MACC Care Limited

Meadow Rose Nursing 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

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 and to pilot a new inspection process being introduced by Care Quality Commission (CQC) which looks at the overall quality of the service. This was an unannounced inspection.

Meadow Rose Nursing Home opened in December 2013 and has accommodation for up to 49 older people who require nursing care. There were 26 people living at the home when we visited. We found that the home had a registered manager. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found that the home followed safe recruitment practices and had appropriate policies and procedures in place to keep people safe from harm. For example the home's safeguarding procedures were robust and there were arrangements in place to deal with foreseeable emergencies. People were safe and their health and welfare needs were met because there were sufficient numbers of staff on duty who had appropriate skills and experience.

Summary of findings

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that the provider had appropriate policies and procedures in relation to the MCA and DoLS which ensured that the home protected people's rights to express how they wanted their care to be delivered and receive care which met their needs.

People's health needs were met and care and support was provided by well trained staff. We saw that staff received effective support, supervision, appraisal and training which meant they had the knowledge, skills and support they needed to deliver safe and effective care.

People were appropriately supported and had sufficient food and drink to maintain a healthy diet. We found that people living at the home had been assessed for the risks associated with poor diet and dehydration and care plans had been created for those who were identified as being at risk. Care and catering staff told us that they were aware of people's nutritional needs including those who needed thickened fluids or fortified foods.

People living at the home and their relatives told us that the staff were kind, considerate and caring. It was apparent to us from our observations that staff were attentive, polite and sought consent before providing care and support.

Staff had a good knowledge and understanding of people's medical and health needs but did not always know their preferences and personal histories. Care records contained important information regarding health and welfare needs, but did not always contain detailed and relevant information regarding people's individual social needs, interests and background.

People who lived at the home told us that their call alarms were not always responded to promptly and sometimes they had to wait for assistance. Although staffing arrangements had been assessed and appeared sufficient to meet people's needs, it was apparent that there were some difficulties that needed to be addressed to ensure that people received the care and support when they needed it. The manager of the home assured us that this concern would be dealt with as a priority.

A check of care records showed that one person had lost weight in a relatively short period of time. Although this person had been weighed regularly, there was no evidence that the weight loss had been identified and acted upon by the manager or staff at the home. There was no action plan on file to indicate that the weight loss had been responded to and referrals made to appropriate health professionals. We found that this person's needs had not been appropriately reviewed, assessed and met.

During our observations at the home, we saw that one person was sat in a chair for a long period and was not supported by a pressure cushion. We checked this person's care records and saw that they had been assessed as being at risk of developing pressure sores and should have been supported by a pressure cushion when sat in a chair. We found that this person was not receiving appropriate care and support when they needed it.

People told us that they were encouraged to make their views known about the care, treatment and support they received at the home. This was achieved by holding group meetings, sending out survey questionnaire forms and seeking 'one to one' feedback (via key workers) on a variety of topics that were important to people who lived at the home. This meant that people had regular opportunities to provide feedback about the quality of care and support they received at this home.

A check of records showed that the provider had an effective system to assess and monitor the quality of service that people received at the home on a regular basis and a system to manage and report accidents and incidents. Findings from these systems were analysed and used to make improvements.

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. People told us that they trusted the staff at the home and felt safe.

The home followed safe recruitment practices and staff had received appropriate training in relation to safeguarding people, Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguarding (DoLS).

We found that a sufficient number of staff with the appropriate skills were employed at the home and there were arrangements in place to deal with foreseeable emergencies.

Is the service effective?

Good

The service was effective. People and their relatives told us that staff had the necessary skills and knowledge to meet their assessed needs.

People had regular access to a range of health care professionals and their health needs were met and delivered in line with individual care plans.

Is the service caring?

Good

The service was caring. People who lived at the home told us that they were supported by kind and attentive staff.

Relatives of people who lived at the home were complimentary about the care their family members received and the competence and kindliness of staff.

Staff had a good knowledge and understanding of people's health needs.

