

Mr and Mrs S Sharma

Meadow Lodge 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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Meadow Lodge is a residential care home and is registered to provide accommodation and personal care for up to 14 older people. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection 13 people were using the service.

People's experience of using this service: One person using the service told us, "It's like home from home." A relative said, "They are like a little extension of our family."

We found there were management and leadership arrangements in place to support the effective day to day running of the service.

People told us they felt safe at the service. Processes were in place to make sure all appropriate checks were carried out before staff started working at the service.

Arrangements were in place to promote the safety of the premises, this included maintenance, servicing and checking systems. We found some areas were in need of attention and the provider was taking action to make improvements.

Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Staff had received training on safeguarding and protection matters.

There were some good processes in place to manage and store people's medicines safely. We found some good practice improvements were ongoing.

There were enough staff available to provide care and support; we were told staffing arrangements were kept under review.

People's needs were being assessed, planned for and reviewed. Each person had a care plan. However, we found some shortfalls with person centred care planning, therefore we made a recommendation for improvements.

People were supported with their healthcare needs. Changes in people's health and well-being were monitored and responded to. Where necessary, people received appropriate medical attention.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems at the service supported this practice.

People made positive comments about the caring attitude of staff. They said their privacy and dignity was respected. We observed staff interacting with people in a kind, pleasant and friendly manner. Staff were respectful of people's choices and opinions.

Visiting arrangements were flexible, relatives and friends were made welcome at the service.

There were opportunities for people to engage in a range of group and individual activities.

People said they were satisfied with the variety and quality of the meals provided at the service. People's individual needs and preferences were catered for. During our visit, action was taken to offer further choices. Arrangements to monitor and enhance people's mealtime experience were ongoing.

People spoken with had an awareness of the service's complaints procedure and processes. They indicated they would be confident in raising concerns. Some progress was needed in ensuring proper records would be kept of formal complaints.

There was a suitable standard of décor and furnishings to provide for people's comfort and wellbeing.

Arrangements were in place to encourage people to express their views and be consulted about Meadow Lodge, they had opportunities to give feedback on their experience of the service. There were plans in place to make improvements.

A variety of audits on quality, systems and processes were completed regularly. We were assured by the provider these would be further developed.

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

Rating at last inspection: At our last inspection the service was rated good overall. Our last report was published on 16 July 2016.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will plan a follow up inspection as per our inspection programme. We will continue to monitor the service and if we receive any concerning information we may bring the inspection forward.

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?

Requires Improvement ●

The service was not always 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 Lodge 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one adult social care inspector.

Service and service type: Meadow Lodge provides care and accommodation for older people.

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: We inspected the service on 16 and 17 January 2019. The first day was unannounced.

What we did: Before the inspection we reviewed the information we held about the service, including notifications and previous inspection reports. We contacted the local authority contract monitoring team, the local authority safeguarding team and healthcare professionals. We used information the provider sent us in the Provider Information Return. This is information providers give us annually about the service, it includes what the service does well and any improvements they plan to make. This information helps support our inspections.

During the inspection we talked with five people who used the service and five relatives. We talked with four members of staff, the registered manager, a hairdresser and the provider. We looked around the service and reviewed a sample of records, including three care plans and other related care documentation, two staff recruitment records, complaints records, meeting records, policies and procedures, quality assurance records and audits.

Following the inspection visit, the provider sent us further requested information in a timely manner.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe at their service. Their comments included: "I am safe, happy and content," "I have never seen anything of concern," "There's no shouting or anything like that" and "I feel safe living here I don't like to be alone." A visitor said, "I have got peace of mind now my [relative] is safe here."
- Staff spoken with expressed an understanding of safeguarding and protection. They described what action they would take if they witnessed or suspected any abusive practice. Staff had received training and guidance on adults at risk.
- The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. There was a whistleblowing (reporting poor practice) policy in place, which encouraged staff to raise any concerns.

Assessing risk, safety monitoring and management.

