

# Borough Care Ltd

# Meadway Court

## Inspection report

Meadway Court  
Bramhall  
Stockport  
Greater Manchester  
SK7 1JZ  
Tel: 0161 440 8150  
Website: [www.boroughcare.org.uk](http://www.boroughcare.org.uk)

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### Ratings


**Overall rating for this service** **Good** 

**Is the service safe?** **Requires Improvement** 

**Is the service effective?** **Good** 

**Is the service caring?** **Good** 

**Is the service responsive?** **Good** 

**Is the service well-led?** **Good** 

### Overall summary

This inspection of Meadway Court was carried out over two days on 24 and 27 November 2014. Our visit on 24 November 2014 was unannounced.

Meadway Court is a care home standing in its own grounds. Accommodation is provided over two floors with a passenger lift as well as stairs between the floors. The home is situated in the village of Bramhall and is close to the local shops and other community facilities.

The home provides personal care and accommodation for up to 42 older people. All bedrooms are single and 25

have en-suite facilities. There were 36 people living at the home at the time of our inspection. We last inspected Meadway Court on 10 May 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

The manager took up the position of acting manager in July 2014 and had been in permanent post since October 2014. At the time of this inspection visit they were in the process of applying for registration with the Care Quality Commission (CQC). A registered manager is a person who

# Summary of findings

has registered with the CQC 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.

During the inspection we observed care and support in the communal areas of the home, spoke with staff, visitors, visiting healthcare professionals and people living at Meadway Court. We also looked at care and management records.

Throughout our inspection we observed that people looked comfortable and relaxed with the staff who supported them. We observed that people were treated with respect and dignity by the staff and people told us they happy were living at Meadway Court.

There were social activities taking place if people wished to participate which included various Christmas activities over the festive period.

Visiting relatives we spoke with were positive about the care and support that was given at Meadway Court.

Visiting healthcare professionals, staff and visitors to the home all said they thought standards in the home had improved since the new manager had taken up post.

There were systems in place to monitor the quality of the service and the manager operated an open door system where people were encouraged to raise any issues or concerns they had.

We saw people enjoying a lunchtime meal. People told us generally the food was good but some people told us that the meat was regularly too tough for them and they had to choose meals a week in advance which they said was too far in advance. The manager was aware of this and was taking action to address it.

There were service contracts in place to ensure equipment and services were in good working order and safe to use.

We identified that improvements were required in relation to medication administration because the service provider was not complying with the relevant regulations. We found examples where people had not received their medication as prescribed by their General Practitioner (GP) which could have resulted in unnecessary risk or discomfort to the person.

You can see what action we told the provider to take at the back of the full version of this report.

# 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?

The service was not safe because shortfalls were found in the medication administration processes. This meant that in some instances people had not received their prescribed medication as intended by their GP.

Safeguarding procedures and relevant policies were in place to support staff when dealing with any safeguarding matters and staff had received training. People spoken with told us they felt safe and visiting relatives told us they felt satisfied their relative was safe from harm.

During our inspection visit we looked at the premises which were fit for purpose and we saw there were systems in place to manage the on-going maintenance of the home. We did see that some armchairs in one of the lounges on the ground floor were stained and worn in appearance. The manager told us that all chairs in this lounge were to be deep cleaned by an external company.

**Requires Improvement**



### Is the service effective?

The service was effective.

People were supported to maintain a balanced diet. Most people spoken with were positive about the food. However some issues had been raised by people living at the home in relation to the food provided. The manager had responded to this and a meeting had been arranged with the external company who supplied the meals.

We contacted some healthcare professionals prior to our visit and they told us that staff kept them up to date with changes to people's support needs and contacted them for advice in a timely manner.

Arrangements were in place to ensure staff received appropriate and relevant training. Staff were supervised and said they felt supported by the manager and deputy manager of the home.

**Good**



### Is the service caring?

The service was caring.

We saw that people were treated with kindness and compassion when we observed staff interacting with people using the service. The atmosphere in the home was calm and relaxed.

People who used the service and the visitors that we spoke with told us they were happy with the care and support they received at Meadway Court. They also told us that staff treated them well and respected their privacy. One person told us "It's been a very positive move here for me."

**Good**



# Summary of findings

## Is the service responsive?

The service was responsive.

Prior to people being admitted into the home the manager visited people to carry out an assessment of their needs. This was to ensure the home was able to meet all of those assessed needs.

We saw there was a complaints procedure in place which was included in the service user information pack which was given to people on admission to the home. People we spoke with said they had never needed to make a complaint but felt they could confidently do so if the need arose.

Regular visitors to the home told us they were very happy with the standard of care and support provided.

Good



## Is the service well-led?

The service was well led.

The service was led by a manager who was in the process of applying to CQC for registration. The healthcare professionals, staff and visitors we spoke with told us the new manager had made positive improvements to the way the service was run.