Is the service responsive?

Requires Improvement

The service was not always responsive to the needs of the people who lived at the home.

Care records showed that a person's weight loss had not been identified and acted upon appropriately. We found that another person had not been supported by a pressure cushion when they were at risk of developing pressure sores. This meant that some people's health and care needs had not always been met.

We found that there were limited activities provided at the home.

Is the service well-led?

Good

The service was well led. We found that there was a registered manager employed at the home who knew all the people who lived there and the staff who supported them.

People who lived at the home, their relatives and staff were all complimentary of the manager and told us that the home was well managed.

Summary of findings

A check of records showed that the provider had an effective system to regularly assess and monitor the quality of service that people received at the home.

Meadow Rose Nursing Home

Detailed findings

Background to this inspection

This inspection was undertaken by one inspector, a 'specialist' advisor and an Expert by Experience. 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 a dementia practitioner who provided guidance and expertise in relation to the care and support of people living with dementia.

This was the first inspection of this home by the Care Quality Commission since it opened in December 2013.

We visited the home on 12 and 14 August 2014 and spoke with seven people who lived there, seven of their relatives, eight members of staff, the registered manager and the Area Manager of the provider's parent company. This home is owned by MACC Care Limited (parent company) who also have three other nursing homes in the Birmingham area.

Providers are required by law to notify the Care Quality Commission about important events and incidents that occur at their home including unexpected deaths, injuries to people receiving care including safeguarding matters. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan what areas we were going to focus on during our inspection.

On the day of our inspection, we observed how care and support was delivered by care and nursing staff including at lunch time. We spent time observing care and support in the dining room and living areas. We looked at records including four people's care plans and the staff files for four members of staff. We sampled records from staff meetings, staff supervision, meetings with people who lived at the home and accidents and incidents records. We reviewed several of the provider's policies including, safeguarding and complaints. We looked at the provider's 'quality assurance' records which were used to check and monitor the quality of the service being provided at the home. These included how the provider responded to issues raised, audits, action plans and annual service reviews.

Good

Is the service safe?

Our findings

We spoke with seven people who lived at the home. They told us they felt safe and trusted the staff who supported them. Comments included, "I feel safe here because I am not alone" and "I am well looked after and kept safe thanks."

We spoke with relatives of people who lived at the home. Comments included, "My relative is in safe hands here" and "I visit every day, I'm satisfied my relative is safe and well looked after."

Records showed that all new employees were appropriately checked through robust recruitment processes to ensure that they were suitable to work with older people. This included obtaining character references, confirming identification and checking people with the Disclosure and Barring Service (formerly CRB – Criminal Records Bureau).

We found that the home had appropriate policies and procedures in place to inform and advise staff as to the required actions they should take if an incident or unusual event happened at the home. For example, we found that the provider had a safeguarding of adults policy which contained relevant information. The policy explained what abuse was and showed where care staff could report safeguarding concerns, should they arise. The policy was detailed, up to date and accessible to all members of staff. The staff we spoke with told us they knew how to access this information and demonstrated a good knowledge of it in order to keep people safe.

We spoke with the manager of the service about Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, we found that no-one was being restricted (or denied their rights) under this legislation. The manager demonstrated to us that she knew about protecting people's rights and freedoms and how to make appropriate referrals under this legislation to keep people safe.

We found that the staff at this home had received appropriate training in relation to safeguarding people, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We spoke to staff and they were able to explain to us the different forms of abuse that people could be exposed to and what their responsibilities were if they saw or heard an incident of concern. For example, staff were able to tell us which agencies they could contact if they were ever dissatisfied with the action taken by the manager of the home. This meant that staff knew how to protect people from harm.

Records showed that the provider had assessed and managed the risks associated with the living environment at the home. This ensured that people were being cared for safely and in accordance with their personal needs. We found that tasks such as moving and handling had been risk assessed to ensure these were undertaken as safely as possible by staff with the appropriate skills and equipment. Records showed us that staff were trained in fire procedures and were involved in regular drills. This meant that they would understand emergency procedures and act appropriately to keep people safe.