- There were individual risk assessments and risk management strategies to guide staff on minimising risks to people's wellbeing and safety. People had individual evacuation plans for emergency situations.
- We discussed with the registered manager, good practice around ensuring risk assessments were proactive, robust and in line with recognised guidance.
- Processes were in place to maintain a safe environment for people who used the service, visitors and staff. Health and safety checks had been completed.
- Arrangements were in place to check, maintain and service fittings and equipment, including gas safety, electrical wiring and fire extinguishers. Fire drills and fire equipment tests had been carried out.
- People's personal information and staff files were stored securely, they were only accessible to authorised staff.
- We noted some health and safety matters were in need of attention, including safe surface temperatures and fire door closures. The provider had identified the shortfalls and was taking action to make improvements.
- There were procedures and contact details for emergency situations. We advised the details were combined into the contingency policy, to ensure information was readily accessible.

Preventing and controlling infection.

- People were protected by the prevention and control of infection. One person said, "Oh yes, they keep it clean. They come in my room everyday vacuuming and dusting." A relative commented, "There are never

smells, only of home cooking!"

- The areas we looked at appeared clean and hygienic. There were cleaning schedules, recording and checking systems to maintain hygiene standards.
- Staff were provided with personal protective equipment, such as disposable gloves and hand sanitizer. Infection control and food hygiene training was provided.
- An infection prevention and control audit had been completed, to monitor hygiene standards and make any necessary improvements.

Using medicines safely.

- People were supported with the proper and safe use of medicines. People told us, "I buzz for my tablets when I want them," "They bring my tablets to my room. They are mostly on time. I know what they are all for" and "I know exactly what I have to take, why and when. The manager and nurse practitioner went through them with me."
- The medicine records we reviewed were clear and accurate.
- Arrangements for the storage of medicines were safe.
- Staff providing support with medicines had completed training. Their competence in providing safe, effective support had been assessed.
- Medicine management policies, procedures and recognised guidance was accessible to staff.
- Processes were in place to complete regular audits of medicine management practices.
- We discussed good practice matters around ensuring policies and procedures were complete and up to date, also supporting people to have timely access to 'over the counter' remedies. Following our visit, we were informed of the action taken to progress these matters.

Staffing and recruitment.

- Staff recruitment procedures protected people who used the service. Checks had been carried out of their suitability to support adults at risk. Some records of the interview process were not readily available and information on health matters had not been sought in a timely way. The provider assured us the procedures would be rectified.
- There were disciplinary procedures to manage unsafe and ineffective staff conduct.
- There were sufficient numbers of staff to support people to stay safe and meet their needs. people spoken had no concerns about the availability of staff. They said, "They come when I need them," "I think there are enough staff," and "They come straight away when they are buzzed for." A relative told us, "There always seems to be enough staff about."
- All the staff spoken with indicated the staffing levels were satisfactory and they had time to provide safe, effective care. They told us extra staff could be brought in whenever needed.
- The registered manager described the processes in place to monitor and adjust staff deployment, in response to people's, needs appointments and activities. We looked at rotas which showed staffing levels were maintained.
- Arrangements were in place to provide ongoing management support, including on call systems for evenings and weekends.

Learning lessons when things go wrong.

- Records were kept of accidents and incidents. The registered manager and senior staff said systems were in place to monitor incidents and review records, in order to help prevent reoccurrences and reduce risks to people.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make their own decisions and choices was reflected within the care planning process. One person told us, "I'm aware of the care plan, I've signed things, they fill books in with us."
- Staff said they had received training on the MCA. They were aware of supporting people to make their own choices and decisions. They said, "No one is in need of DoLS. They are all able to make their own decisions" and "We try to say things in a different way [so people can say] how they want it to be."
- The registered manager told us all the people using the service had capacity to make their own choices and decisions. But was aware of monitoring and assessing this in response to changing needs.
- We discussed with the registered manager, ways of proactively screening and highlighting people's capacity to make their own decisions.
- Policies and procedures were available to provide guidance and direction on meeting the requirements of the MCA and DoLS.
- We observed staff consulting with people. They involved them in routine decisions and got their agreement before providing care and support. One staff member said, "We always ask and involve people." There were signed consent to care agreements and contracts of residence.

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

- The registered manager described how people's needs and abilities were initially assessed. This involved meeting with people, inviting them to visit and gathering information from them and other sources. One person told us the registered manager assess their needs and said, "I came for a month's trial and then I

asked if I could stay."

