

Mr Nilesh Shah

Meadows Court Care Home

Inspection report

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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?

Requires improvement 

Is the service well-led?

Good 

Overall summary

Meadows Court Care Home provides care for up to 22 older people, some of whom experience needs related to memory loss associated with conditions such as dementia. There were 21 people living at the home at the time of our inspection.

The registered provider had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were involved in making decisions about how they wanted to be supported and how they spent their time. The registered provider had processes in place that ensured, when needed, they acted in accordance with the Mental Capacity Act 2005 (MCA). CQC is required by law to monitor the operation of the Mental Capacity Act, 2005

Summary of findings

Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection one person who used the service had their freedom restricted and the registered provider had acted in accordance with the Mental Capacity Act 2005 (MCA).

Background checks had been completed by the registered provider before new staff were appointed to ensure they were safe to work at the home.

Staff understood people's needs, wishes and preferences and they had received training in order to enable them to provide care in a way which met people's individual needs. Positive working relationships had been developed between staff and people who used the service and their relatives and were being maintained. Staff were caring in their approach and people's privacy and dignity were maintained.

Staff knew how to recognise and report any concerns they had regarding people's safety so that people were kept safe from harm.

People and their relatives had been consulted about the care they needed and were offered the opportunity to

undertake activities. However, the home did not always enable people to carry out person-centred activities on a regular planned basis in order to help them to be stimulated and maintain and further develop their interests and hobbies.

Staff provided the care described in each person's care record. People had access to a range of healthcare professionals when they required both routine and more specialist help. Clear arrangements were also in place for ordering, storing, administering and disposing of medicines.

People were provided with a good choice of nutritious meals. When necessary, people were given any extra help they needed to make sure that they had enough to eat and drink to keep them healthy.

The home was run in an open and inclusive way. Staff were encouraged to speak out if they had any concerns and there were systems in place for handling and resolving complaints.

The registered provider and registered manager had systems in place to enable them to continually assess and monitor the quality of the services they provided.

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?

The service was safe.

People told us they felt safe living in the home and that they were well cared for.

Staff knew how to recognise and report any signs of abuse. They also knew the correct procedures to follow if they thought someone was at risk.

Medicines were managed safely.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Good



Is the service effective?

The service was effective.

Staff had a good knowledge of each person and how to meet their needs.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed.

People were helped to eat and drink enough to stay well and were assisted to maintain a good diet.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring.

There was a homely and welcoming atmosphere in the home.

Staff respected people's wishes and provided care and support in line with those wishes.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

Good



Is the service responsive?

The service was not consistently responsive.

People were supported to pursue their interests and hobbies; however there was a lack of meaningful activities within the service.

People had been consulted about their needs and wishes and staff provided people with the care they needed.

Requires improvement



Summary of findings

People were able to raise any issues or complaints about the service and the registered provider had a system in place which enabled them to take action to address any concerns raised.

Is the service well-led?

The service was well-led.

Staff said they felt supported and were aware of their responsibility to share any concerns they had about the care provided at the service.

The registered provider and registered manager worked closely together and had completed quality checks to help ensure that people reliably received appropriate and safe care.

Good



Meadows Court 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 was 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.

We inspected Meadows Court Care Home on 20 August 2015. The inspection was unannounced and the inspection team consisted of a single inspector. We last inspected the service on 19 November 2013.

Before we undertook our inspection visit, we looked at the information we held about the home such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also spoke with the local authority who commissioned services from the registered provider in order to obtain their view on the quality of care provided by the service.

During our inspection we spoke with seven people who lived at the service and a community healthcare training officer. We also spoke with the registered provider, the registered manager, four care staff, the cook and the maintenance person.

As part of the inspection we spent time observing how staff provided care for people to help us better understand their experiences of care. This was because some people who lived at the home had difficulties with their memory and were unable to tell us about their experience of living there. In order to do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not speak with us.

We reviewed the information available in four care plan records. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs. Other information we looked at included; three staff recruitment files, staff duty rotas, training, supervision and appraisal arrangements, information and records about the activities provided and those in place for managing complaints and monitoring and assessing the quality of the service.

