

Cumbria County Council

Maudes Meadow

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Maudes Meadow provides accommodation and care for up to 28 older people some of who may be living with dementia. At the time of the inspection there were 12 people living there.

Accommodation is provided over two floors accessed by a lift. On the ground floor there is a designated unit for people living with dementia that has an open plan communal area for dining and socialising. There is another large communal area on the ground floor predominately used by others living in the home.

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

Safeguarding systems were in place to protect people from the risk of abuse or unsafe care. Staff were aware of the procedures, had received training on it and knew what action to take. The provider had recruited staff safely. The registered manager made sure sufficient numbers of staff were on duty throughout the day and night to make sure people received the support as they needed. People received their medicines safely and as their doctor had prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and their families had been fully involved, where relevant, in planning and reviewing the care and support provided. People received good nutrition and hydration in line with their personal choices.

People were treated with respect and their dignity and privacy were actively promoted by the staff supporting them. People were fully supported to maintain their independence. The provider planned people's care to meet their needs and take account of their choices. People could see their families and friends as they wished. People knew how they could raise concerns about the service provided.

The provider and registered manager monitored the quality of the service and identified areas which could be improved. Governance and quality assurance were well-embedded within the service. Staff said they felt valued and respected. Staff spoke very positively about the new management of the home. The leadership of the service promoted a positive, open culture. The registered manager and staff team worked closely with other agencies and healthcare professionals to make sure people had good care.

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

Rating at last inspection

The last rating for this service was good (published 19 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our responsive findings below.

Maudes Meadow

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager had only been registered for this location since May 2019 and was also registered as a manager for another of the provider's locations nearby.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We looked around the home, reviewed records relevant to the running and quality monitoring of the service, the recruitment records for all new staff employed in the last year and policies and procedures. We looked at training and supervision records. We looked at care records and the records of medication administration, medicines storage and management.

We spoke with three people who lived at Maudes Meadow, a relative and two visitors. We observed people's daily routines and staff interaction. We spoke with four staff members on duty, including the registered manager and a member of the night staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to corroborate what we found. This included training and maintenance records.

Is the service safe?

Our findings

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

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

Good: This meant people were safe and protected from avoidable harm.

Using medicines safely

We made a recommendation at the last inspection for the provider to review systems in place for the re ordering of medications. At this inspection we found improvements had been made.

- The provider had improved systems for the re ordering of medicines which meant stock of regular medicines were always available.
- People received their medicines when they should and as they had been prescribed. One person said, "They [staff] are very good at making sure I take my tablets."
- The provider had audit systems in place to check people had received their medicines safely. Staff who administered medicines had undertaken appropriate training. We observed medicines being administered and saw good practices.

Staffing and recruitment

- The provider had policies and procedures in place to support safe recruitment. Records showed staff recruited in the last year had been done so in safe manner.
- The registered manager continually assessed staffing levels to ensure there were enough staff available to support people. One person said, "There are always staff about if I need them." Staff told us they worked flexibly to ensure there were always enough staff to care for people.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse. Staff understood their responsibilities around protecting people from abuse. We saw, where necessary, appropriate referrals had been made to the local safeguarding team.
- People told us they thought the service was safe. One person told us, "Yes I do feel safe, there is always someone with me just in case I fall." A relative said, "Yes my relative is safe here."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The staff had identified and managed risks to people's safety. Any potential risks were recorded in the care plans and gave guidance to staff about the actions to take to ensure the safety of the people they were supporting.
- The registered manager reviewed all incidents to ensure appropriate actions were taken. Risks were reassessed to prevent reoccurrence and where lessons had been learned these were shared throughout the

staff team.

Preventing and controlling infection

- The home was clean and there was ongoing maintenance. Staff had received training on infection control and understood their responsibilities. Appropriate protective wear to prevent cross infection was readily available throughout the home.

Is the service effective?

Our findings

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

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

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

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

- The registered manager and supervisors completed comprehensive and detailed assessments to ensure people's needs could be met and a plan of care was developed. Care records continued to contain details about people's care needs, their abilities and what support was required.
- We saw evidence the provider/registered manager was referencing current legislation, standards and 'best practice' to achieve effective outcomes.
- Care plans continued to be regularly reviewed and updated where required. Records we looked at confirmed this.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. People told us they felt comfortable and confident staff had the skills and expertise to support them with their care needs. One person said, "They [staff] are all pretty good, they are having training days all the time." A relative said, "Yes, absolutely they are well trained."
- Staff confirmed they had received training that was relevant to their role and enhanced their skills.
- Staff told us they felt very supported by the new registered manager and received regular supervision and appraisal of their work.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people in managing their health and wellbeing needs by making appropriate referrals to external services.
- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. We saw the staff team worked closely with health care services including GPs, and district nurses.

