Nifinara Limited

Meads House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection site visit took place on 5th June 2018 and was unannounced.

Meads House is registered to provide personal care for up to 16 older people living with dementia. At the time of the inspection there were 13 people living at the service.

Meads House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

We last inspected the service in October 2015. At that inspection the home was rated Good across all domains. At this inspection we found that the service had not sustained this in all areas. The service now has an overall rating of Requires Improvement.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that the environment of the service did not appear to have been adapted to help meet the needs of people living with dementia to promote their independence.

We found the activities recorded and offered to people on a daily basis were not always personalised and inclusive to meet the needs of men and women living at Meads House.

There was a lack of evidence to show how good practice guidance was proactively used to ensure the service continues to deliver the best care for people living with dementia.

We found that people's general communication needs were met.

Systems were in place to capture feedback from people, staff and relatives such as annual surveys to help identify areas for improvement.

The premises and equipment were cleaned and well maintained and maintenance checks were up to date.

There were contingency plans in place to ensure people's safety in the event of an emergency.

People told us they felt safe living at the service. Staff understood their responsibilities to raise concerns and report accidents or incidents. People received their medication safely and on time.

We saw people being treated with kindness and compassion at all times and people told us that they were happy with their care and treatment. There were individual risk assessments in place to keep people safe, including falls, moving and handling, nutrition, weight, pressure areas.

Staff received training to ensure they had the appropriate skills and knowledge to support people. We saw training records showing training was mainly up to date. Any outstanding training had been booked to take place imminently. Staff had appropriate knowledge and skills to meet people's needs.

There were appropriate recruitment processes in place and safety checks were completed to ensure prospective staff were suitable before they were appointed.

People had enough to eat and drink. Alongside regular meals hot and cold drinks and biscuits were available between meals. People were given choice and supported to have their meals where necessary.

People had support with identifying their healthcare needs and could access healthcare professionals such as their GP.

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.

There were systems and processes in place to safeguard people from abuse.

Risks to people were recorded and managed safely.

There were sufficient numbers of staff to support people to stay safe and meet their needs.

The service ensured proper and safe use of medicines.

Concerns, accidents and incidents were regularly reviewed to look at learning and improvement for the service.

Is the service effective?

Requires Improvement

The service was not always effective.

The decoration and physical environment of the service had not been adapted to help meet the needs of people living with dementia to promote their independence.

People were supported by staff who had appropriate knowledge, skills and training.

People were supported to eat and drink enough to maintain a balanced diet.

Consent to care and treatment was sought in line with legislation and guidance.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness, respect and compassion.

People were involved in their care and encouraged to be as independent as possible.

People's privacy, dignity and independence was respected and promoted.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Activities were not always tailored to people's interests or past experiences and not offered to all people living at the service.

People did not always receive personalised care that was responsive to their needs.

Complaints were managed appropriately and people felt confident to raise concerns if necessary.

People and their relatives were involved in their care planning.

Is the service well-led?

Good

The service was well-led.

There were systems of audit and quality assurance in place.

There were opportunities to continuously learn and improve.

There was a clear vision to deliver care and support. The service promoted a positive culture that was open and inclusive.

The service engaged with people, relatives and staff.

The service worked in partnership with other health and social care services.

Meads House Residential Care Home

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 the 5th June 2018 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. At this inspection the expert by experience had experience in supporting older people with dementia.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding concerns raised and notifications which had been submitted. A notification is information about important events the provider is required to tell us about by law. This is necessary so that, where needed, the Care Quality Commission (CQC) can take follow up action.

During the inspection, we met with people living at the service. We spoke with three people living at the service and two relatives. We spoke with two staff members and the registered manager.

We reviewed care records for four people and 'pathway tracked' two of them to understand how their care was being delivered in line with this.

We reviewed staff training, supervision and recruitment records. We also looked at medicines records, risk assessments, accidents and incident records. We also reviewed complaints and compliments documents, quality audits, policies and procedures, staff rotas and other records related to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "yes people are definitely safe living here, there is always plenty of staff and they are always around for a chat".

