Kirklands Healthcare Limited

Meadow's Court

Inspection report

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Date of inspection visit:
04 February 2021

Date of publication:
08 March 2021

Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

About the service
Meadow's Court is purpose built and registered to provide personal care and support for up to 60 adults with physical or age-related care needs. The accommodation is provided over two floors, with communal facilities which include lounges and a dining room being located on the ground floor. At the time of the inspection the service was supporting 53 people, some of whom were living with dementia.

People's experience of using this service and what we found
Staff were seen to be wearing PPE; however, many staff were observed not wearing their mask appropriately. This was highlighted to the registered manager at the time of our site visit. The service had a 'visiting pod' which provided independent access for family members to visit their relatives. All visitors to the service were required to wear personal protective equipment (PPE). Service users and staff were routinely tested for COVID, and all service users and staff had been offered their first COVID vaccination.

People's records identified the care and support they required to maintain their safety and wellbeing. Potential risks were assessed. However, some people's records did not consistently document information between differing records which detailed people's care needs. Accidents and incidents were recorded; however, the cause was not always analysed to help prevent further occurrences.

People said they felt safe at the service. Checks were carried out as part of staff recruitment. Staff undertook training in topics related to the promotion of people's safety, health and welfare. Staff were knowledgeable about their role in reporting concerns, both internally and externally.

People and staff views were sought and were considered as part of managerial meetings to develop the service.

Quality monitoring of the service was a key part of the providers commitment to developing the service, this had included the commissioning of an independent audit. Improvements in some areas had already been implemented, and an action plan for further improvements was in place, with timescales set for achievement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for the service under the previous provider was good,(published 18 May 2018).

Why we inspected
We received concerns in relation to the safe care of people. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meadow's Court on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our safe findings below.

Meadow's Court

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

The service had a registered manager with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by an inspector and an assistant inspector.

Service and service type
Meadow's Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
We gave the service a short notice period of the inspection. We telephoned and spoke with the registered manager and informed them of our inspection five minutes prior to entering the service. This was to help the service and us manage the risks associated with COVID-19.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission the service for some people who use the service. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with four people who used the service and a relative about their experience of the care provided. We spoke with five members of staff including the registered manager, operational manager, chef, housekeeping, senior care and care staff.

We reviewed a range of records. This included two people's care records and four people's medication records. We looked at one staff file in relation to recruitment. We viewed a variety of records relating to safety and maintenance of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at minutes of meetings for people using the service, staff and the management team. We looked at records to evidence ongoing support of staff through supervision and records detailing staff training. Audits were viewed in relation to quality assurance and monitoring.

We spoke with the nominated individual following our site visit, who assured us of the action they would take following our initial feedback on the day of our site visit. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not fully assured that the provider was using PPE (personal protective equipment) effectively and safely. We observed many staff of differing roles within the service not wearing face masks appropriately, for e.g., under the chin this included members of the management team. This put people and staff at increased risk of spreading infection. The nominated individual and registered manager informed us additional monitoring of staff for compliance would be implemented.
- We were assured that the provider was preventing visitors from catching and spreading infections. The provider had installed a 'visiting pod' which had its own external entrance. This enabled family members to visit their relatives in a safe manner with screens installed to prevent cross infection. All visitors to the service had their temperature taken and were required to wear PPE.
- We were assured that the provider was meeting shielding and social distancing rules. The provider had made changes to the layout of furniture to encourage social distancing. However, many people were living with dementia which meant they were unable to adhere to government guidance.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely

- The information recorded on some people's medication administration records (MARs) did not consistently reflect the information in their care plan. For example, a person was prescribed medication for pain relief, however this information was not recorded within their care plan. This could potentially impact on a person receiving appropriate pain management.
- Medicines were ordered, stored, administered and disposed of safely. The registered manager following our site visit introduced a body map to record where on a person's body pain relieving patches were applied, to help prevent skin irritation.
- Staff responsible for the administration of medication received training in the safe handling of medication, and had their competence assessed.

Learning lessons when things go wrong

● Records detailing accidents were not always analysed to identify if lessons could be learnt to prevent future occurrences. For example, a person had fallen twice within a 24-hour period, potential health reasons were identified as the potential cause on the first occasion. However, there was no record analysing the potential reason for the second fall.
● Staff were aware of their responsibilities to report safety incidents and concerns, which included alerting external agencies such as the local authority who commissioned care services.

