

Mr & Mrs D Teece

Meadow Lodge

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

Meadow Lodge is a residential care home providing personal care to 16 people aged 65 and over at the time of the inspection. The service can support up to 25 people.

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

People felt safe living at Meadow Lodge and felt safe with the staff who supported them. Risks associated with people's care and support had been assessed and these were being monitored regularly. People's medicines were stored and managed safely. Suitable numbers of appropriately recruited staff were available to support the people using the service and the providers infection control policy was being followed. The registered manager ensured lessons were learned when things went wrong to continually improve the service.

Whenever possible, people's needs had been assessed prior to them moving into the service. From this assessment, plans of care had been developed. These provided staff with the information they needed to meet people's individual care and support needs. The staff team had received appropriate training, guidance and support and they ensured they gained people's consent to their care. People's nutritional needs were being met and they were supported to access healthcare services when needed. Improvements had been made to the environment and people were provided with a comfortable place to live.

The staff team were kind, caring and compassionate and treated people in a dignified and respectful way. 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 were involved in making decisions about their care.

A formal complaints process was displayed explaining what people should do, should they have a concern of any kind. People's end of life wishes were being explored and included in people's plans of care. People's likes and dislikes were observed, and activities of choice were offered.

People, their relatives and staff were involved in how the service was run through meetings, the use of surveys and day to day conversations with the registered manager and the staff team. The staff team felt supported by the registered manager and the registered manager worked in partnership with others to make sure people received safe care and support. Systems were in place to regularly monitor the service being provided.

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 6 July 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 well-Led findings below.

Meadow Lodge

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 one inspector.

Service and service type

Meadow Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. 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 sought feedback from the local authority which monitors the care and support people received and Healthwatch Nottinghamshire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with five people living there, the registered manager, a senior care worker and four members of the staff team. We spoke with two healthcare professionals who were visiting at the time of the inspection and observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included two people's care records and associated documents, including risk assessments and a sample of medicine records. We looked at records of meetings, staff training records and the recruitment checks carried out for a staff member employed since our last visit. We also looked at a sample of the providers quality assurance audits the registered manager had completed.

After the inspection

The registered manager provided us with further evidence to demonstrate compliance with the regulations.

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Meadow Lodge and felt safe with the staff who supported them.
- A person living at the service told us, "I do feel safe here. They [staff] look after us all very well."
- Staff were aware of their responsibilities for keeping people safe from avoidable harm and abuse. One explained, "I would take anything straight to management. [Registered manager] would deal with it, without a doubt."
- The registered manager and senior team were aware of their responsibilities for keeping people safe. This included referring any concerns to the local authority and CQC. This meant people were properly safeguarded and protected.

Assessing risk, safety monitoring and management

- The risks associated with people's care and support had been assessed, monitored and managed.
- Risks assessed included those associated with people's mobility and their ability to eat and drink safely. Where risks had been identified, appropriate actions had been taken and staff had been provided with information on how best to support people and keep them safe.
- Regular safety checks had been carried out on the environment and on the equipment used. We did note the testing of electrical appliances had been delayed due to the home being extensively refurbished. A date had been set for this piece of work to be carried out.
- Staff had received fire safety training, and personal emergency evacuation plans were in place. This meant people could be supported to exit the service in an emergency.

Staffing and recruitment

- Appropriate numbers of suitably qualified staff were on duty to meet people's needs in a timely manner.
- A visiting healthcare professional explained, "We can always find staff, they are always sat with people or close by."
- Staff felt there were appropriate numbers of staff to meet people's needs. One told us, "I think there are currently enough staff, and you only have to shout [registered manager] and he comes and helps with anything we need."
- Appropriate checks continued to be made when new staff were recruited. This made sure they were safe and suitable to work at the service. This meant people were protected by the recruitment processes in place.

Using medicines safely

- People were supported to have their medicines at the right times and in a safe way.

- Staff responsible for supporting people with their medicines had received training in medicine management and their competency was regularly checked.
- We saw the staff member allocated to administer medicines on the day of our visit, did so consistently and methodically and records were completed indicating medicines had been given.
- The registered manager had recently introduced individual protocols for people who were prescribed medicines 'as and when' required. This meant staff had the information they needed to support people with these medicines safely.
- Body maps had also been introduced for people who had their medicines via a patch on the skin. This provided a more robust method of recording where the patch had been applied.