Staff followed medicine policies and procedures to manage and administer people's medicines safely. Staff did not administer medication to people unless they were trained to do so. Systems were place for monthly spot checks and the provider spot checked the registered manager every three months. The registered manager carried out stock checks every two weeks and ordered medication on four-week cycles, via the pharmacist, who delivered medicines and collected returns for disposal.

A fridge was available to store medicines that needed to be kept at colder temperatures and records showed that the temperature of the cupboards and fridge were checked daily. There were digital thermometers to monitor the temperature of the medicines stored in the trolley, stock cupboards and fridge.

The service had systems in place for checking medicine administration record (MAR) charts for any errors or gaps, information included known drug allergies and a picture of person. There were body maps in place to direct staff where to administer prescribed creams. Non-medicated topical creams were kept in people's bathrooms or rooms. There was one missing signature on the MARs chart. We spoke to the registered manager and they acted to speak to the member of staff on duty, they confirmed medicines had been administered and it was a recording error.

People who needed medicine only when required (such as pain relief) had guidance to staff about when these medicines should be administered.
One person told us, "I feel safe here, they give me my medicine which helps with my dancing".

We found a store cupboard and boxes in the basement containing expired 'Fresubin Energy' (fortified nutrition supplement drinks) prescribed for a deceased person. These drinks had various expiry dates dating back to March 2017. We discussed this with the registered manager who confirmed the supplement drinks were disposed of the following day.

The service carried out regular checks of the premises and equipment including; weekly hot water checks, fire safety checks and fire equipment. Other risks such as water safety and Legionella, electrical equipment checks, clinical waste arrangements, gas safety, records of hoists, bath chairs and stair lift servicing. Certificates were available and in date to confirm this.
Personal emergency evacuation plans (PEEPS) were in place for safe evacuation in the event of an emergency. Fire alarms, emergency lighting and call bell checks took place regularly to ensure peoples safety.

Ongoing maintenance issues were logged into a general message book. The registered manager used a messaging app to communicate and report general maintenance issues to the maintenance person as and

when required. The service had an improvements log, highlighting areas of the home to update throughout the year such as decoration, fixtures and fittings. This log was reviewed monthly.

The service was clean and tidy. Personal protective equipment (PPE) such as hand wash, gloves and aprons were available in all bathrooms (with visual reminders about washing your hands), at the entrance of the building, people's rooms and in the communal areas, to help protect people from risks relating to cross infection.

There were enough staff to keep people safe. We sampled rotas and saw that ratios of staff ensured people's needs were met. Staff turnover was low with many staff having worked at the service for many years, this meant that staff were consistent and familiar to people living in the service. There were systems and processes in place to keep people safe from abuse. Staff and people understood how to raise a concern and report concerns, accidents and/or incidents to the manager or other senior members of staff. A member of staff told us "If I suspected abuse I would talk with my manager or I could call social services directly there is a number in the kitchen. I could call the Police or the owner as well".

The service had a whistleblowing policy in place to ensure staff understood how to raise concerns and staff confirmed they were aware of it. The manager could give examples of when the whistleblowing policy had been used.

Complaints and safeguarding concerns were logged identifying any learning for the service. The learning was shared with staff at team meetings. Incidents and accidents were reviewed monthly to identify learning and any trends. This meant any necessary actions to keep people safe could be implemented in a timely manner.

Individual risk assessments could be found in people's care plans to keep them safe, including falls, moving and handling, nutrition, weight, pressure areas. People, family and staff were involved in decisions about risk to ensure information was up to date to support people safely. Staff told us "I encourage people to do as much as they can for themselves, like their own personal care if they can. I always ask if people need help and their consent. I respect people's confidentiality, only speak about people on a need to know basis, like the GP or next of kin".

People had access to call bells when needed and people told us that staff responded quickly.

People were protected as far as possible by a safe recruitment system. Applications forms included work history and past employment. Criminal Records had been undertaken with the Disclosure and Barring Service (DBS). A DBS check is carried out to help employers to make safe recruitment decisions and prevent unsuitable staff from working within the care environment.

Requires Improvement

Is the service effective?