We checked records and saw that the home had a system in place that recorded all incidents which occurred at the home. This included accidents, incidents involving people at the home, safeguarding issues and other matters of concern. We looked at this system and found that detailed records were kept by the management team and were evaluated and analysed on a regular basis to identify any trends that were emerging and to learn where improvements could be made.

We looked at staffing levels at the home and saw that the care and nursing team were supported by catering, laundry, administrative and housekeeping staff. During our inspection we saw that staff were visible and there was usually a member of staff present in communal areas of the home to support people. We talked to the manager and staff about staffing levels. We were told that staffing numbers were determined by the health needs and dependency levels of the people who lived at the home. The manager told us that she reviewed staffing levels regularly and she had the authority and flexibility to make changes where necessary.

Good

Is the service effective?

Our findings

We spoke with people who lived at the home and their relatives about the competence and ability of the staff employed there. The feedback we received was very favourable. Comments included, "The staff are very kind, they seem to be good at their jobs" and "My relative is very happy with the carers, they are well trained."

Records showed that staff received effective support, supervision, appraisal and training. We saw that staff received induction training and regular 'one to one' supervision meetings with the manager of the home. The staff we spoke with which included catering, care and laundry staff told us that they were supported and well trained. Comments included, "We have regular meetings with the manager" and "The manager is supportive and always available, in fact we can contact her if we have a problem even if she is off duty."

The records we looked at showed that staff had received training in a number of subjects which supported them to meet people's specific care needs. These included: moving and handling, safeguarding adults, first aid, food safety and infection control.

The staff we spoke to demonstrated a good knowledge of the people who lived at the home including an understanding of their medical and nutritional needs.

We observed people during meal times and saw that they were appropriately supported and given assistance when they needed it. We saw that mealtimes were calm and relaxed and that people were not hurried or rushed when they were eating. People were offered choices with their main meal and dessert. Staff were patient, considerate and respectful to people during lunch time. We saw that people were supported through the use of aids such as plate guards to assist them to eat independently. People told us that they enjoyed their meals and were consulted regarding their choices and preferences. Comments included, "The food is really nice" and "It's not like being at home, but the food is good."

We found that people living at the home had been assessed for the risks associated with poor diet and dehydration and care plans had been created for those who were identified as being at risk. We spoke with catering staff and found that they were aware of people's nutritional needs including those who needed thickened fluids or fortified foods. We were told that they were kept informed of any changes to people's nutritional needs so that they could provide any different or additional dietary support.

We noted that survey questionnaires had been sent out to people who lived at the home and their relatives inviting feedback in relation to a number of issues including the quality of the food at the home. We examined the survey results and noted that the feedback received in relation to the meals at the home were very favourable.

We checked and found that the service kept records which monitored people's fluid intake. These records showed that fluid intake was monitored and checked at the end of each day to ensure people had received sufficient drinks to remain hydrated and healthy. We saw that people had regular access to a range of health care professionals which included general practitioners, dentists, chiropodists and opticians. Therefore people were supported to access healthcare services and maintain good health.

Good

Is the service caring?

Our findings

We spoke with people about the standard of care and support they received at the home. They told us that the staff were caring and friendly. Comments included, “Staff are compassionate and kind” and “Staff here are polite and respect me.”

Relatives of people who lived at the home were also very complimentary about the standards of care being delivered and the competence of staff employed there. Comments included, “I have found the staff to be really kind and helpful” and “We have been satisfied with the care and support my relative receives.”

We spent several hours in the communal areas of the home and observed people who lived there and the staff who supported them. It was apparent from our observations that staff were patient, respectful, polite and had built up a good working relationship with the people they were supporting. People seemed comfortable and at ease with staff. For example we saw that people were given the time they needed to make decisions and staff sought consent and explained what they were doing before providing care and support. We saw that staff knocked on bedroom doors and waited to be invited in before they entered.

