Nellsar Limited

Meyer House Nursing and Residential 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 19 and 20 October 2016.

Meyer House Nursing and Residential Care Home is a care home service with nursing for up to 34 older people. There were 28 people using the service at the time of our inspection.

We previously carried out an unannounced inspection of this service on 29 December 2013. At that inspection we found the service was meeting all the regulations that we assessed.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found that staff knew how to keep people safe. People who used the service told us they felt safe and that staff and the registered manager treated them well. The service had clear procedures to support staff to recognise and respond to abuse. The registered manager and staff completed safeguarding training. Staff completed risk assessments for every person who used the service which were up to date and included detailed guidance for staff to reduce risks. There was an effective system to manage accidents and incidents, and to prevent them happening again. The service had arrangements in place to deal with emergencies. The service carried out comprehensive background checks of staff before they started working and there were enough staff on duty to support to people when required. Staff supported people so that they took their medicines safely.

The provider had taken action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. However, we saw the provider had not completed the monitoring forms for the supervisory body as required. As a result of the inspection feedback, the provider reviewed systems and procedures to ensure any conditions placed on people's DoLS authorisations were complied with and we noted that there was no negative impact on people who used the service.

Staff assessed people's nutritional needs and supported them to have a balanced diet. Staff supported people to access the healthcare services they required and monitored their healthcare appointments.

People or their relatives where appropriate, were involved in the assessment, planning and review of their care. Staff considered people's choices, health and social care needs, and their general wellbeing. Staff prepared, reviewed, and updated care plans for every person. The care plans were person centred and reflected people's current needs.

Staff supported people in a way that was kind, caring, and respectful. Staff also protected people's privacy,

dignity, and human rights.

The service supported people to take part in a range of activities in support of their need for social interaction and stimulation. The service had a clear policy and procedure about managing complaints. People knew how to complain and told us they would do so if necessary.

There was a positive culture at the home where people felt included and consulted. People and their relatives commented positively about staff and the registered manager. Staff felt supported by the registered manager.

The service sought the views of people who used the services, their relatives, and staff to help drive improvements. The provider had effective systems in place to assess and monitor the quality of services people received, and to make improvements where required. The service used the results of audits to identify how improvements could be made to the service. However, we found that the provider had not notified the Care Quality Commission (CQC) of the authorisations of Deprivation of Liberty Safeguards (DoLS) as required. As a result of the inspection feedback, we saw the provider had notified the CQC and reviewed their quality assurance systems and procedures to ensure any conditions placed on people's DoLS authorisations and notifications to CQC were complied with.

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.

People who used the service told us they felt safe and that staff and the registered manager treated them well. The service had a policy and procedure for safeguarding adults from abuse, which the registered manager and staff understood.

Staff completed risk assessments for every person who used the service. Risk assessments were up to date and included guidance for staff on how to reduce identified risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks before they started working.

Staff administered medicines to people safely and stored them securely.

Staff kept the premises clean and safe.

Is the service effective?

Good

The service was effective.

The service supported all staff through training, supervision and annual appraisal in line with the provider's policy.

Staff assessed people's nutritional needs and supported them to have a balanced diet.

People who used the service commented positively about staff and told us they were satisfied with the way they looked after them.

The registered manager and staff knew the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and acted according to this legislation.

Staff supported people to access the healthcare services they

needed.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives told us they were happy with the service. They said staff were kind and treated them with respect.

People were involved in making day to day decisions about the care and support they received.

Staff respected people's choices, preferences, privacy, dignity, and showed an understanding of equality and diversity.

Is the service responsive?

Good

The service was responsive.

Staff assessed people's needs and developed care plans which included details of people's views and preferences.

Care plans were regularly reviewed and up to date. Staff completed daily care records to show what support and care they provided to each person.

Staff met people's need for stimulation and social interaction.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

Is the service well-led?

Good

The service was well-led.

People who used the service commented positively about the registered manager and staff.

The service had a positive culture. People and staff felt the service cared about their opinions and included them in decisions about making improvements to the service.