Is the service safe?

Our findings

People told us they felt safe living at Meadows Court Care Home. One person said, “I have a button at the side of my bed and when I need help I simply press it and the staff come quick. I don’t have to wait long and they are there knocking.” Another person said, “I moved in here because I had an injury at home. I feel very safe here and my family are happy I made the move. We all feel much better.”

Records showed and staff we spoke with described a range of possible risks to people’s wellbeing and how they worked to minimise the risk. For example, staff knew about the risks associated with people developing pressure sores. We saw staff followed plans in place for reducing these risks. This included supporting people to be assisted to turn when they needed caring for when they were in bed. Care plans showed the arrangements in place to assist people who had reduced mobility, or if they needed help to promote and manage any personal care issues which included the use of special equipment such as hoists. The risks were regularly reviewed by the registered manager and staff, with records updated to show actions taken to respond to any new risk identified.

When accidents or near misses had occurred they had been checked and analysed so that steps could be taken to help prevent or reduce the risk of them from happening again. For example, one person had experienced a number of falls and the registered manager had taken action to refer the person to a falls clinic so that further assessments could be completed. Records showed that the referral had resulted in recommendations which were followed by staff in order to reduce the number of falls the person had experienced.

Staff we spoke with demonstrated their understanding of how to recognise abuse and the policy and procedure they would follow in order to quickly report any concerns they might identify. We knew from our records that the registered manager and staff had worked well with other agencies, such as the local authority safeguarding team to address any concerns that had been raised with them.

The registered manager showed us records and staff told us they had received training about how to keep people safe from harm. For example, they had received training in order to help people move around safely and keeping people safe from the risk of infection.

We looked at three staff recruitment files and saw staff had been recruited using checks undertaken by the registered provider with the Disclosure and Barring Service (DBS). The checks were completed to make sure new staff would be suitable and safe to work with vulnerable people. The checks also included confirmation of identity, previous employment, and references from previous employers.

The registered manager had established how many staff needed to be on duty by assessing each person’s level of need. People and staff we spoke with told us that there were enough staff on duty to meet people’s support needs and we saw staff noticed and responded quickly when people needed assistance. The registered manager also confirmed that during the evenings and at weekends they and the registered provider could be contacted at all times if staff needed advice.

Staff rotas we looked at showed us that planning by the registered manager had ensured routine shift arrangements were being filled consistently and any changes in staff at short notice were being covered from within the staff team. The registered manager confirmed that although it had not been required, if it was needed the registered provider supported the option for them to use agency staff.

When we looked around the home we saw there were star locks located on a number of the doors to people’s private bedrooms. These locks enable doors to be locked from the outside but not unlocked from the inside. We spoke with the registered manager who recognised the risks associated with the use of this type of lock system. The registered manager took immediate action to disable the locks and before we finished our inspection visit we saw the work had been completed by the registered provider’s maintenance staff member.

The registered provider had a business continuity plan in place in order to make sure people would be safe if, for example, they could not live in the home due to a fire or flood. The registered manager provided information to show relevant safety and maintenance checks, including those related to gas and electrical safety, had been carried out at regular intervals.

The registered manager confirmed there was a fire risk assessment in place and fire alarm checks and safety drills were undertaken regularly to ensure people and staff

Is the service safe?

would know the action to take in the event of a fire. We also saw that the registered manager had ensured each person had a personal evacuation plan in place as part of their overall care plan.

People's care records showed how they were supported to take their prescribed medicines and that these were given at the times they need to be taken. We observed staff carried out medicines administration in line with good practice. Staff told us, and records confirmed, the staff who had this responsibility had received training about how to

manage medicines safely. Staff also demonstrated how they ordered, recorded, stored and disposed of medicines in line with national guidance, this included medicines which required special control measures for storage and recording. This meant that medicine was always available for people when needed. Records showed that when any errors had been identified and reported, actions were undertaken to respond to these to ensure people could be supported safely.

Is the service effective?

