Mr & Mrs D Teece

Meadow Lodge

Inspection report

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Tel: 01159228406

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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 inspection took place on 30 May 2017 and was unannounced.

The provider is registered to provide accommodation for up to 25 older people living with or without dementia in the home over two floors. There were 19 people using the service at the time of our inspection.

At our last inspection on 9 February 2016, we asked the provider to take action to make improvements in the area of medicines. We received an action plan setting out when the provider would be compliant with the regulations. At this inspection we found that the concerns in the area of medicines had been addressed.

A registered manager was in post and was available throughout the inspection. 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.

Staff knew how to keep people safe and understood their duty to protect people from the risk of abuse. Risks were managed so that people were protected from avoidable harm and not unnecessarily restricted.

Sufficient staff were on duty to meet people's needs and staff were recruited through safe recruitment practices. Safe medicines and infection control practices were followed by staff.

Staff received induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink. External professionals were involved in people's care as appropriate and adaptations had been made to the design of the home to support people living with dementia.

Staff were kind and knew people well. People and their relatives were involved in decisions about their care. Advocacy information was made available to people. People received care that respected their privacy and dignity and promoted their independence.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs, though activities could be further improved so that more people could access activities outside the home. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising concerns with the management team and that

appropriate action would be taken.

The provider was meeting their regulatory responsibilities. There were effective systems in place to monitor and improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to keep people safe and understood their duty to protect people from the risk of abuse. Risks were managed so that people were protected from avoidable harm and not unnecessarily restricted.

Sufficient staff were on duty to meet people's needs and staff were recruited through safe recruitment practices. Safe medicines and infection control practices were followed by staff.

Is the service effective?

Good

The service was effective.

Staff received induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink. External professionals were involved in people's care as appropriate and adaptations had been made to the design of the home to support people living with dementia.

Is the service caring?

Good

The service was caring.

Staff were kind and knew people well.

People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

People received care that respected their privacy and dignity and promoted their independence.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their

needs. Care records contained information to support staff to meet people's individual needs, though activities could be further improved so that more people could access activities outside the home.

A complaints process was in place and staff knew how to respond to complaints.

Is the service well-led?

Good

The service was well-led.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising concerns with the management team and appropriate action would be taken.

The registered manager and provider were meeting their regulatory responsibilities. There were effective systems in place to monitor and improve the quality of the service provided.

Meadow Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 May 2017 and was unannounced.

The inspection team consisted of an inspector 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.

Before the inspection, we reviewed other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home. This information was used to help us to plan our inspection.

During the inspection we observed care and spoke with seven people who used the service, two visiting relatives or friends, a housekeeper, three care staff and the registered manager. We looked at the relevant parts of the care records of four people who used the service, three staff files and other records relating to the management of the home.

Good

Is the service safe?

Our findings

At our previous inspection in February 2016 we found that safe medicines practices were not always followed. The provider was found to be not compliant with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent an action plan to tell us how they would become compliant with the regulation. At this inspection we found that improvements had been made and the regulation had been complied with.

Most people we spoke with told us that their medication was well managed. A person said, "[Staff] supervise me. I take a lot of pills." However two people told us that they were left to take their medication unsupervised. We spoke with the registered manager who told us that they would remind staff to ensure that people were supervised while taking their medicines.

We observed the administration of medicine; staff checked the medicines against the medicines administration record (MAR) for each person and stayed with the person until they had taken their medicines. MARs contained a photograph of the person to aid identification, a record of any allergies and people's preferences for taking their medicines. We checked MARs and found they had been fully completed.

Medicines were stored securely in locked trolleys, cupboards and a refrigerator within a locked room. Temperature checks were recorded daily of the room and the refrigerator used to store medicines. Processes were in place for the ordering and supply of medicines. Staff told us they obtained people's medicines in a timely manner. Protocols were in place to provide additional information about how medicines should be given when they were prescribed to be given only as required, for example, pain relief medicine. Staff had their competency to administer medicines assessed every three months by the registered manager. That helped to ensure people received their medicines in a safe way.

