rotas in order to transfer skills and experience onto different shifts and ensure a continuity of care.

We observed medicines rounds and reviewed medicines records. We saw that people who received medicines they needed occasionally had written guidance for staff about what these medicines were for. Staff checked for the use of pain relief medicines between medicines rounds, whilst ensuring these were used safely and within medical guidance.

We found staff checked people's medication on the medicines record and medicine label, prior to supporting them, to ensure they were getting the correct medicines. A current photograph of each person was attached to their medicines records to ensure there were no mistakes of identity when administering medicines.

Medicines were given from the container they were supplied in and we saw staff explain to people what medicine they were taking and why. Staff also supported people to take their medicines and provided them with

Good

# Is the service safe?

drinks, as appropriate, to ensure they were comfortable in taking their medicines. We saw staff remained with each person to ensure they had swallowed their medicines and staff then signed the medicine records after administration.

Staff showed us the systems in place to ensure that medicines had been ordered, stored, administered, audited and reviewed appropriately. Staff described how the home ordered people's medicines and cross checked the medication order with the medication supplied. Staff showed us how unwanted or out of date medicines were disposed of and records confirmed this. There were systems in place to check the stocks of medication. The new manager showed us daily and weekly medication audits which were undertaken on an ongoing basis, including the medicine records, to check that medicines were being administered safely and appropriately.

We saw that temperatures relating to refrigeration of medicines had been recorded daily. However there were discrepancies in some of the temperature recordings including temperatures being recorded that were above the maximum suggested reading for a number of days. These readings had not been acted upon or reported by staff to the manager. We spoke to the new manager about this and they reassured us that they would take immediate appropriate action.

Staff wore aprons and plastic gloves when they were cleaning or assisting in the dining areas. We looked at the laundry and saw it was clean and well organised. Systems were in place to ensure clean laundry was kept separate from dirty laundry.

**We recommend the registered manager ensure there is a process to regularly review and take immediate action anytime the temperature of medicines storage areas is outside the recommended range.**

Requires Improvement

# Is the service effective?

## Our findings

People told us they felt the service was effective. One person told us "Staff know what they are doing and always explain what they want to do." Another told us "I get great care, staff are smashing and I am happy." A visiting relative told us "X has settled really well and has improved a great deal in the few months they have been here."

New staff were expected by the provider to undertake a common induction process. This included core training and e-learning such as safeguarding and moving and handling. New staff shadowed senior staff to become familiar with people and their needs and the routines within the home. They also read the policy guidelines and practices that had to be followed in the home. We found that one new member of staff who had been in post for five months had only attended the provider's moving and handling training. They had not had their details submitted to attend the provider's induction e-learning and this had not been identified by the new manager or in the staff member's one supervision over that five month period. We also found that another new staff member's record of induction had not been completed and signed off until three months after their initial start date, and that these induction records had not been signed off by a manager as was required. We brought these to the new manager's attention who agreed to address them immediately.

**This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Other staff told us they felt the training and support they received was good. One staff member told us "After I finished my induction I shadowed someone for two weeks. It was a good start to working here. It's a great staff team and even with changing managers there hasn't been a problem. The training was very good; definitely specific enough for the people we look after here, it fits in perfectly. The mental capacity training was good too; it helps us to understand how to care for people with dementia or memory problems." Staff also told us that the manager was supportive of those who wished to study for their NVQ level two in social care.

We found that staff supervisions and appraisals were not taking place as regularly as the provider's policy stated. We looked at three staff records and found that over a twelve month period supervision only took place three times each, when the providers policy stated there should have been six supervisions in that period. Some staff supervisions were also held in a group, where a topic or issue was discussed. These sessions did not afford staff an opportunity to discuss individual issues. We also discussed annual appraisals for staff with the registered and new manager; they agreed these had not happened for most staff for more than a year and that an agreed rota for these to happen early in 2015 had not been acted upon.

**This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The Care Quality Commission monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the Mental Capacity Act 2005. They are a legal process followed to ensure that people are looked after in a way that does not inappropriately restrict their freedom. We saw from records that the registered manager and new manager had referred people for assessments for DoLS as necessary, and had a process to ensure that reviews were requested as required.

We saw in care plans that people's consent had been sought as part of care planning, and where they had not been able to give consent that staff had sought the input of relatives or external professionals such as advocates. Not all consent forms in care plans had been signed, but we saw that a file audit had recognised this issue and it was being addressed. Staff were able to describe how they supported people to choose when they went to bed, whether they preferred a shower or a bath; what food they liked and what they wanted to wear each day. People and relatives told us that staff asked for their permission before entering rooms or providing assistance with anything.