- Comments from visitors included, "My [relative] has settled well. I think it's absolutely brilliant" and "I'm aware of the care plan. I was involved at the beginning."
- Care records we reviewed included records of the person's initial assessment and information from health and social care professionals.

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

- People's health and wellbeing was monitored and they had access to healthcare services.
- Comments from people included, "They ask me how I feel," "I've had the GP and I see the nurse practitioner regularly," "The chiropodist visits monthly and I had eye screening at the health centre" and "The staff have been to the hospital with me once or twice."
- An advanced nurse practitioner visited the service each week.
- The care planning process referred to people's health and wellbeing needs. Included were records of support and attention from healthcare professionals.

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

- Records and discussion showed action had been taken to ensure people had support with healthcare needs.
- The registered manager and staff, described how the advanced nurse practitioner was made aware of changes in people's health and wellbeing.
- Relatives said, "Any health care problems get sorted," "My [relative] gets the GP when needed" and "We always get an update from [registered manager] we are all kept in the loop."
- Processes were in place to pass on details to other services. People had 'hospital information forms' for sharing relevant information.

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

- All the people spoken with made positive comments about the food. They told us, "The food is good. We get some good dinners. It's all good," "We get fed and watered on a regular basis!," "The food is excellent. The manager is a really good cook" and "We get plenty of drinks. I can buzz for a hot drink anytime."
- A set meal was served at lunch time and alternatives were provided on request. This approach didn't actively promote choices for people. Therefore, the registered manager took action to ensure the menu included more choices. Various options were always offered at teatime.
- We observed the meals service at lunch time. People were sensitively supported and encouraged with their meals. The meals served looked plentiful, well presented and smelled appetising. People enjoyed the mealtime experience, as a social occasion. But could also have meals served in the privacy of their rooms. Staff did not wear suitable protective clothing during meals service. The registered manager agreed to rectify this matter.
- Records were kept of people's dietary needs, likes and dislikes. People's weight was checked at regular intervals. Healthcare professionals, including dietitians, were liaised with as necessary.
- The registered manager had completed an audit of people's dining experience, to monitor good practice and plan for improvements.

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

- People said they were happy with the accommodation provided at Meadow Lodge. They told us how they

liked the homely environment. People had been supported to personalise their bedrooms and keep them as they preferred. They said, "I've got all my own things," "Everything is fine," and "Oh yes I like my room. I can see what's going on outside." A visitor explained, "[relative] has her room set up just like she had it at home. Everything is right for her."

- There was an accessible enclosed garden area to the rear of the home with patio furniture. One person told us, "In summer we sit in the back garden for tea."
- The providers had ongoing refurbishment plans in place. A new carpet had been fitted in the communal areas and people had been involved in choosing it.
- The registered manager said the layout of the service and adaptations provided, formed part of people's initial assessment. Meeting people's individual changing needs was monitored and reviewed.

Staff support: induction, training, skills and experience.

- One person told us, "Oh yes I think they are well trained. I think they do the things they should do, everything is done perfect."
- There was an induction programme for new staff. Staff spoken with said they had completed this training. There was also ongoing training to help ensure they understood people's needs and were able to provide effective support.
- Staff had, or were supported to achieve nationally recognised qualifications in health and social care. We talked with a training provider, who confirmed this training was ongoing at Meadow Lodge.
- Certificates and records confirmed staff had completed training and that further training had been planned.
- Staff received one to one supervisions and an annual appraisal.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People who used the service made positive comments about the staff. They told us, "They are all very caring," "The staff are mostly fine," "All the staff are really good" and "They are great really." Relatives said, "They are so caring," "I have no qualms about the care at Meadow Lodge" and "My [relative] is contented and happy with the staff."
- We observed some respectful and sensitive interactions between people using the service and staff. Staff showed understanding and consideration when responding to people's care needs and requests. They communicated with people in ways which met their needs.
- People had care plans which referred to their needs and preferences and how they wished to be supported. There was some information on people's life histories, religion, interests and relationships.
- Staff spoken with knew people well. They were aware of their individual preferences and personalities. They described how they provided support to meet the diverse needs of people using the service, including those related to disability, culture, gender and religious beliefs. One member of staff said, "They all have individual care needs. But people are equal and are all deserving of good care."