Everyone we spoke with told us that they felt the home was safe. A person said, "I feel very safe and have settled down here. We're quite secure." A visitor said, "I think [my relative] is very safe. [Staff] make sure [they] are ok when walking around all the time."

Staff were aware of safeguarding procedures and the signs of potential abuse. A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was available to give guidance to people and their relatives if they had concerns about their safety.

People told us that they were kept safe but were not unnecessarily restricted. A person said, "It's not the same freedom as being at home but I can be upstairs or down. We like to go outside and can go out on our own."

A person said, "They always check on us at night in case we've fallen or feel ill." Risk assessments were completed to assess risks to people's health and safety and to identify actions to be taken to minimise those risks.

We saw completed documentation relating to accidents and incidents, however, it was not always clear what action had been taken as a result, to minimise the risk of them happening again. We raised this with the registered manager who agreed to remind staff to document this.

A person said, "I feel safe as it's a safe building. So I'm fine." We saw that the premises were generally safe and well maintained and checks of the equipment and premises were taking place. However, a legionella risk assessment was not in place and actions to minimise the risk of legionella were not always clearly documented. Heavy wardrobes were not fixed to the walls which meant that they could be a risk to people. The registered manager told us that they would take action in these areas.

There were plans in place for emergency situations such as an outbreak of fire and personal emergency evacuation plans (PEEP) were in place for all people using the service. This meant that staff would have sufficient guidance on how to support people to evacuate the premises in the event of an emergency. A business continuity plan was in place and available for staff to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

People told us that staffing levels were appropriate and that staff were available to provide help. A person said, "There's always someone around if I need them." Another person said, "I think there's enough [staff] on." Care and domestic staff felt that they had sufficient time to complete their work effectively. During the inspection we observed staff promptly attending to people's needs and call bells were responded to within a reasonable time.

Systems were in place to identify the levels of staff required to meet people's needs safely. The registered manager explained that they considered people's dependencies when setting staffing levels. Staff levels were monitored closely to ensure that the correct level was maintained.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

People told us the home was clean. A person said, "I find it spotlessly clean in my room." A visitor said, "The whole place looks good and clean." During our inspection we looked at most bedrooms, all toilets and shower rooms and communal areas and found that the environment was generally clean and staff mostly followed safe infection control practices. We raised a couple of minor infection control issues with the registered manager who agreed to take action to address them.

Good

Is the service effective?

Our findings

People felt staff were capable and competent in their role. A person said, "[Staff] all look after me very well." A visitor said, "I find the [staff] to be really good with [my relative]." We observed that staff competently supported people throughout the inspection.

Staff felt supported by management. They told us they had received an induction which prepared them for their role. Staff also told us they had access to training to enable them to keep themselves up to date and they felt they had the knowledge and skills required for their role. Training records showed that staff attended training which included equality and diversity training. Staff also told us they received regular supervision and appraisal and records we saw confirmed this. This meant that staff were supported to maintain and improve their skills in order to effectively meet people's needs.

People told us staff explained what they wanted to do and checked with them prior to providing care. One person said, "[Staff] ask me first so I can say yes or no." Another person said, "[Staff] always ask us our permission first." We saw that staff asked permission before assisting people and gave them choices, such as whether they wanted to wear a clothing protector at mealtime.

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 DoLS. We checked whether the service was working within the principles of the MCA.

We found mental capacity assessments were completed and best interest decisions documented when people were unable to make some decisions for themselves. Staff had an appropriate awareness of MCA and DoLS. No authorised DoLS were in place.

Care records contained guidance for staff on how to effectively support people at times of high anxiety. Staff were able to explain how they supported people with periods of anxiety. We observed staff responding appropriately to a person in distress.

We saw the care records for people who had a decision not to attempt cardio-pulmonary resuscitation order (DNACPR) in place. We saw that DNACPR forms had not always been fully completed. The registered manager agreed to contact the relevant healthcare professional to ensure the forms were reviewed.

Feedback on the quality of the food was positive and people told us they had choices and their nutritional needs were met. One person said, "We like our meals. We get a choice and can ask for other things if we

really can't eat something." Another person said, "I've had some nice food, we get plenty. We get little treats and all sorts of extras in the day. The cook is really good."