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

- The service managed people's nutritional needs to ensure they received a balanced diet and sufficient fluids to keep them hydrated. Care plans confirmed people's dietary needs had been assessed and any risks identified.
- We observed a lunch-time in the dining room. It was organised, well managed and provided a relaxed and social occasion for people to enjoy their meal. People were supported with their meals where appropriate. One person told us, "The meals vary, you get all sorts. If I did not like what is on the menu they would give

me something else but we do get plenty to drink."

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

- Accommodation was accessible, safe, homely and suitable for people's needs. Bathrooms could accommodate people who required support with moving and transferring and the use of specialist equipment. People had personalised their rooms as they wished.
- The provider had identified areas where the environment needed to be improved and had a plan for the required improvements to be made.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The staff were knowledgeable about their responsibilities under the MCA and people's rights were protected. The registered manager had made DoLS applications when required and where relevant independent advocacy could be arranged.
- We saw people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. Consent to care and treatment in the care records had been signed by people with the appropriate legal authority to do so.
- The staff knew people well and gave people the time they needed to make decisions about their care. The staff were patient and respectful and supported people to make choices about their daily lives.

Is the service caring?

Our findings

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

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

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

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

- Staff were kind and caring and people told us staff were always polite and willing to help them if they had a problem. One person said, "They are all good, you can't fault any of them. You get to know them personally". A relative said about the staff, "Yes I do think they are all kind and caring."
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked. Each person had their life history recorded in care plans which staff said they used to get to know people and build positive relationships.
- People were supported to follow their own cultural, gender and spiritual needs. One person received holy communion during the inspection.

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

- Staff understood people's rights and had received training in protecting and promoting them. People were included in all decisions about their care and the staff respected the choices people made.
- Care records showed that care planning was centred on people's individual needs and preferences. Staff reviewed people's needs regularly including consultation with relatives and any professionals involved.
- People were often supported to express their views by their families. The registered manager arranged advocacy services if they were needed. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and promote their rights.

Respecting and promoting people's privacy, dignity and independence

- The staff supported people to maintain their independence. Care records were written in a positive way and included information about the tasks people could carry out themselves as well as detailing the level of support they required.
- The staff took appropriate actions to maintain people's privacy and dignity. People could spend time privately and call on staff as and when they needed to.

Is the service responsive?

Our findings

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

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

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

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

- People's needs had been assessed and staff supporting them had a good understanding of their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual.
- Staff communicated with relevant others regularly, involving them in the care and support plans, to express their views and make choices about the care delivered. One person said "I have a care plan, my daughter sorts it out for me."

Meeting people's communication needs

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

- The service met people's communication needs. The registered manager and supervisors assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. Communication abilities were part of reviews of care planning and, where appropriate were amended to reflect people's changing needs.

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

- People were supported to maintain relationships and follow their interests. People told us their visitors were made welcome in the home and said they could see their friends and families as they wished. Relatives we spoke with told us they could visit when they wanted and said there were no restrictions on when they could visit.
- Staff were responsible for providing people with entertainments and activities as there was no dedicated activities coordinator. There was a list of planned activities and events advertised in the entrance hall. People said they were happy with activities in the home. During the inspection we observed a member of staff having a quiz with two people and we saw people were happily chatting to staff, reading newspapers/magazines and watching TV.

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service. No one we

spoke with raised any new concerns or complaints during the inspection. People told us they would speak to the staff or registered manager or any member of staff if they had any complaints.

End of life care and support

- No one was receiving end of life support at the time of the inspection. However, people were supported with loss and the bereavement process when needed. Staff understood the importance of supporting people's emotional and spiritual wellbeing, in line with their personal end of life wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

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

- Staff consistently placed people at the heart of the service, understood the importance of maintaining an inclusive culture and a belief in getting the best from people.
- The registered manager and staff interacted with people in a manner that was positive and very respectful and were focused on doing their best for people they supported. One person said, "It's a very good place to live."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager understood their responsibilities under the duty of candour. We had been notified of significant events which had occurred in the home. The notifications showed appropriate actions had been taken in response to incidents, including sharing information with appropriate people when incidents had occurred.
- The registered manager and supervisors regularly monitored and reviewed any accidents and incidents to identify any patterns that needed to be addressed or lessons to be learned.

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

- The provider and registered manager used quality assurance systems to ensure safety, quality and improvement of the service were consistently monitored.
- The registered manager was experienced, and staff were knowledgeable with the needs of the people they supported. We found the service was well-organised, with clear lines of responsibility and accountability. One person told us, "I think this place is well managed." Staff spoke positively about the new registered manager and the changes she had implemented.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us they felt valued and appreciated and supported to develop in their work and staff morale was good.
- Relatives told us they had been involved in regular reviews of people's care needs and received regular

information.

- Staff worked effectively in partnership with health care professionals from multidisciplinary teams to achieve good outcomes for people.