The registered manager held meetings with staff which helped share learning and ensure that staff understood what was expected of them at all levels.

The service had an effective system and process to assess and monitor the quality of the care people received. The service used learning from audits to identify areas in which the service could improve.	

Meyer House Nursing and Residential 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.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. We also contacted health and social care professionals and the local authority safeguarding team for feedback about the service. We used this information to help inform our inspection planning.

This inspection took place on 19 and 20 October 2016 and was unannounced. This service was inspected by one adult social care inspector on 19 October 2016. The adult social care inspector and an expert by experience returned to the service on 20 October 2016 to complete the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with eight people who used the service and three relatives, five staff, the deputy manager, the registered manager, and the operations manager. Not everyone at the service could communicate their views to us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at five people's care records and nine staff records. We also looked at records related to the management of the service such as details about the administration of medicines, complaints, accidents and incidents, safeguarding, Deprivation of Liberty Safeguards, health and safety, and quality assurance and monitoring.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe and that staff and the registered manager treated them well. One person told us, "I feel safe, it's quite a good place." Relatives said that they were happy with their (loved one's) care. People appeared comfortable with staff and those who could, approached them when they needed something. We saw staff adjusted people's sitting positions and encouraged movement in a safe manner in the communal area.

The service had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse had occurred. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC). The registered manager told us that they had no safeguarding concerns since our previous inspection in December 2013. Staff we spoke with told us, and records confirmed that they had completed safeguarding training. They were aware of the provider's whistle-blowing procedure and said they would use it if they needed to. One member of staff told us, "I'm aware about the whistle-blowing policy and procedures. I can report to senior manager and the whistleblowing number is displayed in the home."

Staff completed risk assessments for every person who used the service. These covered areas including manual handling, falls, nutrition, and skin integrity. We reviewed five people's risk assessments and all were up to date with detailed guidance for staff on how to reduce identified risks. For example, where one person had been identified as being at risk of falls, a risk management plan had been put in place which identified the use of equipment and the level of support the person needed to reduce the level of risk. In another example, we saw staff regularly repositioned people where their skin integrity had been identified as an area of risk because of their immobility. A member of staff told us, "No one has pressure sores in the house and we monitor people's skin daily." This was confirmed when we reviewed completed daily monitoring charts.

The service had a system to manage accidents and incidents to reduce the risk of them happening again. Staff completed accidents and incidents records. These included details of the action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. We saw examples of changes having been made by staff after incidents occurred to improve safety. For example, we noted that pressure activated mats had been placed next to a person's bed to alert staff following a recent incident. Records also showed that actions to reduce future risks were also discussed in staff meetings.

The service had enough staff to support people safely in a timely manner. One person told us, "I think there are enough staff." The registered manager carried out a dependency assessment to identify staffing levels required to meet the needs of people using the service. The dependency assessment was kept under regular review to determine if the service needed to change staffing levels to meet people's needs. The staff rota showed that staffing levels were consistently maintained to meet the assessed needs of the people and that staffing levels increased in line with changes in people's needs where required. A senior member of staff told us, "Whenever there is a need for an additional member of staff to escort a person to a healthcare appointment, the registered manager gets another member of staff to cover. We do not reduce staffing

levels." Staff rotas we saw further confirmed this.

Staff responded to people's requests for help in a reasonable time. We saw staff responding to people's needs in a timely manner, including the call bells. The registered manager monitored call logs to monitor if calls were answered promptly.

The service carried out comprehensive background checks of staff before they started work. These checks included details about applicants' qualifications and experience, their employment history and reasons for any gaps in employment, references, a criminal records check, health declaration, proof of identification, and registration of qualified nurses with their professional bodies. This meant people only received care from staff who were suitable for their roles.

Staff kept the premises clean and safe. The provider had procedures in place in relation to infection control and the cleaning of the home and these were followed by staff. Staff were clear about the infection control procedure in place at the home and explained how they cleaned each bedroom and communal areas to maintain cleanliness standards. Staff and external agencies, where necessary, carried out safety checks for environmental and equipment hazards such as hoists, and safety of gas appliances. We saw staff being very careful about where they placed walking frames and equipment when they were near people to avoid any accidents.

