Ashberry Healthcare Limited

Meadowview Care Home

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

Overall summary

This inspection was unannounced and took place on the 19 and 23 November 2015.

The service was previously inspected in June 2014 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Meadowview Care Home provides both accommodation and personal care for 41 older people, some of whom have dementia care needs. It is located in Penketh, a suburb of Warrington in Cheshire. The service is provided by Ashberry Health Care Limited

The home is a single storey building with 41 single rooms, three lounges, a dining area, conservatory, laundry and hairdressing salon. There is a small sheltered garden at the front of the building and several smaller sitting out areas around the building.

At the time of the inspection there was a registered manager at Meadowview Care Home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The manager was present during the two days of our inspection and engaged positively in the inspection process. The manager was observed to be friendly and approachable and operated an open door policy to people using the service, staff and visitors.

During this inspection we found a breach of the Care Quality Commission (Registration) Regulations 2009.

We found that the provider had not consistently notified the Commission of incidents or allegations of abuse in relation to people using the service.

During the two days of our inspection we found Meadowview Care Home to have a warm and relaxed atmosphere and overall people living in the home appeared happy and content.

Feedback received from people using the service and relatives spoken with was generally complimentary about the standard of care provided.

We found that people lived in a safe and homely environment which was properly maintained. Assessments had been undertaken and care plans and risk assessments produced to ensure staff had access to information on how to respond to the diverse needs of people living in Meadowview and to minimise and control risks.

Staffing levels were structured to meet the needs of the people who used the service. There were sufficient numbers of staff on duty to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff commenced work. Staff received training, supervision and support to enable them to understand their role and how to deliver person centred care.

The provider had a complaints procedure and where complaints had been reported, these were responded to appropriately and action had been taken to resolve them promptly.

There was a quality monitoring system in place which involved seeking feedback from stakeholders and people who used the service and their relatives about the service provided periodically. This consisted of surveys and a range of audits.

The registered provider had policies and systems in place to manage risks and safeguard people from abuse. Medicines were ordered, stored, administered and disposed of safely.

People using the service had access to a range of individualised and group activities and a choice of wholesome and nutritious meals. Records showed that people also had access to GPs, chiropodists and other health care professionals (subject to individual need).

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were sufficient numbers of staff on duty who knew how to manage risks and provide people with safe care.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

Safe systems and procedures for supporting people with their medicines were followed.

Good

Is the service effective?
The service was effective.

Staff received on-going training, supervision and support to ensure that they were competent and confident in their day to day work.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood.

Good

Is the service caring?
The service was caring.

Staff treated people well and they were kind and caring in the way that they provided care and support. People were treated with respect and their privacy and dignity was maintained.

Good

Is the service responsive?
The service was responsive.

Systems were in place to ensure the needs of people using the service were assessed, planned for and reviewed.

People had access to a range of individual and group activities and received care and support which was responsive to their needs.

Good

Is the service well-led?
The service was well led.

Meadowview had a registered manager in place who provided leadership and direction.

A range of auditing systems had been established so that the service could be monitored and developed. There were arrangements for people who lived in the home and their relatives to be consulted about their opinions of the service.

Good

Meadowview 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 was 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.

The inspection took place on 19 and 23 November 2015 and was unannounced.

The inspection was undertaken by two adult social care inspectors.

It should be noted that the provider was not requested to complete a provider information return (PIR) prior to the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also looked at all of the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. Furthermore, we invited the local authority to provide us with any information they held about Meadowview Care Home. We took any information they provided into account.

During the site visit we talked with 20 people who used the service and five visitors. We also spoke with the registered manager, deputy manager, four staff and two health care professionals.

We undertook a Short Observational Framework for Inspection (SOFI) observation during lunch time. 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 a range of records including: four care plans; four staff files; staff training; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

Good

Is the service safe?

Our findings

We asked people who used the service if they found the service provided at Meadowview to be safe. People spoken with confirmed they felt safe and secure at Meadowview.