Our findings

The home had three floors, with a chair lift enabling people to access the rooms upstairs. One person told us "staff help me with the stair lift when I need it, most days I can do it on my own but they do help me".

We found that the decoration and physical environment of the service did not appear to have been adapted to help meet the needs of people living with dementia to promote their independence. For example, there was a lack of signage at key decision points such as doorways or junctions in corridors both inside and outside the premises. Bathrooms and toilets contained no contrasting colours to assist people to use these facilities. Not having adaptations such as these in place can considerably reduce the quality of life and independence for people living with dementia. We recommend that the provider seeks advice and guidance from a reputable source to make the environment more dementia-friendly, and explore how technology and equipment could help to promote people's independence.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making decisions on behalf of people who may lack mental capacity to do so for themselves. This 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff received MCA training and could explain the consent and decision-making requirements of this legislation. A staff member told us "People who can't make decisions need to be assessed to see how much they can decide, this is in their care plans. I would talk to my manager if I was concerned that someone couldn't decide. I always get someone's consent about their support by talking to them, if someone refuses you can't force someone. We try different approaches if this happens. If it carries on then we can call the doctor to assess their capacity".

We observed staff giving people choice and involving people in daily decisions such as food and drinks. Staff told us, "I always encourage people to make choices, respect this and don't assume. I always offer them tea or coffee even if they usually have one or the other. I will change the TV if they ask and not ignore them".

People can only be deprived of their liberty so that they can receive care and treatment when this is in line with their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). On the day of inspection, the registered manager confirmed there were five DoLS applications submitted over the past year for people living in the service. A copy of these applications could be found in the person's care plan. Staff told us "it is important not to take away people's liberty unnecessarily. It might mean that people can't go out on their own for their own safety so we have the locks. We know what people can decide, like changing their own clothes".

Staff monitored people's health and well-being and supported people to maintain good health, this was recorded in their care plans. The service worked with GPs, local authority, community nurses and families for guidance and support to ensure people's care and treatment was delivered effectively.

The service promoted people's diversity and human rights. The registered manager gave an example where the service had supported a person who was a spiritualist and would not eat certain types of food. The staff learnt more about the person's beliefs and how they could support the individual fully.

People were supported by staff who had appropriate knowledge and skills. We reviewed the latest training information provided, which recorded mandatory training such as: safeguarding, first aid, medicines, manual handling, dementia, challenging behaviour, nutrition and infection control. Staff training was reviewed and regularly updated. Staff received regular supervision and annual appraisals and staff told us they felt supported by the manager and could raise any concerns or suggestions they had about the service.

One relative told us "staff are all trained to help, they help my mum with mobility, on one occasion I was trying to help her and one of them came over and gave me some tips on how I can help her move about safely with her frame".

New staff had an induction period and were supported by the manager and other staff throughout. The service had not recruited any new staff in the past 6 months as staff turnover was low. New staff completed The Care Certificate. The Care Certificate is a nationally agreed set of learning, outcomes, competencies and standards of care that are expected from care workers.

We observed lunch and the interactions between people and staff. Weekly menus were displayed on the noticeboard in the dining area with choices of meals and puddings. Staff asked people what they wanted in the morning and gave orders to the chef. People had a choice of eating in the dining area or in their bedrooms. Staff supported people to the dining area and people ate their meals at their own pace. Staff were attentive, chatted to people during the mealtime and music played in the background. People told us they enjoyed the food and were able to ask for an alternative if they did not like what was offered on the menu. One person told us, "the food is very good, all home cooked. It is never a problem to change if you do not fancy something on the day".

People's specific dietary needs such as, smaller servings, softer food, diabetic and fortified foods were known to the chef and care staff. This ensured that people's eating and drinking needs were met.

Good

Is the service caring?

Our findings

People spoke positively about the staff and gave complimentary comments such as: "I tell the staff if I need anything, they are always coming around with tea and biscuits" and "we are cared for reasonably well, and they are always keeping an eye out".

We observed people being treated with kindness and compassion. People spoke positively about the registered manager and staff, people told us "Staff have made the effort to get to know me and I get on with staff so far" and "It's really nice here, they are kind to me, nothing is any trouble".