Preventing and controlling infection

- Staff worked hard to ensure the premises were clean, tidy and odour free.
- Communal areas, bedrooms and equipment were regularly cleaned and monitored to ensure people were provided with a comfortable place to live.
- Staff had received training on the prevention and control of infection and they followed the providers infection control policy.
- Personal protective equipment, such as disposable gloves and aprons, was readily available throughout the service and these were regularly used by staff.

Learning lessons when things go wrong

- The registered manager ensured lessons were learned and improvements were made when things went wrong.
- Lessons learned were then shared with the staff team enabling them to improve the service being provided.
- Staff were encouraged to report incidents that happened at the service, and these were regularly monitored by the registered manager.

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

- People's care and support needs had been assessed prior to them moving into the service.
- One person explained, "They sent [staff member] to the hospital to see me."
- People were being supported daily to make choices and decisions about their care and support. One person told us, "I can get up and go to bed when I want, and I can go out when I want."
- Care and support were provided in line with national guidance and best practice guidelines. For example, for a person who lived with a specific health condition, the signs and symptoms to look out for and actions to take were included in their plan of care.

Staff support: induction, training, skills and experience

- People received care and support from a staff team that had the skills and knowledge to meet their individual needs.
- New staff received an induction into the service when they first started working there and training relevant to their roles had been provided. One staff member explained, "I have done training on line, safeguarding, COSHH, first aid, and I've done moving and handling."
- Staff were supported through one to one supervisions and annual appraisals and felt supported by the registered manager. One explained, "I sit down with [registered manager], he makes sure I am ok and feeling supported."

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

- People were supported to maintain a healthy balanced diet and to eat and drink well.
- Plans of care had been developed for people's eating and drinking requirements and nutritional risk assessments had been completed. This meant any issues around people's eating and drinking habits could be identified and supported.
- Staff had a good knowledge of people's food preferences and appropriate systems were in place to monitor people's weight.
- People told us the meals served at Meadow Lodge were good. One person explained, "The food is beautiful."
- Mealtimes were relaxed, and for people who were unable to support themselves, staff supported them in a respectful and dignified manner.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff were supported by a range of health care specialists including community nurses, chiropodists and GP's. This enabled the staff team to support people effectively.
- A visiting healthcare professional explained, "Communication with the manager is brilliant. We have a really good relationship with all the staff. They follow instructions and are always there ready to assist."
- People had regular access to a dentist and an oral health assessment tool had recently been introduced. This meant people's oral health could be assessed and regularly monitored. The registered manager explained they were looking into sourcing training in oral healthcare. Supporting people to maintain their oral health is important because of the potential effect on their general health, wellbeing and dignity.

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

- The service was going through a major refurbishment at the time of our visit, and staff were working hard to try to ensure the least disruption possible whilst this work was being carried out.
- The premises had been adapted to meet people's needs. Communal areas included two lounges and a dining room area, and these were comfortable and tastefully decorated.
- People's rooms were well presented and personalised with their personal possessions and memorabilia.
- Dementia friendly signage had been sourced and we were told once the changes to the environment were complete, these would be put in place. This meant people with dementia would be able to orientate themselves around the home more safely.

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.

- Restrictions on people's liberty had been authorised and the service was working within the principles of the MCA.
- Mental capacity assessments and best interest decisions had been completed for individual decisions people were unable to make for themselves.
- Staff supported people who did not have capacity to make decisions, in the least restrictive way possible.
- People's consent to their care and support was always obtained. A staff member explained, "I always ask them [people using the service] first, and then explain what I am doing before I do it."

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

- People using the service experienced positive caring relationships with the staff team.
- People told us staff were kind and caring and they looked after them well. One person explained, "They [staff team] are all lovely. They take everything in their stride, you couldn't have anyone nicer."
- Staff were knowledgeable with regards to the people they were supporting and knew their likes and dislikes and personal preferences.
- Staff were patient and had the time to support and talk to people. There was a relaxed atmosphere within the service and staff responded to people in a timely manner when required.
- The staff team had received training on equality and diversity and understood the importance of promoting equality and diversity and respecting people's beliefs.
- We saw numerous examples of warm and tender interactions between people and staff. Staff knew people well and there was a genuine connection between them. One staff member told us, "I really enjoy looking after people and taking care of them. I love my job."

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

- Staff encouraged and supported people to make decisions about their care and support daily.
- We observed staff offering choices and supporting people to make decisions throughout our visit. This included, whether to join in the activities offered, whether they would like a drink and where they would like to sit for lunch.
- The registered manager was aware of the requirement to involve an advocate if someone had difficulty speaking for themselves. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and people were supported to be as independent as possible.
- We observed staff speaking to people in a kind way and offering support in a relaxed and caring manner.
- Staff gave us examples of how they ensured people's privacy and dignity were respected. One explained, "I always close the curtains and doors and most importantly, I explain what I am going to do. I think about my parents and what they would want."
- Relatives and friends were able to visit at any time. This meant people could maintain relationships that

were important to them.