Our findings

People told us they knew the staff team well and had confidence in their ability to care for them. One person said, “The staff have a lot of skills and they just seem to know what is needed for us to get better and stay healthy.”

Staff completed induction training when they commenced employment. New employees were required to go through an induction which included training and reviewing the registered provider’s policies and procedures. Staff told us they received a varied package of training to help them meet people’s needs. Training records showed staff skills were developed in line with the needs of the people who lived at the home. For example, training focussed on subjects such as helping people to move around safely, falls prevention and risk assessments, nutrition and hydration, and dementia care. The registered manager and staff we spoke with also confirmed all of the care staff team had obtained or were working toward achieving nationally recognised care qualifications.

People’s healthcare needs were recorded in their care plans and it was clear when they had been seen by healthcare professionals such as community nurses, dentists and opticians.

One person said we spoke with said, “The staff are good and the nurses who visit the home are good. They work together and it makes sure I am cared for well.” Records showed the registered manager had regular contact with the local community health care professional team. We spoke with a visiting community healthcare training officer who told us the home was working with them on a joined up approach to the care being provided at the home and that they were providing training for staff at the home. The registered manager told us the training provided by the community healthcare team was helping in the way they worked together and that information about people’s needs was being shared together more consistently to enable greater continuity of care.

For example, as part of this process people had been individually invited by the registered manager to complete a booklet called ‘All about me.’ we spoke with two people who were filling in the booklets. One person said, “I think it’s a great idea. I will keep this with me so when health

visitors come I can let them read what I have put about myself.” Another person said, “I like the fact I can just put what I want people to know. The important things that matter to me.”

Staff told us and records confirmed staff received regular supervision and that an annual appraisal had either been completed or was scheduled. Staff also said supervision sessions helped identify any specific issues regarding their ongoing training needs and that their skills were being continuously developed as a result of the support given.

We observed that staff asked people for their consent before they provided any kind of support. They explained the support they were going to give in a way that they could understand and people responded positively to this approach. People and their relatives told us they were involved in decision making about care needs and that staff always respected their views.

Where needed care records contained mental capacity assessments, which been carried out when people lacked capacity to make some decisions for themselves. Decisions made in the person’s best interests were then recorded. For example, where bed rails and sensor mats were in use there was a record to show consent had been obtained.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and had received training in the MCA. The Mental Capacity Act 2005 (MCA) is legislation that protects people who do not have capacity to make a specific decision themselves. Deprivation of Liberty Safeguards (DoLS) is legislation that protects people where their liberty to undertake specific activities is restricted.

The registered manager knew what steps needed to be followed to protect people’s best interests. In addition, they knew how to ensure that any restrictions placed on a person’s liberty were lawful. We saw that they were aware of the need to take appropriate advice if someone who lived in the service appeared to be subject to a level of supervision and control that may amount to deprivation of their liberty. At the time of our inspection one person was being protected through a DoLS authorisation and we found that policies and procedures had been followed correctly.

Is the service effective?

People told us they had access to food and drink whenever they wanted it and that they enjoyed the foods that were available to them. One person commented, “The food is good, I enjoy what we have and if there is anything I don’t fancy I get other options.”

We saw records to confirm people were asked for their choice from the menu for the day in advance of the meal. During lunch we saw that where people changed their choice this was respected. For example, one person asked for ice cream as an alternative to cheesecake. The staff member who supported the person responded positively and also checked if the person wanted a banana as part of their dessert. The person said, “If there is one spare that would be lovely” We saw the staff member provided this. During our inspection we also saw there were jugs of water and drinks available for people to access at all times that this helped reduce the risk of people becoming dehydrated.

Staff demonstrated their knowledge and understanding of people’s nutritional needs. They followed care plans for issues such as encouraging people to drink enough and when it was identified as being needed, weighing people to ensure they were maintaining a healthy weight. Records included nationally recognised nutritional assessment tools. The registered manager confirmed that where people were at risk of poor nutritional intake staff understood how to make referrals to specialist services.