Staff spent time with people in the lounge/dining area. There was always at least one or two members of staff around sitting with people and chatting. We observed people engaging with staff through conversation, laughter and smiling. Staff knew people well and we saw positive interactions between people and their visitors. Staff spoke calmly and politely giving people time to respond in a caring and friendly manor.

We observed staff reading the day's headlines to people and chatting about the news. We also observed staff encouraging a person to play the piano and dancing with people. One person told us, "the staff always have time to dance with me".

We observed staff treating people with dignity and respect. Staff had a good understanding of people needs, likes and dislikes. People were supported to maintain and develop their independence as far as possible and encouraged to make decisions on a day to day basis. Staff knocked on people's doors before entering and spoke to people quietly and respectfully about their care needs. A relative told us "oh yes, they give her privacy and independence, they know her so well now".

People's bedrooms were personalised with photographs of themselves and the people important to them; some people had brought their own paintings and furniture with them.

One relative told us "the home is welcoming and homely, although it could do with a little bit of modernising in some areas".

Residents meetings were held during the year to involve people in decisions and discussions around the decoration of the home, plans for Christmas, day to day activities and menu choices. The registered manager told us that talking to people on a one to one basis was the most effective way to capture feedback from people.

The registered manager encouraged people to be involved in the recruitment of staff and asked potential staff to talk to people in the lounge area. The manager would then get people's feedback about the person before formally offering the person a position at Meads House.

Requires Improvement

Is the service responsive?

Our findings

People told us that they received appropriate care and support when needed. People could choose how they spent their day, some people spent time in their bedrooms and others in the lounge/dining area. The registered manager told us that the service adapted daily to respond to the needs of the people living at Meads House.

The service states on their promotional literature that it provides 'specialist dementia care', but it was not evident how activities and other areas of support had been designed to meet the needs of people living with dementia. We spoke to the registered manager about how the service kept abreast of local and national developments particularly around dementia. The registered manager told us that the service kept up to date through various websites such as the Alzheimer's Society, Local Authority and the CQC. However, there was a lack of evidence to show how good practice guidance was proactively used to ensure the service continues to deliver the best care for people living with dementia.

We observed that the activities recorded and offered to people were not always personalised and inclusive to meet the needs of men and women living at Meads House. Activities offered at the service were generic and rarely changed, offering quizzes, film/DVD, music, reading newspapers, puzzles and colouring. The activities on offer when we visited had been in place for six months and did not correspond with several people's known interests. For example, one person liked to do gardening. Activity logs showed that over a two-week period this person had not once been supported to go outside.

In people's care plans they had a very brief one-page profile detailing what activities they liked. There was an activity timetable found on the noticeboard in the dining area, listing the week's activities for the morning and afternoon. Daily activities in the home were led by care staff who felt confident to undertake the activities. The registered manager told us that us the service was currently reviewing the types of activities the service provided.

Staff were not confident in describing how the activity timetable had been designed and developed to support people's interests or meet their social and cultural needs. We recommend that the provider seeks advice and guidance from a reputable source to ensure that the activities offered are more conducive to people living with dementia on a daily basis.

The service engaged with the local community and hosted garden parties twice a year, raising money for local charities by making cakes with people to sell. The service organised external activities such as entertainers, singers, relaxation therapists, animal therapy visits and monthly visits from local church groups. The registered manager told us that people had the opportunity to go out to the cinema, for dinner and shopping on a one to one basis. The registered manager met regularly with people to discuss the activities available.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand

information given to them. The registered manager had developed picture brochures and feedback forms. Care plans stated how people should receive information and in what format to support peoples understanding.

The service had a laptop and tablet that people could use to stay in touch with friends and relatives or search the internet. The registered manager told us that this equipment was rarely used by people as they did not appear to engage with it. However, the service did not have any signage or prompts to remind people that this technology was available.