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

- People were consulted and involved with day to day matters. They described how they made decisions about their care and lifestyle choices. Some people said they had been involved with their care plans and ongoing reviews. One person told us, "I have a monthly care plan review with my keyworker."
- We observed people were offered choices. Staff had time to spend listening and talking with people. Staff told us, "We don't assume anything we always ask and involve people with their care." "People can make their own choices and decisions [to help them understand] we might explain things again."
- There were examples in care records of people signing in agreement with their care needs and choices. Information was available to people and their families, about other services which could provide support. This included, health and wellbeing advice and details of local advocacy services. Advocates can speak up for people and provide support with making decisions.

Respecting and promoting people's privacy, dignity and independence

- People we talked with said their privacy and dignity was upheld. They told us, "They knock on the door," "They are mostly very courteous and caring" and "They are respectful. You can tell by the tone of their voice." A relative commented, "Their attitude is fine they are caring and respectful."
- We saw that people were supported as needed, with their appearance. A hairdresser made regular visits to

the service. One person explained, "I like getting my hair done. It not all makes me look better, it makes me feel better."

- Staff described practical examples of how they upheld people's privacy. One staff member said they always knocked on doors and made sure curtains were closed when they were assisting with personal care. Another commented, "We don't talk about people in front of others. We close the door for confidentiality"

- We saw that people could spend time in the privacy of their rooms. Some preferred to spend most of their time in their rooms and their wishes were respected. Bedroom doors were fitted with suitable locks to promote privacy of private space. People did not have keys to their rooms. However, the registered manager agreed to review this matter with each person.

- Positive relationships were encouraged and visiting times were flexible. People told us of the contact they had with families and friends. Relatives said, "I can call in anytime," "They make me welcome," and "I class them all as friends." We observed several visitors at the service all were greeted in a friendly and polite manner.

- People told us they were supported to be as independent as possible. They said, "I am fiercely independent and they encourage this," "I can do what I want, it's great" and "There are no restrictions at all."

- We observed people doing things independently and making their own decisions, some with staff support.

- Staff spoken with explained how they encouraged independence, in response to people's individual abilities, needs and choices. One said, "We always promote independence."

Is the service responsive?

Our findings

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

RI: People's needs were not always met in a person centred way.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Some people and their relatives were not fully aware of the care plan process.
- Information in some care plans was lacking in person centred detail. There was a lack of information to show how the decisions had been made with the person or their relative. People and staff described aspects of individual care and support, which were not properly recorded and communicated in their plans. For example, people's social needs, healthcare and religious needs were noted. But there was a lack of specific detail around responding to these needs in a person centred way.
- Information about some people's background was brief and did not ensure all their needs and aspirations had been identified and responded to.
- Daily and other records, were not always fully reflective of the care delivered, people's experiences and their general well-being.

We recommend that the service continues to develop a person-centred approach when assessing, planning, delivering, monitoring and reviewing people's care.

- Although there were some shortfalls in care planning, people were mostly receiving care and support to meet their needs.
- People, relatives and staff, described how the service was responsive and caring. Their comments included, "I can ask for anything. All we have to do is ask," "They do more than their job, they are exceptional" and "Everything is fine. They look after us."
- One visitor told us how much they appreciated the specific progress their family member had made since moving into Meadow Lodge.
- People spoken with were mostly satisfied with the range of activities available at the service. One person explained, "We have 'play your cards right' and sometimes a singer comes to entertain us. We celebrated the two royal weddings and the football tournament."
- We observed group activities taking place on both days we visited. Some people preferred not to take part and their wishes were respected. However, one visitor commented they had not seen many activities taking place.
- Staff said they aimed to provide an activity each afternoon. A proposed weekly activity programme was displayed and records were kept of people's participation.
- Residents meetings were held. Records of the last meetings showed various matters had been raised and discussed, including outings, activities, maintenance and menus.
- There was internet access. A digital 'virtual assistant' was available and people had contacted relatives

using computer tablets. A satellite TV package was being considered.