The manager was described by staff and visitors as approachable and supportive. We saw that the manager had positive relationships with the people living at Meadway court and their visitors.

Good



# Meadway Court

## 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 checked 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 24 and 27 November 2014. Our visit on 24 November was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we held about the service which included safeguarding information and statutory notifications. In addition 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.

Before the inspection we also requested information from some health and social care professionals who visit the home on a regular basis.

During this inspection we spent two days in the home observing care and support being delivered to people in the communal areas. We were taken on a tour of the home and looked at a sample of records which included three people's support plans, staff training records, maintenance records, a selection of audits and quality monitoring documents, medication records and policies and procedures.

We spoke with nine people living at Meadway Court, five visitors to the home, three members of care staff, the manager, the acting deputy manager and two visiting healthcare professionals.

# Is the service safe?

## Our findings

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# Is the service effective?

## Our findings

We asked to see the training matrix (record) for the staff employed at Meadway Court. This record could not be located but was emailed to the service from head office. The acting deputy manager told us that they were in the process of implementing a system of e-learning for all staff and Human Resources and the training manager from Borough Care (service provider) were due to introduce the system to staff the week following our inspection visit. We saw that the new system sends alerts to the deputy manager when individual staff training is due.

The training matrix showed that staff attended a variety of relevant training courses and refresher training. These included first aid, pressure care, food safety, infection control, medication administration, moving and handling and loss, grief and bereavement. We saw that there was a planned training programme from January 2014 through to December 2014 that was implemented by the training manager.

The manager told us that training was discussed during supervision sessions and if there were any identified needs dates would be booked with the member of staff. Staff spoken with confirmed that training was available.

The manager told us that all new members of staff completed an induction programme which was produced by the organisation but was based on Skills for Care common induction standards.

Staff who we spoke with told us they were provided with supervision and could attend regular staff team meetings. We saw records of various staff team meetings and supervision during the inspection and noted that a wide range of topics had been discussed. Staff told us that they felt very well supported by the manager. One comment was "I have seen improvements since the new manager has started, things are much more organised." Staff told us that they could see the manager at any time if they had issues or concerns they needed to discuss. Another comment was "There has been a lot of changes and things are improving."

The menu was on display in the main corridor of the home and we saw that choices were available. During this inspection visit we observed the lunchtime meal service. We saw people were enjoying the meal which looked appetising and portion sizes were ample.

The environment in the dining room was sociable and relaxed. Staff were observed to be offering assistance and encouragement to people as necessary.

We asked people living at Meadway Court if they liked the food. Everybody we spoke with told us there was a choice of food but we received mixed responses regarding the quality. One person said "The food is wonderful and the overall standard is superb." However other people told us that the meat was regularly tough and difficult to chew. Other people told us that they did not like having to choose meals a week in advance. This was discussed with the manager who said that these concerns had been raised at the last resident/relatives meeting and all the issues raised had been fed up to head office. We saw that following the resident meeting the manager had implemented a 'meal audit' and a meeting had been arranged with the external company who had the contract for providing the meals to discuss all issues raised.

People were registered with local GP's and there was documentary evidence to show people had access to a variety of health care professionals.

During this inspection visit we spoke with two visiting healthcare professionals. One professional told us "The atmosphere here feels genuinely warm, welcoming and caring." We were told that "Staff know the residents very well" and were good at sharing information with them.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. The manager demonstrated an understanding of the requirements of MCA and DoLS although they and acting deputy manager had not yet attended training.

The recent Supreme Court judgement in relation to DoLS assessment for people living in the home was discussed with the manager who said she would be in contact with Stockport Borough council regarding this. At the time of this inspection visit one DoLS application had been submitted to the Local Authority.

# Is the service caring?

## Our findings

The people we spoke with who lived at Meadway Court told us they were happy with the care and support they received. Comments included: “The staff do look after us, they do a really good job,” “We can do what we want there is no restrictions” and “They [the staff] are friendly and helpful”.

Visitors to the home were positive about the care being delivered. One person said “The staff here are so caring.” Another comment was “The staff here seem to have time for the visitors as well as the residents.”

We observed that staff had good relationships with people and were knowledgeable about people’s individual personal preferences and personalities.

Our observations of staff interactions were that staff were kind and friendly in their approach to people. Staff were polite and respectful when they talked to people and were seen to knock on the doors before entering people’s individual bedroom. We observed that people were treated

with respect and dignity by the staff and people told us they happy were living at Meadway Court. Staff spoken with all said that people’s privacy and dignity was maintained and where possible people were encouraged to have choice. For example we saw care staff offering people choices of meals and where people would like to sit.

We looked at a sample of support plans. These demonstrated that the person living at the home, or their relative if that was more appropriate, had been involved in their development. In the support plans we looked at we saw they contained information about people’s individual personal preferences, their likes and dislikes and information about the person’s life history and what was important to them.