Systems and processes to safeguard people from the risk of abuse
● People's safety was monitored and promoted. Staff had been trained in safeguarding procedures and they knew what action to take to protect people from harm and abuse.
● Staff spoken with were knowledgeable about how to raise a safeguarding concern, which included informing the management team and outside agencies, such as the police, the Care Quality Commission (CQC) and the local authority. A staff member told us, "I am up to date with safeguarding training. I would report anything I was not happy with to the manager."

Assessing risk, safety monitoring and management
● People's safety was promoted. Potential risks were assessed, and measures put into place to reduce risk, which staff implemented. People told us they felt safe and spoke of equipment used to support their safety. One person told us, "They [staff] support me very well, I moved here after I broke my foot."
● People's nutritional needs were assessed, and their weight monitored. Referrals to speech and language therapists where made when people had trouble in swallowing and their advice followed. For example, to reduce the risk of choking a soft diet was introduced. However, when we spoke with staff, not all them were aware of people's dietary needs. The registered manager informed us following our site visit that staff had been reminded where information about people's dietary needs was recorded.
● Records were kept of accidents and incidents in the service, and staff were aware of their responsibility in responding to events. For example, staff provided a clear account as to how they would support a person following a fall, and records showed emergency health care was requested.
● Personal emergency evacuation plans were in place to ensure people were fully supported in the event the service had to be evacuated. For example, any equipment required, and the number of staff needed. This included colour codes on people's bedroom doors which related to the evacuation needs of that person.

Staffing and recruitment
● Staff underwent a robust recruitment process. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.
● Staff undertook training to promote people's safety and promote their health and well-being.
● There were sufficient numbers of staff to meet people's needs and keep them safe. We observed people being supported in a timely manner with personal care.
● The supervision of staff through observed practice ensured staff provided personal care and support consistent with their training.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The quality monitoring undertaken by the management team was not always effective. For example, observations of staff practices had not identified that PPE face masks were not always being worn in line with infection prevention guidelines. The provider and registered manager took immediate action following our initial feedback on the day of the site visit.
- The provider had implemented changes to improve systems to record and monitor people's care. For example, an electronic recording system for service user records had been introduced. Staff used handheld devices to update people's records as and when care and support was provided.
- The provider as part of their commitment to drive improvement had commissioned an independent company to audit the service. The provider had developed an action plan based on the findings. The action plan was monitored, and target dates set for compliance, with some targets already been achieved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Systems and practices supported an open culture. Staff had the opportunity to attend meetings, and supervisions which provided an opportunity for the sharing of views, and quality monitoring.
- Staff spoke positively of the management team, including the directors for the service. Staff told us they were confident to approach the directors and managerial staff to share any concerns or ideas. Minutes of managerial meetings had acknowledged staff's commitment during the COVID pandemic.
- People we spoke with, and a visiting family member told us they were happy with the care provided and told us staff were kind and caring.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their role and responsibilities. Notifiable incidents were reported to the Care Quality Commission (CQC) and other agencies. No incidents had met the criteria under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.

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

- Regular meetings held between the provider and management team evidenced the ongoing monitoring of the service, and recorded the decisions made and actions required to drive improvement.

● The registered manager was supported by a senior management team, which included the directors who regularly visited the service. They provided indirect support through the continuous improvement of systems and processes. For example, policies and procedures had been reviewed and personalised to meet the needs of the service.
● The provider had a business continuity plan in place, which detailed how people's needs were to be met in the event of an emergency. A Covid-19 contingency plan had been developed in response to the pandemic, which outlined the provider's actions to ensure essential care continued to be provided.
● The registered manager understood their legal obligations. CQC had been informed about events they were required to by law, and we saw that the provider had displayed the last inspection rating on their website and within the service as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People's views were sought through meetings and individual discussions. Minutes of managerial meetings reflected the discussions held with both those using the service and staff.
● Systems and policies were in place to enable staff to raise concerns. Staff informed us they were confident to whistle blow and would raise concerns either internally or with external agencies.

Working in partnership with others
● The provider worked with key stakeholders, which included the local authority and health partners. This had enabled all to work collaboratively during the COVID pandemic to support the health and welfare of both service users and staff, through the implementation of government guidance, testing and vaccination.