We observed mealtimes three times over the three days of inspection. All mealtime experiences were positive with adequate numbers of staff to support people, with staff and people talking to each other during the meal. People were offered choices and some asked for things that were not on the menu and these were provided. People were offered extra portions and two people had an extra dinner and dessert.

We saw from records that referrals were made promptly to external professionals for advice and support if people's

Requires Improvement

# Is the service effective?

needs changed, such as swallowing food. People who were new to the service and had been assessed as risk of falls had been referred to the local area falls team. Another person who was admitted with a pressure area was referred to district nursing for advice and support. This person was also referred to a speech and language therapist for advice about their swallowing problems. Professional advice was incorporated into their care plans and staff were aware of these changes in needs, such as the need for thickener in fluids.

Good

# Is the service caring?

## Our findings

People and relatives told us they found the staff compassionate and caring in their approach. One person told us "Staff are really nice here", and another told us "I feel really well looked after and the staff are very nice and helpful." Relatives and visitors also told us they felt the staff team were caring and approachable. One relative told us "I have had small concerns regarding little care issues but they are sorted straight away when I talk to staff and everything is fine now."

When we spoke with staff they could describe people's personalities and demonstrated knowledge of different people's needs, what they preferred to do and how they preferred to communicate. We observed that staff treated people with dignity, providing people with clear explanations about their options.

We observed staff understood the need to maintain confidentiality and respected people's privacy and dignity. They gave us examples such as knocking on people's doors and waiting for permission to enter; asking when people wanted to go to bed; and giving choices about which clothes they wore. We saw them approaching people in a sensitive manner and taking time to say hello as they moved about the home. People told us "Staff are pleasant and kind. They will ask permission before doing anything and we feel very safe living here." A visiting health professional told us they felt the staff approach to managing one person's behaviour was caring and sensitive, looking for ways to support them to maintain their dignity, whilst keeping other people safe.

We observed a person in one of the lounges telling staff how happy they were with the snacks available and the member of staff said, "That's one thing about living here, you'll never go hungry!" We saw that this friendly exchange was typical of the way staff and people spoke with each other. During another observation, we saw a person wanted time to sit and reminisce with a member of staff, who was kind and happy to do so.

We saw from some records that people and their families were involved in care planning, and that their views had been incorporated into the plans, although it was not always clear in all plans how they had been consulted.

We saw that meetings were held with people using the service and their families. These had not occurred as regularly as in the past, but the new manager told us how they were intending to improve these meetings. In the reception area the provider had recently supplied a terminal where visitors and professionals could leave feedback about their visit. Some initial feedback had been positive. Also in the reception there were numerous displays about activities coming up and the home's plans, for example of the changing of the main meal to an evening.

Staff told us how they supported people to contact social workers, or other advocacy support if people needed support they could not offer. Staff knew how to refer to local advocacy services.

We saw that all care documentation was safely stored in staff areas to protect people's confidentiality. When we spoke with staff they were able to tell us the practical ways they protected people's privacy and dignity, such as choices about which staff to support with personal care, or supporting people discreetly with toileting prompts.

During a mealtime we observed staff who were supporting with the meal engage in conversation and sensitively support those who needed assistance to eat. People who refused support were discreetly monitored by staff to ensure they ate and drank enough, and any spillages were cleared away discreetly.

Some people were receiving end of life care with the support of external health professionals, and people had been consulted about how they wished this care to be delivered. Staff told us how they made sure families and professionals agreed with the care plan, and ensured that families were updated if people's needs changed.

Requires Improvement

# Is the service responsive?

## Our findings

People told us they were involved in their care, and if anything changed they felt the staff would respond. One person told us "You only have to ask and staff will do anything for you." However, one relative told us they had asked for things to change, and they would for some time, but would soon revert back to how it was before. The new manager told us they continued to work with this relative to resolve their issues with the service.

People's needs were assessed prior to admission and care plans were created based on this information from people, families and other professionals. Some of the care pans we saw were detailed and contained evidence of changes to people's care since admission, but others contained minimal details about how best to support people. For example each person had a section that asked them or their relative to describe what a good day and a bad day looked like for them. In some cases these were detailed and included information about the sorts of activities the person enjoyed doing. In some cases these documents were incomplete or blank with no explanation.