People's care plans were developed over an eight-week period after they were admitted to the service. The person and their relatives were involved to ensure the care plan captured the persons history, specific needs, likes and dislikes. Care plans included risk assessments, a brief "This is Me" pen picture, background information including significant events, family members and previous occupation. Health appointments were recorded giving information on GP visits, opticians and chiropody. Specific guide sheets on dementia were found from the Alzheimer's Society dated 2007 and fact sheets on individual health conditions. However, this information did not contain specific information or guidance on the person's 'type' of dementia i.e. Vascular to support the understanding of staff on how the symptoms of the impairment impacted on the person.

We also observed a lack of information regarding how people were supported to maintain relationships including those in the community and how the service helped to avoid social isolation.

Care plans were reviewed monthly and we saw records of six monthly review meetings taking place with people (where possible) and their next of kin. Staff updated people's daily records at the end of each shift to record information such as: bathing/showering, visitors, appointments and other significant events. Information was shared during handover at the start of each shift, to ensure staff were informed and updated on specific incidents, changes or tasks that had occurred. Staff used a daily communication book to ensure that staff had relevant and up to date information about how to deliver the support people wanted and needed.

One relative told us "She is well cared for, they treat her like their own Mother, my daughter and I go away in the comfort that she's being cared for by loving people".

We found that staff knew people and their relatives well. We observed staff and the registered manager supporting an individual who was experiencing heightened levels of anxiety, staff were responsive and attentive throughout the day using diversion techniques to support the person and reduce the persons level of anxiety.

A complaints policy and procedure was in place and displayed in the entrance area. People told us that they would be happy to raise concerns and would speak to the staff and manager if they needed to. The service took complaints and concerns seriously and used them as an opportunity to learn and identify ways to improve the service.

Good

Is the service well-led?

Our findings

Staff told us they felt supported and valued. One member of staff said, "The manager is supportive and approachable, we can talk about difficulties. There is a good team culture".

The registered manager had been in post for eighteen years and told us that the service's vision was to, "have a good family care home, to do what makes people happy, I want people to think of this as their home". One relative said, "You cannot really describe how or why staff are caring but you just feel it, it's like they treat people like part of their family".

The registered manager told us that they achieve good leadership by being open, having good relationships and communication with staff, people and relatives to ensure that anyone can talk about concerns and areas of improvement for the service.

There were processes in place to monitor and take forward actions in areas such as medication, incidents and accidents, care planning, and annual surveys.

Systems were in place to capture feedback from people, staff and relatives such as annual surveys to help identify areas for improvement. A summary was shared with people and relatives to highlight what the service does well and areas to be improved. The service had introduced monthly improvement plans overseen by the provider and registered manager to continually improve service delivery.

We noted a high degree of satisfaction with the service from the www.carehome.co.uk website.

The registered manager gave examples where the service had supported people during end of life care, tailoring care and support to the needs of the person. The service worked closely with the local hospice and the registered manager shared examples of complimentary letters and emails from relatives thanking the registered manager and staff. This was shared with staff at team meetings.

Regular team meetings took place where staff were invited to raise concerns and bring new ideas to support people in a person-centred way. The registered manager had incentives to reward and thank staff for their hard work.

The registered manager told us that they spent a lot of time on the floor with people and staff, to observe practice. They carried out unannounced spot checks at different times and held regular supervision, team meetings and appraisals with staff.

The service had quality assurance systems in place and the registered manager carried out regular audits on a weekly and monthly basis to monitor the quality of the service.

The registered manager told us that the provider has an active role within the service, visiting regularly, having a physical presence when the registered manager is on holiday and attending regular provider

forums. The provider receives weekly updates from the registered manager highlighting, news and significant events from the service. Staff told us that they felt confident to contact the provider for advice and guidance when the registered manager was not available.

People and staff records were kept securely in locked rooms. General Data Protection Regulation (GDPR) is the new data protection law that came into force on 25 May 2018. Under GDPR, services are required to maintain and demonstrate evidence of data protection compliance, to undertake assessments to ensure that new processes and systems adequately protect privacy, and to tell people more about how and why their personal data is used. The registered manager confirmed and showed letters sent to staff, relatives and next of kin to explain how the service retains people's information.

The service had good relationships with external agencies such as health care services and social care to ensure people received the right support.