We spoke with the cook who showed us how they ensured they supported people to have their chosen meals throughout the day. The cook had established a varied menu which had been developed through asking people about their preferred meals and the cook demonstrated a clear understanding of people’s individual nutritional needs. We also saw the menu was adapted when it was needed in order to cater for people who had needs linked to conditions such as diabetes and those who required nutritional supplements.

Is the service caring?

Our findings

People told us that staff were kind and attentive to their needs. One person said, “The staff are most caring. I like to spend time in my room and I need support here. I’m not left out ever and they [staff] look after me well.” Another person said, “The caring approach is what I like. I like to know who is doing the care and the staff here are people I know. That’s an important part of caring. They get to know us and us them.”

We observed staff interacted well with people and responded to requests for help in a personal and professional way. For example they knew peoples’ first names and spoke with people in a way which showed they knew them and their needs very well. Care was given with staff explaining what they were planning to do before giving the care. We saw this helped people to be more relaxed and reassured people and their relatives said they felt the staff were very caring.

People had access to their own rooms whenever they wanted to be in them. People also spent time in the homes two main communal areas and the dining room area. We observed staff asked people where they would like to be and if they required assistance to move from one room to another. Staff recognised the importance of not intruding into people’s private space. Staff knocked on the doors to private areas before entering and ensured doors to people’s bedrooms and toilets were closed when people were receiving personal care. In addition, staff were friendly, patient and discreet when supporting people with their personal care needs.

We observed staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices and listened for the responses people gave.

For example during lunch time staff gave people the time to express their wishes and about the meals they had chosen and when they changed their minds this was respected. We also saw people were supported to access and use condiments and cutlery and regularly offered a choice of drinks. People had access to a range of adapted utensils and plate guards in order to help them eat their food as independently as possible.

We saw a staff member sat with one person and took their time to give caring and individual support to help them to eat their meal in the way they wished. The staff member offered portions of the meal to the person in a way which enabled the person to enjoy their meal and accept more food only when they were ready to and not before.

The registered manager and staff told us about the importance of respecting personal information that people had shared with them in confidence. We saw peoples’ care records were stored securely in the registered manager’s office so only staff could access them. This meant people could be assured that their personal information remained confidential.

The registered manager was aware that local advocacy services were available to support people. Advocates are people who are independent of the service and who support people to make their own decisions and communicate their wishes. The registered manager and staff confirmed they knew how to access the information people may need in order to make contact with advocacy services and the details were clearly on display in the registered manager’s office. The registered manager also showed us an example of how they had supported on person to access an advocate as part of an assessment that was undertaken together with them.

Is the service responsive?

Our findings

People we spoke with said they enjoyed the activities which took place at the home but that they felt there could be more made available. We did not see any specific group activities taking place during our inspection. However, one person was being supported to do a puzzle and they told us, "I like doing this. It relaxes me." Other people were reading and one person told us, "We have a bit of a book club going here. Once one of us has read a book we pass it on and keep it going. It means we get to read different things." A staff member told us how they supported people to do this by regularly bringing books in to circulate to people.

The registered manager told us they did not employ an activities co-ordinator and that all of the staff team supported people in maintaining their hobbies beliefs and interests. The registered manager showed us records to confirm they had developed a range of ad hoc and planned activities for people to take part in. The registered manager said staff offered the activities to people and they were undertaken depending on whether people wanted to take part in them or not. These ranged from, balloon games, puzzles, watching films together and holding music mornings or afternoons. People were also supported to maintain their religious needs and Christian services were held each month at the home for people who chose to attend. The registered manager showed us staff kept a record of activities undertaken by each person. However, the information indicated some people; including those who experienced memory loss did not have access to consistent stimulation through the activities provided.

We spoke with the registered manager and registered provider who recognised activities was an area which they had already identified as needing to be addressed and that they had planned to work together with people, their relative's and staff to review and improve the range of person centred activities available. The registered manager said this would include the development of research into more therapeutic one to one activities within the home. After we completed our inspection the registered manager

sent us information which confirmed they had a strategy in place to further develop the activities available, including those for people who experienced confusion and conditions related to dementia.