We observed the lunchtime meal. Tables were well laid with background music playing. Food looked appetising. We saw that people were offered a choice of main meal but we did not observe alternative desserts being offered. We saw one person was struggling to eat their food and drink using the cutlery and crockery provided. We raised this issue with the registered manager who agreed to remind staff that adapted cutlery and crockery were available to support people to eat independently.

People told us that they had sufficient to drink. A person said, "We have a jug of water in our room and I get given juices and hot drinks during the day, so I'm fine." Another person said, "They get us a lot of drinks and we get choices of flavours too." We saw that people were offered drinks throughout the inspection. Records showed that people were weighed regularly and appropriate action taken if people's weights were of concern.

People told us they were supported with their healthcare needs. A person said, "The doctor comes out quickly when I've felt poorly. I had the dentist come and check me a while back and the optician has been. We get the chiropodist doing our feet. The hairdresser gives me a trim now and then and [staff] do our nails." Care records contained a record of the involvement of other professionals in the person's care, such as the GP and community nurse. We saw that a person living with diabetes was supported to have the appropriate health checks.

People were generally happy with premises though felt that the layout of the premises needed getting used to. A person said, "I've got everything I need in my room and my own pictures and belongings. I find my way downstairs by myself." Another person said, "I can find my way around now, and should be able to after all these years." A third person said, "It's a bit confusing to me as there are lots of nooks and crannies. It's not very modern either. But I've got a good sized bedroom."

Adaptations had been made to the design of the home to support people living with dementia. Most bedrooms, bathrooms, toilets and communal areas were clearly identified and some directional signage was in place to support people to move independently around the home.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. A person said, "I find them [staff] very good to us." Another person said, "They're very good and kind to me." A visitor said, "[Staff] are very kind and caring. [My relative] gets hugs and kisses from them." We observed that this person enjoyed the affection shown by staff.

People told us they were comfortable with staff. A person said, "They [staff] definitely make me feel relaxed; lovely people." Staff had a good knowledge of the people they cared for and their individual preferences. We observed staff interacting well with people and visitors and talking in a kindly, friendly manner. Staff gave some people an occasional hug or reassurance by holding a hand or putting an arm round a shoulder.

People told us that family members or a solicitor usually handled their affairs. Most people could not recall a review meeting or seeing a care plan with the exception of one family. A person said, "My [relative] does my affairs but I don't know if she's had meetings. I've not seen any paperwork done on me." A visitor said, "My brother and I have power of attorney. I've seen [my relative]'s care plan and [the registered manager] always tells me how [my relative] is doing."

Care plans indicated that people or their relatives were involved in the development of their care plans and in their review. Care records contained information regarding people's life history and their preferences. We also saw examples where relatives had been involved in the best interests decision-making process. This meant people could be assured that their views were taken into account during the care planning process to ensure that the care provided met their personalised needs.

When people were unable to communicate easily, care plans provided information about the gestures or body language people used to communicate with and how staff could better understand them. We observed staff clearly communicated with people, used pictoral aids and gave people sufficient time to respond to any questions.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

People told us staff respected their privacy and maintained their dignity. A person said, "They [staff] keep us private by shutting the door and curtains. They knock first of course." We observed staff knocking on bedroom doors and respecting people's dignity by closing curtains and doors during personal care.

However, we noticed that some toilet doors could not be locked which meant a greater risk that people's privacy would not be protected. We also saw that a staff member left a toilet door slightly ajar while waiting for a person using the service to finish using the toilet. This meant that there was a greater risk that the person's privacy would not be protected. We informed the registered manager who told us that they would address these issues.

We saw that staff treated information confidentially and care records were stored securely. The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner.

People told us that they were encouraged to be independent if they were able and to ask for help if required. A person said, "I try to be independent. I wash myself as far as I can reach and just have help for what I can't manage." Staff also told us they encouraged people to do as much as possible for themselves to maintain their independence.

People told us there was no restriction on when they could receive visitors. A person said, "My family aren't tied about when to come in." A visitor said, "I can come whenever suits me." Staff told us people's relatives and friends were able to visit them without any unnecessary restriction. Information on visiting was in the information guide for people who used the service.