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 had been involved in the planning of their care whenever possible, and they received care and support based on their individual needs and preferences.
- Plans of care were comprehensive in detail and had been formed using information supplied by the person or their relatives, and information known to staff.
- Those seen were comprehensive and included personalised information in them. They covered areas such as, mobility, nutritional needs and the personal care the person required. They also included information regarding people's life histories, the hobbies and interests they enjoyed and considered any cultural and religious needs. This meant the staff had the information they needed to provide effective care and support.
- Staff knew people well, they knew their individual likes and dislikes and ensured people had choice and control over their lives.

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 registered manager understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. This included large print documents and pictorial aids.
- We observed pictorial aids being successfully used to support people to make choices at meal times.
- The staff team knew people well and knew how each person communicated.

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 follow their interests and take part in activities of their choice.
- The things people liked to do had been identified and activity plans had been developed showing staff what each person enjoyed.
- Whilst there was no dedicated activities leader employed, people were offered activities by the staff team working on shift twice a day. The staff ensured everyone who wanted to join in, did so.
- Both group activities and one to one activities were provided. On the day of our visit, some people enjoyed a colouring session and a game of cards, whilst others enjoyed a music session. One person told us, "They

put shows on from time to time and they will always have a game of cards with you."

Improving care quality in response to complaints or concerns

- A formal complaints process was in place and a copy was displayed for people's information.
- Whilst no complaints had been received by the registered manager, they knew their responsibility to handle any complaint in line with the providers complaint policy.
- People had confidence in the registered manager and felt they would take their concerns seriously. A staff member told us, "Any concerns we go to [registered manager]. He will sort it out."

End of life care and support

- People had been provided with the opportunity to discuss their wishes at the end of their life during the care planning process.
- The registered manager explained work had commenced to further improve end of life plans to ensure people's individual preferences were included. For example, whether people wanted music played or someone to sit with them.
- Several the staff team had completed training on end of life and further training was being sourced. One staff member explained, "It's about keeping them [people using the service] as comfortable as possible and carrying out their personal 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.

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

- A registered manager was in place and people spoke positively about them and the staff team. A visiting healthcare professional told us, "[Registered manager] is 100% approachable. They have bent over backwards to get [person] in here. All the staff are excellent."
- The registered manager was accountable for the staff and understood the importance of their roles and staff at all levels understood their roles and responsibilities. The staff team were held to account for their performance where required through the provider's supervision and appraisal processes.
- Systems were in place to monitor the quality of the service being provided. Audits had been carried out on a regular basis. This included checks on the environment and equipment used, the management of medicines, plans of care, people's weights and falls. Records showed where issues had been identified, appropriate action had been taken.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. Appropriate notifications had been received from them. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display within the service.

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

- Staff understood the provider's vision for the service and they told us they worked as a team to deliver good standards of care. One explained, "We've got a lovely team and they are all here for the right reasons and are all happy. It's about offering the best quality care we can and making sure people are comfortable, warm, well fed and safe."
- Staff felt supported by the registered manager. One explained, "[Registered manager] is always around but if not, he is only a phone call away."
- A comment in a staff survey stated, "I love my job and the staff I work with. Management is great, and I never not want to come to work."

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

- The registered manager was ever present at the service and made themselves available to all. They worked

in an open and transparent way when incidents occurred in line with their responsibilities under the duty of candour.

- The registered manager notified CQC and local authorities of events and incidents they were required to by law and worked collaboratively with them.

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

- People using the service, their relatives and the staff team had been involved in how the service was run.
- People's view's and thoughts were regularly sought using surveys and informal chats and the registered manager and staff valued and respected people's opinions. Comments included in surveys returned included, "I can't praise the staff enough, they are all so cheerful. I have no fears about the care my relative receives." And, "It's always lovely to see the staff at Meadow Lodge, very professional and friendly."
- Where it was identified changes needed to be made, these were carried out, so the service was the best it could be.

Continuous learning and improving care; Working in partnership with others

- The registered manager understood their responsibilities for learning lessons when things went wrong to ensure people were provided with good quality care.
- The registered manager and staff team worked in partnership with other agencies, such as the GP, community nurses and the local authority to ensure people received joined-up care.