

Yorkshire Parkcare Company Limited

Meadow View

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service responsive?

Inadequate



Is the service well-led?

Inadequate



Overall summary

We carried out an unannounced comprehensive inspection of this service on 24 and 25 November 2014 in which breaches of the legal requirements were found. This was because people were not protected against the risks associated with the unsafe use and management of medicines, did not receive care or treatment in accordance with their wishes and there was not always enough staff on duty to meet people's needs. During that inspection we also issued two warning notices for breaches in relation to regulations 9 (care and welfare) and 10 (assessing and monitoring the quality of the service provision) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had made the improvements in regard to the warning

notices issued. We did not look at other breaches at this inspection as the provider was still in the process of implementing their action plan and embedding these improvements into practice.

This report only covers our findings in relation to the two warning notices served in respect of care and welfare and quality monitoring. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Meadow View' on our website at www.cqc.org.uk.

Meadow View is a care home providing accommodation for older people who require personal care and nursing care. It also accommodates people who have a diagnosis of dementia. It can accommodate up to 48 people over two floors, which is divided into three units. The floors are accessed by a passenger lift. The service is situated in Kilnhurst near Rotherham.

Summary of findings

There was a new manager at the time of our comprehensive inspection in November 2014 and they have now registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

People's needs had been assessed and care plans developed. Care plans had been reviewed since our last inspection. From our observations, talking to staff and

people who used the service we found these were followed and people's needs were being met. Although the new practices still needed to be monitored closely to ensure they were fully embedded into practice.

The registered manager had introduced new monitoring systems to ensure the quality of the service provision was monitored. We saw audits had been regularly completed including infection control, medicine management, accidents and incidents and care plans. The regional manager had also completed monitoring of the service. We found action plans in place to ensure any issues identified were addressed and resolved.

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 responsive?

We found that action had been taken to improve the responsiveness of the service.

People's health, care and support needs were assessed and reviewed. Through our observations we saw that staff were meeting people's needs.

We saw staff responded to people's care needs promptly and recognised when people required support. The provider had implemented new systems to ensure staff were meeting people's needs. These systems were being embedded into practice through regular supervision, better communication between staff and appropriate training.

We will review our rating for responsive at our next comprehensive inspection.

Inadequate



Is the service well-led?

We found that action had been taken to improve the management of the service.

We found the manager had registered with the Care Quality Commission. People who used the service, relatives and staff all told us they had seen improvements over the last few months.

Audits had been completed by the registered manager and regional manager and actions taken to address issues.

People were asked about their views and these were acted on.

We will review our rating for well led at our next comprehensive inspection.

Inadequate



Meadow View

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 to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 24 and 25 November 2014 had been made. The improvements we looked at were in relation to the warning notices issued. We inspected this service against two of the five questions we ask about services: is the service responsive and is the service well led. This is because the service was not meeting some legal requirements.

This inspection took place on 26 March 2015 and was unannounced. The inspection team consisted of an adult social care inspector.

We spoke with the local authority, commissioners, safeguarding vulnerable adults authority and Rotherham Clinical Commissioning Group. The local authority was continuing to closely monitor the service and conduct visits to ensure the action plan in place was being followed.

At the time of our inspection there were 40 people living in the home. The service consisted of two floors. The downstairs unit provided care and support for people living with dementia.

We used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at other areas of the home including some people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care, including care plans, risk assessments and daily records. We looked at three people's support plans. We spoke with eight people living at the home and three relatives.

During our inspection we also spoke with 10 members of staff, which included nurses, care workers, domestics, registered manager and regional manager. We also looked at records relating to medicines management.

Is the service responsive?

Our findings

At our inspection on 24 and 25 November 2014, we found people's care and welfare was not being met. We took enforcement action and issued a warning notice. We asked the provider to be compliant with the notice by 9 January 2015.

This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

At this inspection we only looked at progress in relation to Regulation 9 (care and welfare) breaches and the warning issued.