The service had arrangements to deal with emergencies. The service carried out regular fire drills. Records we saw confirmed this. Staff completed personal emergency evacuation plans (PEEP) for every person who used the service. These included contact numbers for emergency services and provided advice for staff on what to do in a range of possible emergency situations. Staff received first aid and fire awareness training so that they could support people safely in an emergency.

Staff supported people to take their medicines safely. One person told us, "I always get my medicines on time." The provider trained and assessed the competency of staff responsible for the administration of people's medicines. People's Medicines Administration Records (MAR) were up to date and accurate. They showed that people had received their medicines as prescribed and remaining medicine stocks were reflective of the information recorded. Medicines were stored securely including controlled drugs. For example, staff monitored fridge and room temperature to ensure that medicines were stored within the safe temperature range. A registered nurse conducted medicine management audits and shared any learning outcomes with staff to ensure people received their medicine safely.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. One person told us, "The staff are very conscientious here, well trained, and they know what they are doing." We saw staff assisted people who required with cutting up food and made sure their dietary needs were attended to.

Staff completed training relevant to their roles and responsibilities. Staff told us they completed comprehensive induction training when they started work. The registered manager told us all staff completed mandatory training identified by the provider. The training covered areas from food hygiene, infection control, equality and diversity, health and safety, to moving and handling, management of medicines, catheter care, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff told us the training programmes enabled them to deliver the care and support people needed. The service provided refresher training to staff. Staff training records we saw confirmed this.

Records showed that staff were supported in their roles through regular supervision and a yearly appraisal. Staff told us that areas covered in supervision included their wellbeing and sickness absence, roles and responsibilities, and training and development plans. They said they felt supported and were able to approach their line manager, or the registered manager, at any time for support.

Staff asked for people's consent, when they had the capacity to consent to their care. Records clearly evidenced people's choices and preferences about their care provision. Staff we spoke with understood the importance of gaining people's consent before they supported them. For example, prior to giving people a shower or bath.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

Records showed that people's mental capacity had been assessed relating to specific decisions about the support they received where staff suspected they may not have capacity to make the decision for themselves. Assessments had been completed in accordance with the requirements of the MCA. Where people had been assessed as lacking capacity we saw that the relevant decision had been made in their best interests, with the involvement of staff, relatives and/or healthcare professionals, where appropriate.

The registered manager knew the conditions under which an authorisation may be required to deprive a person of their liberty in the best interests under DoLS. Records showed that appropriate applications had been made, and authorisations granted by the relevant 'Supervisory Body' to ensure people's freedoms were not unduly restricted. However, we saw the provider had not completed the monitoring forms for the supervisory body as required. As a result of the inspection feedback, the provider reviewed systems and procedures to ensure any conditions placed on people's DoLS authorisations were complied with. For example, following the inspection, the registered manager confirmed that the regular monitoring information had been submitted to the 'Supervisory Body' in line with the conditions they had placed on people's DoLS authorisations. We saw that this omission did not negatively impact on people who used the service.

Staff assessed people's nutritional needs and supported them to have a balanced diet. People told us they had enough to eat and drink. One person who used the service told us, "The food is varied, I always get a choice." Another person said, "I like to go to the dining room, roast dinner today, a nice meal, the food is quite good."

Staff recorded people's dietary needs in their care plan and shared the information with kitchen staff to ensure people received the right kind of diet in line with their preferences and needs. We saw that a range of dietary needs were met by the service. For example, the service catered for people who needed soft diets, thickened fluids and fortified diets, and a healthy balanced diet for people with a particular health condition. The chef told us there were alternatives available if people did not like what was offered on the day.

The service protected people from the risk of malnutrition and dehydration. Staff monitored people's weight as required. Where risks were identified, staff completed food and fluid charts to monitor people's intake and take further action if required. For example, we noted that staff sought advice from the Speech and Language Team (SALT) where a person had been identified as having swallowing difficulties.