Good

Is the service responsive?

Our findings

People told us that they felt they received support that was responsive and personalised to their needs. A person said, "We can say what we want to do. I sometimes stay up to watch a film and go to bed late. I just say when I'm ready. We get a choice for our meals and drinks so things aren't set." Another person said, "We just tell them what we want to eat or drink or do. At bedtimes, I say when I'm ready to go up."

People told us staff responded promptly when they rang their call bell. A person said, "I rarely use it but they [staff] come quite quickly." Another person said, "As a rule they're quite quick."

People's views were generally positive about the activities that were provided, however, some people told us they would like to go on more outside activities. A person said, "The garden is lovely and I like to sit out. They do loads of things with people but I don't join in." Another person said, "There's a keep fit lady on a Wednesday and a man sometimes comes in on Thursdays to do exercise. Every day there'll be something to do, like games." However, another person said, "I'd like to go out for an outing, like to the pub or lunch somewhere nice." A visitor said, "[My relative] likes to walk. [They] like being in the garden and try to weed anything! We've noticed [they] like the animal contact and if there's music on, [my relative] will hum if [they] know it."

We observed group activities took place during our inspection. We were told that no activity co-ordinator was employed and instead, staff worked from a daily programme of activities if time allowed. These were listed on a monthly whiteboard plan outside the office. Activities included animal therapy, music therapy, dominoes, board games, hoopla and beanbag games, colouring, film, armchair basketball and Zumba, hair and nails. The registered manager told us that an additional staff member would be working part time providing additional activities in the future.

Care plans were in place to provide information on people's care and support needs, including healthcare needs. Care records contained information regarding people's diverse needs and provided support for how staff could meet those needs. We saw that people were supported to attend religious activities in line with their preferences.

People told us they knew how to make a complaint. A person said, "I've had nothing other than a few niggles which they sort quickly." A visitor said, "No complaints at all. I'd see [the registered manager] or [senior care assistant] if I needed to complain."

No recent complaints had been received. Guidance on how to make a complaint was displayed in the home and in the information guide for people who used the service.

There was a clear procedure for staff to follow should a concern be raised. Staff were able to explain how they would respond to any complaints raised with them.

Good

Is the service well-led?

Our findings

Some people told us that there were meetings where they could discuss their views of the quality of the care that they were receiving. A person said, "Now and then we have a meeting and talk about things we want. [Staff] do something about it then."

We saw meetings for people took place where comments and suggestions on the quality of the service were made. Comments were positive. We saw completed surveys were also very positive on the quality of the service being provided.

A whistleblowing policy was in place and staff told us they would be prepared to raise issues using the processes set out in the policy. The provider's values and philosophy of care were displayed and staff were observed to act in line with them during our inspection.

A person said, "It's got a good atmosphere I think." Another person said, "It's a happy place. We all talk and have a laugh together." A visitor said, "I enjoy coming in. It's like a big family for [my relative]." A staff member said, "It's a really friendly home. People seem really happy." We found the home to be relaxed and friendly.

People told us that the registered manager were approachable and listened to them. A person said, "He's a good manager. I like him." Another person said, "I find him alright. I could talk to him. I take people on trust." A visitor said, "He has the patience of a saint! He's very approachable too."

Staff told us that the registered manager was approachable and supportive. A staff member said, "He's very helpful." We saw that staff meetings took place and the management team had clearly set out their expectations of staff. Staff told us that they received feedback in a constructive way. A clear management structure was in place and staff were aware of this. A staff member said, "We all work as a team and all support each other."

A registered manager was in post and was available throughout the inspection. They told us that they felt well supported by the provider. The current CQC rating was clearly displayed. We saw that all conditions of registration with the CQC were being met and statutory notifications had been sent to the CQC when required.

The provider had a system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager. Audits and checks were carried out in a range of areas including infection control, medicines, health and safety, kitchen, housekeeping and care records. Actions had been taken where issues had been identified by audits or from inspections by external organisations. The provider was regularly present in the home but did not formally record any of their checks of the service. The registered manager agreed to discuss this issue with the provider.