- People's communication and sensory needs were considered. Any specific support with communication needs and sharing information was provided as needed. We saw some of the service's written information had been produced in a 'user friendly' style.

Improving care quality in response to complaints or concerns.

- People spoken with expressed confidence in raising concerns and were aware of the complaints procedures. They said, "I have complained and it was made right," "There has never been anything they haven't been able to sort out" and "I would tell them, I'm not backward at coming forward." A relative commented, "I'm aware of the complaints procedures. I would tell [registered manager] if I had a serious complaint, she would sort it out."

- Staff spoken with were aware of their role in supporting people with complaints.

- The service had policies and procedures for dealing with any complaints or concerns. The complaints procedure was on display at the service.

- Records were kept of people's minor concerns and the actions taken to make improvements. We saw apologies had been offered when appropriate.

- There were no structured systems in place for recording and managing formal complaints. We therefore advised such systems be introduced.

End of life care and support.

- End of life care was provided in response to people's changing needs preferences.

- The service worked with other agencies, when responding to people's specific needs.

- Care was delivered in line with the person's wishes, to ensure they were supported with dignity, pain free and as comfortably as possible.

- During our visit, people were given sensitive support to pay their last respects by observing a passing funeral cortege.

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We found Meadow Lodge had a very welcoming, friendly and homely atmosphere.
- All the people spoken with expressed an appreciation of how the service was run. Their comments included, "The way things are run makes me feel safe" and "Everything is run on polished wheels. The manager does an excellent job." One relative said, "I visited 40 homes this was the best."
- The registered manager was qualified and experienced to manage the service and had updated their skills and knowledge. The registered manager said there was continued support from the provider.
- People told us, "The registered manager is really nice. She comes in to see me. I can tell her things and I can ask to see her" "[name of registered manager] does a really good job looking after us." A relative said, "The manager seems to be here all the time. She is lovely and hard working."
- The provider's vision and philosophy of care was reflected within the services written material including, the guide to the service, statement of purpose and policies and procedures. One relative commented, "It's so homely. We hope [relative] can stay her for a very long time."
- This inspection highlighted some matters for development. We discussed with the registered manager and provider, ways of ensuring, good practice research and auditing processes, were embedded into the quality monitoring systems. They showed a genuine commitment to making improvements and fulfilling their responsibilities.

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

- The staff rota was arranged to ensure there was always a senior member of staff on duty to provide leadership and direction.
- Staff had been provided with job descriptions and contracts of employment which outlined their roles, responsibilities and duty of care. They had access to the service's policies, procedures and any updates were brought to their attention.
- Staff spoken with were enthusiastic and knowledgeable about their working roles. One commented, "I really enjoy it here. We get on really well as a team and communication is good." "[name of registered manager] is really approachable and deals with any issues."
- The arrangements for cooking were shared between designated care staff and the registered manager. This had an impact upon the registered manager's time. However, we were advised this arrangement was

under review.

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

- People had the opportunity to share their opinions and experiences of the service, in care reviews, and resident's meetings.
- There was an annual quality assurance consultation for people using the service, families and visiting professionals. A survey had been carried out in September 2018. The responses were being collated and had been checked for concerns.
- Regular staff meetings were held; various work practice topics had been raised and discussed. Staff said they could voice their opinions and make suggestions for improvement.

Continuous learning and improving care.

- Audits were in place to monitor matters including, medicine management, accidents, care plans, staff training, health and safety, activities and the control and prevention of infection.
- The provider worked regularly at the service and completed ongoing checks so they could be assured people received good care. One relative said, "I see they owners every week they are lovely and approachable."
- There were plans in place which showed any required actions were monitored and followed up.
- The provider and registered manager were proactive in their response to our findings and the inspection process.
- We were assured auditing systems would be further developed, to help identify shortfalls and make improvements.

Working in partnership with others.

- The service worked well with relatives and other agencies.
- Procedures were in place for reporting events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams.
- Our records showed that notifications had been appropriately submitted to the CQC. The provider's CQC rating and the previous inspection report were on display at the service.
- The service worked with a local college to provide experience for students through volunteering at the service.