We carried out observations at lunch time. We saw positive staff interactions with people. The dining room atmosphere was relaxed and not rushed. There were enough staff to assist people and we saw them provide appropriate support to people who needed help to eat and drink. Staff made meaningful conversation with people, and helped those who ate slowly, encouraging them to finish their meals.

Staff supported people to access healthcare services. We saw the contact details of external healthcare professionals, such as GP, dentist, district nurses and chiropodist in every person's care record. Staff completed health action plans for everyone who used the service and monitored their healthcare appointments. The staff attended healthcare appointments with people to support them where needed.

Good

Is the service caring?

Our findings

People told us they were happy with the service and that staff were kind and treated them with respect. One person told us, "Staff look after you very well here, they are very kind and caring." Another person said, "Staff take trouble to put my stockings on in the morning and take them off at night. They decorated my room specially. The manager made sure I had all my family photos on the wall in my room."

We observed that staff had good communication skills and were kind, caring and compassionate. Staff talked gently to people in a dignified manner. They coaxed some people to drink something and to take some food. They knew each person well and pro-actively engaged with them, using touch as a form of reassurance, for example by holding people's hands which was positively received.

Staff involved people or their relatives where appropriate in the assessment, planning and review of their care. Care records we saw confirmed this.

Staff respected people's choices and preferences. For example, one person told us, that they ate a particular brand of food before they came to this home and that the manager bought this for them and they had it every day. Where people preferred to spend time in their own rooms and lounge staff respected their choices. We saw staff ensured people's personal belongings were within their reach. Staff could tell us people had preferred forms of address and how some people requested staff use their preferred first name. These names were recorded in their care plans and used by staff. Relatives told us there were no restrictions on visitor times and that all were made welcome. We saw staff addressed visitors, and they were made to feel welcome and comfortable.

Staff respected people's privacy and dignity. We saw staff knocked and waited for a response before entering people's rooms, and they kept people's information confidential. We noticed people's bedroom doors were closed when staff delivered personal care. We saw staff used screen in the communal areas when people were transferred onto a wheel chair. People were well presented and we saw how staff helped people to adjust clothing to maintain their dignity. Records showed staff received training in maintaining people's privacy and dignity.

Staff showed an understanding of equality and diversity. Staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. The registered manager told us that the service was non-discriminatory and that staff would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. Staff we spoke with confirmed that people were supported with their spiritual needs where requested. For example, staff encouraged visitors from the local church to come and interact with people and arranged church services for people who were interested.

Good

Is the service responsive?

Our findings

People received care and support that met their needs. One person told us, "I couldn't wish for anything more, I'm well looked after." We saw staff responding to people's needs in a timely manner, by responding to call bells, adjusting sitting positions, encouraging movement, and regularly checking on people's wellbeing and comfort.

Staff supported people to follow their interests and take part in activities. One person told us, "I like the quizzes, it makes life more interesting." A member of staff told us that they ask residents what they would like to do and built programmes to suit them. Activities on offer included bus tours, Church services, and musical events, walks in the garden, visits to parks and pubs, reminiscencing sessions, pampering sessions, quizes, arts and crafts sessions and external entertainers. We noted that these activities were having positive effect on people's wellbeing. For example, we observed people enjoying music on one of the mornings of our inspection. They responded positively to the performance, with some people dancing and others clapping along to the music.

Staff carried out a pre-admission assessment of each person to see if the service was suitable to meet their needs. Where appropriate, staff involved relatives in this assessment and they used this information as a basis for developing personalised care plans to meet each person's individual needs.

Care plans contained information about people's personal life and social history, likes and dislikes, their interests and hobbies, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves. Senior staff updated care plans when people's needs changed and we noted that plans included clear guidance for staff on the level of support each person required. For example, for people who required it, staff monitored their food and fluid intake. All of the care plans we reviewed were up to date and reflective of people's current needs.