We spoke with staff about the people they were supporting. We found that staff had a good knowledge and understanding of people’s medical and health needs. We checked care records and saw that they contained important information regarding people’s health and welfare needs.

People told us that they were listened to by the management and staff and could express their views about how their care was delivered. We found that each person living at the home had an identified ‘key worker’ who was nominated to work closely with them to ensure that they received safe and appropriate care in a way they had agreed. Comments included, “We have our say, the manager and staff listen to us.”

Relatives of people who lived at the home confirmed that they were encouraged to provide feedback and make their views known. We noted that there were suggestion boxes around the home in prominent places inviting feedback from people and their relatives about the service being provided.

We saw that there were a number of communal areas in the home where people could go and be alone should they wish to do so or spend time with visiting relatives or friends. We noted that people all had their own bedrooms where they could return to at any time they wished. People told us that the facilities at the home were very good and allowed them privacy and choice. Therefore people’s independence and individuality was respected and people could be as independent as they wished.

We saw that the home had a number of policies in relation to privacy, respect and dignity and that these were accessible to people who lived at the home and their relatives. The staff we spoke to had a good appreciation of people’s human rights including privacy, respect, dignity and right to confidentiality. This meant that staff had the knowledge to ensure that people received appropriate care and in accordance with their wishes and with their consent.

Requires Improvement

Is the service responsive?

Our findings

We spoke with people who lived at the home. They told us that sometimes staff were busy and not always able to answer their (bedroom) call alarms as quickly as they would like. Comments included, "Staff here are very friendly but often busy with other tasks, it would be nice if they could talk to us more" and "I am fed up with the buzzer (call alarm)."

We spoke with relatives of people who lived at the home and asked them about the call alarms and the timeliness of staff responding to them. Some relatives told us that they had also experienced delays in getting a response to the call alarm system. Comments included, "I have used the buzzer and had to wait some time before they came to my relative's bedroom." Other relatives told us that they had not experienced any difficulties.

We looked at staffing rosters and spoke to the manager of the home about these concerns. We were told that the staffing numbers were sufficient, but it was not always possible to respond immediately to every call alarm. From our observations, we saw that there were sufficient numbers of staff on duty to provide people with safe care, but occasions when staff were busy and not always able to respond to call alarms as quickly as some people wanted. This meant that some people did not receive care and support in a timely manner and when they needed it. The manager acknowledged our concerns and agreed to address them as a priority.

A check of care records showed that one person had recently lost weight in a short period of time. Although the records showed that this person had been weighed regularly, there was no evidence that the weight loss had been identified and acted upon by the manager or staff at the home. There was no action plan on file to indicate that the weight loss had been responded to and referrals had been made to appropriate health professionals. Sudden and unexplained weight loss can be a sign of an underlying medical disorder and requires prompt medical attention.

We spoke to the manager of the home about this who accepted that the weight loss had not been identified. Therefore this person's needs had not been reviewed, assessed and met.

During our observations at the home, we saw that one person was sat in a chair for long periods without being supported by a pressure cushion. This person had mobility difficulties and was not able to move without assistance. We checked this person's care records and saw that they had been assessed and identified as being at risk of developing pressure sores and should be supported by a pressure cushion when sat in a chair. Pressure sores are wounds that can develop when constant pressure or friction on one area of the body damages the skin. These can be cause discomfort. The staff we spoke to told us that that it was an error and should not have happened. This person was not receiving appropriate care and support when they needed it.

We found that the provider made arrangements to meet individual people's needs in relation to their hobbies and interests. We saw that many people who lived at the home participated in some form of activity and social pastime. We checked and saw that care records had detailed information about people's health needs but were lacking in personal information about people's hobbies, routines and preferences. Accordingly, it was apparent that the activities programme did not always reflect the wishes and preferences of all the people who lived at the home.

We spoke to the manager and staff about these issues. We were told that some people preferred not to engage in organised activities and it had been difficult persuading them to participate. However they accepted that pastimes and activities could be more personalised and prompted by people's wishes and personal interests.