We found the provider had put measures in place to improve the provision of care and treatment to ensure people's needs were met. Care plans had been rewritten to reflect people's current needs. Staff we spoke with were knowledgeable on how to meet people's needs and our observations evidenced staff responded to people's needs promptly.

People we spoke with told us they staff were very good. Everybody we spoke with said the service had improved. One person told us, "I couldn't ask for a better place, the staff are very nice." Another person said "The staff are lovely." A relative we spoke with told us, "I can see the changes and it is much better." Another relative wrote to us to say they had seen many improvements over the last few weeks a number of new staff had been employed and more activities had been provided.

People who had been assessed as at risk of poor nutritional intake had appropriate risk assessments in place. Measures to monitor this had been put in place including being weighed regularly with food charts in place to monitor intake. We found the charts had been completed properly

and were being reviewed. The deputy manager monitored people's weights weekly and showed us the monitoring records. It was clear from these that people's weight loss was identified and appropriate actions taken. This ensured people's changing needs were identified and met.

As part of our observations we spent time in one of the dining rooms during lunch. We saw staff engaged with people in a positive way. However there were still improvements that could be made to make it a more pleasurable experience for people. The registered manager had already identified the meals needed to be further improved and was implementing new ways of working to ensure people had a positive meal experience. They told us the new systems needed to be embedded with staff, which was happening through supervision and meetings.

Staff told us they had been given opportunity to become familiar with the care plans. This meant they were aware of their needs and how to meet them. Staff told us that all senior care workers had responsibility for six people to ensure their care plans were regularly updated and reviewed to ensure their changing needs were identified. This was a new practice and again needed to be embedded into practice.

We found in practice the care staff were following the care plans. Staff we spoke with told us they were much happier and one staff member said, "We now work as a team and all work well together, we respect each other's knowledge and experience."

We spoke with the local authority, commissioners, safeguarding vulnerable adults authority and Rotherham Clinical Commissioning Group. The local authority officer told us that they had seen significant improvements during their monitoring visits.

Is the service well-led?

Our findings

At our inspection on 24 and 25 November 2014, we found the service was not well led. We took enforcement action and issued a warning notice. We asked the provider to be compliant with the notice by 31 January 2015.

This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

At our focused inspection on 26 March 2015 we found that the provider had implemented improvements to meet the shortfalls in relation to the requirements of Regulation 10 (assessing and monitoring the quality of the service provision) as described above.

We saw new audits systems had been implemented, which had been completed by the registered manager and regional manager. These were in areas including environment, infection control, medicine management, accidents and incidents and care plans. The regional manager had also completed monitoring of the service. We found action plans in place to ensure any issues identified were addressed and resolved. For example, the environmental audit had identified a new freezer was required in the kitchen and this had been ordered. The registered manager told us the audits were taking place daily and weekly at present. They would decrease the frequency when he was satisfied staff had the new systems were embedded into practice. However, some issues we

found had not been identified by the infection control audit, the registered manager acknowledged the audits needed more detail to ensure all areas were looked at to identify all actions required. The regional manager agreed this would be addressed immediately.

The registered manager told us regular resident and relative meetings had taken place. We saw minutes of a recent meeting which evidenced that people were being informed about the service. People were also able to contribute. People we spoke with told us if they had any issues they raised them with staff and they were now always dealt with. Relatives we spoke with told us they found both the deputy and the registered manager approachable and always listened and resolved any issues, however minor. We also saw the registered manager had implemented new systems for recording any concerns or complaints and these clearly evidenced the issues, what had taken place to resolve the issues and the conclusion. This showed people's concerns were taken seriously and resolved.

Staff told us the communication had much improved, they worked well as a team and were now aware of what their roles and responsibilities were. Staff told us they were kept up to date with any changes and new ways of working. One member of staff told us, "We are told immediately of any changes and this means we are always able to meet people's needs."