

Sanctuary Care Limited

Meadow View 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

About the service

Meadow View Residential Care Home is a residential care home providing personal and nursing care to 58 people older people at the time of the inspection. The service can support up to 60 people.

People's experience of using this service and what we found

People were supported by caring and kind staff, who tailored their interactions to each person. People and their loved ones were encouraged to express their wishes at all times and staff were focussed on listening to people. People were treated with respect at all times.

People's care was based on their needs and preferences. Visitors were welcome at any time and could join people for meals. People were supported to do things they enjoyed, and which were designed around their needs, such as dementia friendly and interactive activities. Complaints were responded to appropriately and people could remain at the service for the whole of their life.

Staff supported people in a way which kept them safe from abuse and helped them to manage risks. People were supported by staff who had the right values and were recruited safely. People's medicines were well managed and staff minimised the risk of infection. Lessons were learned and shared with staff.

People's needs were assessed, they had enough food and drink to stay healthy. Health professionals were contacted as needed. Staff had the training and support needed to carry out their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was an open and transparent culture at the service. All staff were committed to the values of the provider and giving people person centred support. The registered manager and provider understood their regulatory responsibilities. There was a focus on continual improvement and the providers quality assurance processes supported this. Feedback was sought from people involved with the service and staff worked with other agencies as required.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 13 June 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Meadow View Residential Care Home

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information sent to us by the service about events such as people being injured or passing

away. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and three relatives or friends about their experience of the care provided. We spoke with the deputy manager, a manager from another of the providers services, one senior carer and three care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at two staff recruitment files and training records. We also looked at a number of records relating to the management of the service and quality assurance processes.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risks to people and the environment had been assessed and plans were in place to reduce risks. People and their relatives told us they were safe at the service.
- Staff had clear guidance about how to keep people safe from risks without restricting them unnecessarily. For example, one person had health issues which could affect their breathing. The person wanted to manage this independently. There was guidance for staff about when the person wanted staff to step in and offer help.
- Each person had a personal emergency evacuation plan which detailed the support they would need to leave the service in the event of an emergency such as a fire.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed training in safeguarding people and all the staff we spoke to could tell us about the types of abuse they may come across. They could also tell us about the signs of abuse and how they would report any concerns.
- The registered manager had reported any safeguarding concerns to the local safeguarding authority as appropriate.
- When people showed behaviour which could challenge, staff followed the guidance in place and redirected people calmly and successfully.

Staffing and recruitment

- There were enough staff to meet people's needs and they were recruited using safe recruitment practices.
- People told us although staff were always busy they responded to calls for help quickly. People's needs were responded to swiftly by staff throughout the inspection.

- One relative told us, "They seem to be very good at recruiting the right staff, staff with the right values."
- The registered manager used a range of information to plan staffing levels, this included feedback from people, relatives and staff.

Using medicines safely

- People's medicines were managed safely, by staff who were trained and assessed as competent.
- People were supported to remain as independent as possible with their medicines. For example, people managed their own inhalers and kept them securely in their room.
- All records relating to medicines were accurate and complete. They were filled out in line with good practice including two staff signatures when required.

Preventing and controlling infection

- Staff understood the need for infection control measures and had received training.
- Staff used personal protective equipment such as gloves and aprons when appropriate.
- The service was clean and free from odours throughout.

Learning lessons when things go wrong

- Accidents and incidents were reviewed for learning and any learning was shared by staff through daily handovers or team meetings.
- For example, staff had not used all contact methods available for a relative when their loved one was unwell. There had been a delay in the relative being made aware. All staff were reminded to use all possible methods of contact and relatives wishes for contact were updated in people's care plans.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same and rating good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed before moving into the service and were continually reviewed by staff.
- Staff used assessments which included recognised tools to assess and monitor people's needs in relation to skin integrity and maintaining a healthy weight. Assessments also took into account protected characteristics under the Equality Act (2010) such as sexuality and religion.

Staff support: induction, training, skills and experience

- Staff told us they had a comprehensive induction which contained both training and opportunities to work alongside experienced staff members.
- People and their loved ones told us that staff had the training needed to carry out their role. One relative told us, "We often see the staff here to do training courses and it does pay off. They know what they are doing."
- Staff training included basic training courses and some which were specific to people's needs such as dementia and diabetes training.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. Food was made for people in a way which helped them to stay healthy. For example, in a range of textures or fortified with cream to help people maintain their weight.
- Meal times were social events, people listened to music, chatted and selected their meals.
- When people required help to eat, took their time and ensured that people did not feel uncomfortable. They chatted to people and helped them to eat at their own pace.

Staff working with other agencies to provide consistent, effective, timely care

- Staff used effective communication systems to ensure they had up to date knowledge of people's needs. These included, daily meetings, handover meetings and communication books.
- One relative told us, "My loved one was in hospital for a procedure, when they came out I was amazed how

quickly all the staff knew about how they needed to be supported, every detail."