People were provided with information about the home in the form of a Service User Information Pack. This document helped to ensured people were aware of the services and facilities available in the home.

The manager said that information regarding independent advocacy services was available on request.



# Is the service responsive?

## Our findings

The manager told us that before a person moved into the home a pre-admission assessment of their needs would be undertaken to ensure the service could meet the needs of people considering moving into the home. The manager said that where possible people could spend some time at the home having lunch and meeting staff and other people living at the home before making a decision about moving in. This was confirmed by people living at Meadway Court and some visiting relatives spoken with.

The manager said they operated an open door policy and people were encouraged to raise complaints and/or concerns as soon as possible so they could be addressed immediately. We saw that the manager and acting deputy manager were visible in the home and visitors, people living at the home and visiting healthcare professionals freely entered the office to speak with the manager. The manager and acting deputy manager were seen to have good relationships with people. Visiting relatives spoken with confirmed this.

Visitors told us that they felt communication in the home was good and they were kept up to date regarding any changes in their relative's health or care needs. One person told us "I always get a phone call, they keep me well informed."

Some comments received from health and social care professionals who visited the home on a regular basis were that the new manager seemed responsive and had discussed some good ideas for the home. Other comments were that staff appeared keen and receptive to advice and instructions given. However one professional said that she

did make a request to staff which was not actioned on their return visit. This was discussed with the manager who acknowledged that this incident did occur and had now been actioned.

There was information in the Service User Information Pack to inform people of how to make a complaint which was given to people on admission to the home.

We looked at the records of complaints made which demonstrated that there was a record of complaints made which included the outcome of the complaint investigation.

Visitors to the home said that they had not felt the need to make a complaint. One person told us "I am encouraged to raise concerns."

We looked at a random selection of three support plans. The support plans we looked at contained details of the persons past history, personal preferences, individual care needs and how staff could best meet those needs while maintaining independence. We were told that two senior carers had the responsibility for coordinating activities. We saw a list of activities on display which include painting, arts and crafts, movement to music, manicures and board games. We were told that as well as group activities staff did one to one activities like going for a coffee, going shopping or a walk or just sitting and talking to people. Some comments from people living at Meadway Court were "Yes they do activities, I like playing cards" and "The manager has recently asked us what we want to do over Christmas." We saw one person discussing a trip out to a local restaurant for a Christmas lunch. On the second day of this inspection we saw that a list of Christmas activities was put on display.

# Is the service well-led?

## Our findings

The manager took up post of acting manager in July 2014 which was made a permanent position in October 2014. At the time of this inspection visit the manager was in the process of applying for registration with CQC.

Comments we received from people living at Meadway Court, visitors, staff and health care professionals who visit the home on a regular basis were positive with regards to the manager. One visitor said “[The manager] has done a great job, the atmosphere has changed a lot, it’s defiantly got better here.”

One visiting healthcare professional told us the new manager was “like a breath of fresh air and was doing a brilliant job.”

There was a system of audits in place that included: falls, call bell response times, peoples weights, pressure ulcers, complaints and hospital admissions. The manager undertook a visual check of the environment and cleanliness of the home approximately twice a week and the senior carers checked the cleanliness of people’s bedrooms on a daily basis.

The manager undertook a monthly audit to ensure that the senior carers had reviewed and updated people’s support plans. It was discussed with the manager that this audit should also include evidence of any action taken if shortfalls were identified. The manager said they would include this in the next audit.

In addition to the audits and checks carried out by the manager the quality assurance officer from the head office

conducted a monthly registered provider visit. The manager received a record of the visit which included any actions that needed to be taken to ensure the quality of the service delivery.

We saw that a ‘resident/relative’ meeting was held on 08/11/14 and minutes of that meeting were on display in communal areas of the home. The manager said it had been very well attended and it was their intention to hold monthly meetings. In a further attempt to obtain people’s views of the service being delivered people were encouraged during their annual review to complete a quality questionnaire and an annual satisfaction questioner was sent to people from an independent company. The results of these questionnaires were collated and a report was sent to the head office. The manager said they were currently waiting for the report from 2104 questionnaires.

Staff meetings were held on a regular basis and staff spoken with confirmed this. The intention of these meetings was to obtain people’s views on the quality of the service being delivered and to act as a forum to raise and discuss any issues people may have. In addition to the formal staff meetings the manager said they were available for staff to talk to if they so wished and staff received regular supervision sessions. Staff spoken with told us they felt supported by the manager and the acting deputy manager. One person told us “We have a good staff team and we work well together.”

We asked to see the policies and procedures for the home. There was a policy and procedure folder that was available for staff to access.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The registered person had not protected people against the risks associated with unsafe use and management of medicines because the provider did not have appropriate arrangements for recording and administering medicines.</p>