One person told us, "The staff know about my needs and I know they have to record what they do and I trust them to keep things up to date and they do."

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff told us care plans were informative and gave them the guidance they needed to care for people.

The registered manager showed us they were in the process of completing and updating the care plan record system to a new format. The care records showed that identified risks to people's wellbeing had been recorded as part of a risk assessment, which had been reviewed on a regular basis and amendments made when people's care needs changed.

Staff told us they understood the risk assessments and how they used this information on a day to day basis to keep people safe. Care record reviews were being completed regularly and people and their relatives had been consulted about any changes to the plans and records. Information in the plans showed whether they agreed to any proposed changes before they were made.

The registered provider had a complaints policy in place and we saw that it was available for people to access in the home. The registered manager told us it could be produced in different formats if needed so that people could easily access the information. People we spoke with told us they felt able to voice any concerns or complaints they had. They said they were confident they would be listened to and action would be taken to address any issues at the time they arose. Records showed that where concerns or complaints had been raised they had been responded to in line with the registered provider's policy and records were maintained by the registered manager regarding any resulting actions.

Is the service well-led?

Our findings

People and their relatives said that the service was well led. One person told us, “The manager and home owner work well together and I see them both regularly. They want to talk to us and that is a good feeling.” Another person said, “This is a small family home and it runs as such. I feel at home here and the manager has helped make it feel homely for us.”

We observed that staff were provided with the leadership they needed to develop good team working practices and that they were supported by the registered manager. Staff said that they were happy working at the service and felt supported with one staff member telling us, “We work as one team and we respect the manager and home owner because they have the needs of the residents at heart as we do.” Staff demonstrated they knew their job roles and their levels of responsibility. We observed staff making clear and timely reports to the registered manager and a senior staff member regarding events during the day and people’s changing needs.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We joined a staff handover meeting which was attended by the registered manager, a senior staff member and two care staff who had just started their shift. Information was shared about each person’s needs and any details regarding changes that staff starting the shift needed to be aware of. Staff told us the meetings were held daily and that they enabled them to communicate together with senior staff and the registered manager when needed.

The registered manager told us she had an open door approach that enabled people and staff to talk with her at any time. We observed this was the case during our inspection and staff and people could access the registered manager when they needed to. We also saw that when needed the registered manager made time to close their door when people wanted to speak in private.

We saw the registered provider’s information and guidance about whistle-blowing was available for staff and staff demonstrated they were aware of the registered provider’s

whistleblowing policy and procedures and said they would not hesitate to use them if they needed to. Staff said they had access to the numbers they needed to use to raise any of these types of concerns, including the contact details for The Care Quality Commission.

Staff meetings were in place so staff were aware of any changes or improvements in care that were needed. Records showed meetings were held on average every four months. Information from the last meeting held in June 2015 highlighted various issues about staff behaviour and duties the registered manager expected staff to complete as part of their working day.

The registered manager confirmed and people told us that they and their relatives were asked for their opinion on the services provided at the home. We saw meetings were held with people quarterly and one person said, “We meet together sometimes with the manager to talk about things like what we want to do and the food we like to eat. The meetings are informal and I know exactly where the manager is if I want to request anything specific.” Another person commented, “We have our say at any time we want to. There’s a flow of conversation with the manager and the staff relay anything we want to say to the manager or the home owner. They do listen.”

The registered manager showed us that questionnaires were available for people to complete at any time in order to provide feedback and the registered provider confirmed they were in the process of sending out a formal survey to family members, relatives, friends and visiting professionals. This survey had been scheduled for August 2015 and was about to go out.

The registered manager showed us they had developed a quality assurance and audit framework to enable them to routinely monitor and audit all aspects of care and general maintenance within the home. Regular audits were carried out by the registered manager and outcomes recorded for areas such as fire safety, food safety, accidents and incidents, infection control and medicines management.

The registered provider carried out regular visits to the home to check on the development of areas such as the environment, and any concerns or complaints received. Records regarding any actions planned or undertaken were maintained and the registered manager said that they worked closely with the registered provider to ensure all actions were followed up.