Regular checks of nutrition and weights, including the use of the Malnutrition Universal Screening Tool (MUST) were not always completed consistently. In one case we found that a person who needed to be weighed weekly had been weighed only three times in the previous eight weeks. In addition this person did not have a nutrition risk assessment. We brought this to the attention of staff who reassured us they would take immediate action.

We did not see evidence in all the care plans we looked at of reviews that involved people or their families. The care plan was not always signed by the person or their representative so it was unclear how people were involved in discussions about their care needs.

One person had a wound assessment; however we found the wound assessment/care plan difficult to understand. We saw that the wound assessment had not been updated as regularly as stated. In addition, we found an inaccurate body map which showed a wound on the person's right foot was indicated on the body map as the left foot. We discussed the wound assessment/care plan with staff and the new manager who concurred with our findings The new manager told us that they had introduced a 'daily dressing monitor chart', which was to be updated on a daily basis and was to be kept in the person's room. However, we found the 'daily dressing monitor chart' had not been completed daily so it was difficult to evidence the care provided. The home manager reassured us that they would action the appropriate care and treatment for this person immediately.

**This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Throughout the inspection we saw that group activities took place in the service with an activities coordinator leading these sessions. We noted that care staff did not always take part or support these activities and were often task focussed instead. We discussed activities with staff and people using the service. They told us that there was an activities programme for each of the floors, that sessions were mostly group based, and there was little time for one-to-one activities, either with the co-ordinator or with other staff. In discussion with the activities coordinator they agreed that people who were cared for in their bedrooms did not get as much attention as they were focussed mainly on group activities in the communal areas. There was some time for one- to-one, but this was limited. People told us they would like more trips out and the new manager told us how they were trying to access more drivers and transport from within the provider organisation. The new manager also told us they had recently secured funding for increased activities, focussing on the weekends initially. We saw that external entertainers visited the service and this was advertised in communal areas.

Staff told us that they were aware of the complaints policy and would support relatives or people who lived at the home to make a complaint if they wished to do so. People told us they felt able to raise any issues and relatives and visitors told us they thought their concerns would be listened to. They felt the new manager was approachable and responded quickly to any issues they raised.

Good

# Is the service well-led?

## Our findings

The service had a registered manager, called a 'peripatetic manager' by the provider. Their role was to manage the service whilst a full time manager was appointed and registered. The service also had a new manager who had been in post a few weeks when the inspection began and was in the process of registering with us.

People told us they found the registered and new managers to both be approachable. When talking about the new manager one relative told us "I think they have got a good one this time." Staff appreciated the registered manager had made some changes which they felt improved the service, such as recruitment to key posts. They also said they liked the new manager and hoped they would stay, as they commented there had been a number of managers over recent years.

In discussion with the new manager they had already identified key areas to improve the service, with increased activities, accessibility to the gardens, and changing the way the service was split into units which did not always reflect the needs of people in them. They recognised the staff were looking for stable leadership and hoped that by making some changes to the leadership of the staff team this would be more consistent. For example they were creating a new senior role to support the supervision and leadership of the care staff. They had also recently moved senior carers about on rotas to bring improvements across the service through consistent leadership across all shifts.

The new manager showed us their quality auditing processes. They audited care plans monthly and looked at issues arising from people's changing needs. The provider's area manager carried out monthly inspections of the service, talking to people and staff, as well as looking at the fabric of the building. The new manager talked about how they sought peer support from fellow managers in the provider organisation to help with any particular issues. The new manager also told us about the training and support the provider was offering them. When we spoke with the area manager about the support they could offer the new manager they were clear that this ongoing support would be offered.

We found that the home had conducted resident surveys in the past and that the last survey had taken place in March 2014. The new manager showed us a new feedback terminal in reception that allowed visitors to give instant feedback when they visited, and was planning to carry out a resident's survey in 2015.

The new manager felt that changes to the residents and relatives meeting could make them more engaging and increase attendance. These changes included involving people more in the development of the service and seeking their input into social and recreational activities, such as fund raising.

The registered manager had sent us all required notifications and had reported any safeguarding or other issues to the appropriate external authorities.

Staff told us they had a good relationship with external agencies, such as the challenging behaviour team and the local GP's. A visiting professional told us the staff contacted them quickly for advice and incorporated this into practice effectively.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment<br><br>Persons employed by the service provider in the provision of regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.<br><br>Regulation 18(2)(a) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services<br><br>The registered manager must carry out collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user. Designing care or treatment with a view to achieving service users' preferences and ensuring their needs are met.<br><br>Regulation 9(3)(a)(b) |