Staff completed daily care records to show what support and care they provided to each person. They also maintained a record which listed the specific tasks for the day such as who required a weight check, fluid and food intake monitoring, repositioning of people in the bed and skin care management. Staff discussed the changes to people's needs during the daily shift handover meeting and staff team meeting, to ensure continuity of care. The service used a communication log to record key events such as changes to health and healthcare appointments for people, to ensure their needs were met in a timely manner.

People and their relatives told us they knew how to complain and would do so if necessary. One person told us, "I can't find anything to moan about, I'm well looked after." Another person said, "They [staff] look after you, anything you want, they get it for you." The service had a clear policy and procedure about managing complaints. We saw information was displayed in the communal areas about how to make a complaint and what action the service would take to address any concerns received. The registered manager had maintained a complaints log, which showed that they had investigated any complaints when concerns had been raised, and responded to them in a timely manner. These were about general care issues. For example,

a onetime delayed call bell response time. The registered manager told us they had not received any complaints after these concerns had been raised and the records we saw confirmed this.

Good

Is the service well-led?

Our findings

People commented positively about staff and the registered manager. The atmosphere in the home was calm and friendly, and we saw meaningful interactions between staff, people and their relatives. One person told us, "The manager is very kind."

We saw the registered manager interacted with staff in a positive and supportive manner. Staff described the leadership of the service positively. One member of staff told us, "The manager is very understanding, when praise is needed she will give praise, her door is always open." Another member of staff said, "The manager is very good and has very good bond with service users and staff." A third member of staff said, "The manager is very approachable and always supportive, I can talk about my personal problems not just about my work."

The registered manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health and social care professionals, and any changes or developments within the service.

The service worked effectively in partnership with health and social care professionals and commissioners. For example with a tissue viability nurse, community psychiatric nurse, GP, hospice, speech and language therapist, occupational therapist and the hospital. Care records we saw confirmed this. Feedback from social care professionals stated that the standards and quality of care delivered by the service to people was good and that they were happy with the management and staff at the service.

The service had an effective system and process to assess and monitor the quality of the care people received. This included audits covering areas such as the administration of medicine, health and safety, accidents and incidents, house maintenance, care plans, risk assessments, infection control, and wound monitoring by the registered manager. We noted that improvements had been made in response to audit findings. These included care plans and risk assessments being brought up to date, and medicines were managed safely.

We found that the provider had not notified to the Care Quality Commission (CQC) as required, of the authorisations of Deprivation of Liberty Safeguards (DoLS) because some people required continuous supervision by staff. When asked, the registered manager told us this has been an oversight, and in future they would notify CQC in a timely manner. Also, the provider's audit had not picked up that they had not completed the monitoring forms for 'Supervisory Body' in line with the conditions the body had placed on people's DoLS authorisations. As a result of the inspection feedback, the registered manager confirmed that in future they would complete monitoring forms for the supervisory body and notifications to the CQC. As a result of highlighting these omissions, the provider reviewed their quality assurance systems and procedures to ensure any conditions placed on people's DoLS authorisations and notifications to CQC were complied with and we will monitor progress with this at our next inspection. We saw there was no negative impact on the people who used the services.

The service had a positive culture, where people and staff felt the service cared about their opinions and included them in decisions. We saw a staff feedback survey from 2015 and found that most of the responses were either excellent or very good. The registered manager told us that as a result of staff feedback their pay had been increased in December 2015 and work on a new staff room was in progress. We observed that people and staff were comfortable approaching the registered manager and their conversations were friendly and open.

The registered manager encouraged and empowered people to be involved in service improvements through residents' meetings. For example, about the range of activities they would like to do both indoors and outdoors. Records we saw confirmed this.

Relatives completed feedback surveys about service improvements. The areas covered in these surveys included quality of the care provided, people's involvement, content and quality of activities, and the quality of staff interactions with people and their relatives. As a result of the survey feedback, the registered manager had developed an action plan and made improvements to the service. For example, a new activity coordinator was appointed to ensure people who used the services had a wide range of activities to choose from, and the registered manager told us that they had planned to hire a coach to take people on outings at least four to six trips a year.