We found that the service routinely listened and learnt from people's experiences, concerns and complaints to improve the quality of care being delivered at the home. We looked at records and saw that regular group meetings and discussions were held with people to obtain feedback about the quality of care and support being provided. Meetings were also held with relatives of people that lived at the home in order to obtain their views about the home and the quality of care being delivered. This showed that people and their relatives were encouraged to 'have a voice' and express their views about topics and issues that were important to them.

We saw that the provider's complaints policy was displayed in the reception area of the home and was included in information literature that was available to people who lived there and their relatives. A person we spoke with who lived at the home told us that they knew who the manager was and how to make a complaint should it be necessary

Requires Improvement

Is the service responsive?

to do so. Records showed that complaints were recorded appropriately and investigated in accordance with the provider's policy and where possible, resolved to the complainant's satisfaction. These records showed that concerns and complaints were used as an opportunity for learning and making improvements. For example, we saw that adjustments had been made to staffing arrangements in the reception area following issues raised by relatives visiting the home.

We saw that people were actively involved in improving the service. We found that an annual satisfaction survey was sent out to people who lived at the home and their relatives. We saw that the feedback was analysed and an action plan created to address any issues raised. The questionnaires were detailed and asked many relevant questions about living at and visiting the home.

Good

Is the service well-led?

Our findings

The home had a registered manager in post at the time of our inspection. We found that the manager was supported by senior staff and a regional manager who provided regular support and advice.

We received many positive comments about the service and how it was managed and led. People who lived at the home told us that they saw the manager regularly and felt they could talk to her at any time they wished. Comments included, "The manager is very nice, we can speak with her whenever we like."

We spoke with relatives of people who lived at the home. The relatives we spoke with were complimentary about the manager and told us that she was approachable, easy to talk to and they could express any concerns or problems they had. Comments included, "We know who the manager is and we can talk to her if we need to."

Records showed that the manager had regular meetings with staff who worked at the home. We found that separate meetings were held with the various groups of staff employed at the home including: care, catering, laundry and nursing staff. We saw that staff received regular and relevant updates regarding the home and opportunities to raise any issues of concern with the manager.

We spoke with members of staff employed at the home and were told that the manager was supportive, fair and approachable at all times. Staff told us that staff morale was good and they were confident that the manager would deal promptly with any issues that required attention. Comments included, "The manager is someone we can approach and talk to" and "It's a lovely job to be in and very rewarding." Staff told us that they were supported to question practice, encouraged to give constructive feedback and to identify areas where improvements could be made. Comments included, "The manager listens to us and acts on any concerns or ideas we may have." Therefore staff employed at the home had regular opportunities to raise any issues with the manager that they felt were important.

Records showed that robust and effective quality assurance and data management systems were in place at the home. These were used to monitor the quality of service people received and to drive continuous improvement. We saw that the manager of the home collected relevant information on a monthly basis to identify where improvements and changes needed to be made. We saw that information was collected in order to: monitor staffing numbers, recognise trends (where the service needed to take action to prevent further adverse incidents from re-occurring) and to maintain equipment used at the home. For example we noted that all accidents at the home were recorded, analysed and evaluated to identify any learning and areas for improvement. This allowed the provider to take action to help prevent similar incidents from happening again.

Support was available to the manager of the home to develop and drive improvement. We saw that help and assistance was available from a regional manager. Records showed that the regional manager visited the home on a regular basis to monitor, check and review the service and ensure that good standards of care and support were being delivered.

We spoke with the manager of the home and she demonstrated an excellent knowledge of all aspects of the service including the people living there, the staff team and her responsibilities as manager. Records showed that the provider had complied with the law and notified the CQC and other agencies of the appropriate incidents and events that occurred at the home when required. This information enabled the CQC and other statutory agencies to monitor the provision of care being delivered at the home and take action to keep people safe should it be necessary to do so.