Adapting service, design, decoration to meet people's needs

- The service was purpose built and designed to meet people's needs. There were two floors with access to outdoor space on each. Wide corridors, large communal areas and cosy seating areas gave people a choice of places to spend time.
- Dementia friendly signage was used, and toilets had different coloured doors to help people identify them. Toilet seats were in contrasting colours to support people living with dementia to recognise the seat was open or closed.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare when required and advice from health professionals was added to people's care plans.
- On the morning of the inspection one person was found by night staff to be unwell. Night staff informed the senior on morning shift. The GP was contacted visited in the morning and prescribed antibiotics. The person's loved one's were made aware and their care notes updated.
- When people were living with long term health conditions, there was support for the person to understand their own health, how it affected them and clear guidance about when staff should contact professionals.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff understood the mental capacity act and could tell us how they supported people to make decisions for themselves.
- Staff asked people for their consent before supporting them and gave people ample time to make a decision and answer.
- The registered manager and deputy manager had applied for DoLS authorisations when required. They were aware of any conditions and had an auditing system which prompted them when a new application was due.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider failed to provide person centred care to achieve people's preferences and ensure their needs are met. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who took the time to get to know them well and who treated them with kindness and compassion.
- Staff changed how they supported people to match each person. Some people needed staff to speak more slowly and others to speak louder. Staff responded to each person in an individual way.
- One person told us, "They [the staff] know I like a chat, so they take the time to have a cup of tea with me and we chat away."
- People's care plans detailed things which were important to them such as wearing colour co-ordinated clothes and make up. People had been supported to put on their make up and clothes they in the way they liked.

Supporting people to express their views and be involved in making decisions about their care

- People and their loved ones were involved in designing their own care and support.
- People were encouraged and supported to plan how to spend their time. Some people chose to spend time in their room and this was respected by staff.
- People had told staff about things that they wanted to do, these were written down and hung on a wish tree in the service entrance. Once the wish had been achieved the colour of the paper was changed.
- One person had visited a local cat rescue, and another had a special evening with their spouse.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect.

- One person wished to use the bathroom in the middle of lunchtime, staff supported them discreetly and spoke to them quietly so other people did not hear.
- People were supported to maintain or regain their independence. People were encouraged to use walking aids to move around the service independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

At our last inspection the provider failed to ensure records for people were up to date and complete. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was planned around their needs and preferences. Care plans were detailed, accurate and regularly updated.
- People and their loved ones were involved in developing their care plans. The plans contained details of people's life history, who was important to them and how they liked to be supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had easy read versions of documents such as how to complain. These were on display around the service.
- People could request documents such as care plans in a larger print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and take part in activities which they enjoyed.
- People's loved ones could visit at any time, relatives and friends were visiting throughout the day of the inspections. They spent time with people in their rooms and communal areas. Relatives told us they could also join their loved ones for meals if they wished.
- People could take part in a wide range of activities. These included activities designed for those living with dementia, such as animatronic cats and dogs which made noises when people stroked them.

- People also had access to a 'magic table', this is a projector with interactive games for people to play. Staff told us that people responded very well to the games and that it often calmed people when they were distressed.

Improving care quality in response to complaints or concerns

- When people or their loved ones made complaints, they were dealt with thoroughly and in line with the provider's policy.
- When there was learning from a complaint this was shared with the staff team and the complainant was informed of the action that had been taken.
- For example, a complaint was raised that a person had been supported with personal care by a male member of staff despite stating their preference for a female. The support had been carried out by an agency member of staff. To prevent this reoccurring a note was placed in the persons room stating, 'female carers only'.

End of life care and support

- No one at the service was in receipt of end of life care at the time of inspection.
- Staff had spoken to people about their wishes and information was recorded in their care plan.
- The service had links to the local hospice and community nursing team which they used for support when someone was in need of palliative care.

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 requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the provider had failed to assess, monitor and mitigate the risks to the health, safety and welfare of people. The provider had failed to maintain accurate, complete and up to date records. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

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

- There was a shared vision and set of values at the service which all the staff understood and worked towards.
- People, relatives and staff told us there was an open-door policy and that they could approach the management team at any time.

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: Continuous learning and improving care

- The provider had a policy on duty of candour which staff understood. When mistakes had been made learning was shared with all interested parties along with any actions taken.
- Learning from the providers other services was shared through regular emails and managers meetings.
- The registered manager would discuss any learning with staff to review if any changes were needed or improvements could be made at the service.

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

- The registered manager and staff were all clear about their roles and responsibilities. Some staff had taken on roles as champions in areas such as care planning.
- The registered manager and members of the providers quality team carried out regular audits. Outcomes

and any shortfalls were recorded on a computer system, which also generated an action plan. Actions had been completed in planned timescales.

- This system allowed the provider to have clear oversight and identify any themes or trends both in Meadowside and across all their services. Identified themes were used as a focus for future quality assurance visits.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sent annual surveys to people, relatives and staff. The results were collated and a poster with the outcome was on display at the service.
- A recent staff survey had led to the provider reviewing their support for staff and opportunities for staff development. A new programme was being implemented based on this learning.
- People and their loved ones attended regular meetings where they could give their views of all areas of the service. There was also a monthly newsletter with information about changes at the service and any upcoming events.

Working in partnership with others

- Staff at the service worked closely with local health professionals such as district nurses and the speech and language therapy team to meet people's needs.
- Other professionals who provided therapies were also welcomed at the service such as pet therapy dogs.