For example, comments received from people included: “The staff are very good, helpful and friendly” and “I’m happy here and yes I feel safe.”

Relatives and health care professionals spoken with told us that people were well-supported by staff who had the necessary skills to help them with their individual needs. Comments received included: “I have no concerns. They are fantastic here”; “I couldn’t have wished for anymore with this home. It’s great. I find there is always plenty of staff on when I visit my mum. They are all very nice. It’s brilliant”; “I know when I leave here my mum she is safe and well cared for. This is important to me” and “There always seems to be enough staff here”.

A basic emergency plan had been developed to ensure an appropriate response in the event of an emergency. The plan contained contact details for various emergency evacuation places and contact numbers for staff and contractors in the event of a gas, electric, plumbing, nurse call or other emergency. Personal emergency evacuation plans (PEEPS) had also been produced for people using the service.

We looked at four care files for people who were living at Meadowview. We noted that a range of risk assessments had been undertaken which had been kept under regular review so that staff were aware of risks for people using the service and the action they should take to minimise and control risks to people’s health and wellbeing.

Additionally, records of accidents, incidents and falls had been maintained which included actions taken for each individual.

At the time of our inspection Meadowview was providing accommodation and personal care to 38 people with different needs. We checked staff rotas which confirmed the information we received throughout the inspection about the minimum numbers of staff on duty.

Staffing levels set by the provider for Meadowview was one care team leader and three care assistants on duty from 7.30 am to 7.30 pm. An additional care team leader was also on duty from 7.30 am to 6.00pm together with one care assistant who worked from 7.30 am to 4.00 pm and another who worked from 7.30 to 1.30 pm each day. An activities coordinator was also on duty between 11.00 am to 7.00 pm to coordinate activities for people using the service.

During the night there were four waking night staff on duty from 7.30 pm to 7.30 am. Other staff were employed in roles such as maintenance; administration; domestic roles and for catering. The registered manager was supernumerary and worked flexibly subject to the needs of the service.

We noted that a system had been developed by the provider to review the dependency of people using the service and to calculate staffing hours deployed. The manager informed the inspection team that that she had the authority to increase staffing subject to the changing needs of the people using the service.

No concerns were raised regarding staffing levels at the time of our inspection by people using the service, their representatives or staff.

We looked at a sample of four staff records for staff recently recruited. In all four files we found that there were application forms; references, medical statements; disclosure and barring service (DBS) checks and proofs of identity including photographs. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations.

A corporate policy and procedure had been developed by the provider to offer guidance for

staff on 'Safeguarding service users from abuse or harm'; and 'Whistleblowing'. A copy of the local authority's adult protection procedure was also available for staff to refer to.

No whistle blower concerns had been received by the Care Quality Commission (CQC) in the past twelve months.

We checked the safeguarding records in place at Meadowview. We noted that a tracking tool had been developed by the registered manager which outlined: the date of the referral and who referred; alleged victim and perpetrator; reason for referral; details of incident; action taken and outcomes.

Records highlighted that there had been 19 incidents recorded in the last 12 months. Sixteen of the incidents

Good

Is the service safe?

related to physical altercations between people using the service which the manager attributed to the poor health of people using the service at the time of the incidents. Records indicated that incidents had been referred to the local authority safeguarding team however some incidents had not been notified to CQC as required.

Training records viewed confirmed the majority of care staff employed at Meadowview had completed training in safeguarding adults. Staff spoken with demonstrated a good awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse.

We looked at the management of medicines at Meadowview with the deputy manager. We were informed that only senior staff were responsible for administering medication and that they had completed medication training and undergone an assessment of competency which was reviewed periodically.

A list of staff responsible for administering medication, together with sample signatures was available for reference and photographs of the people using the service had been attached to medication administration records to help staff correctly identify people who required medication.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a policy for the administration of medication. The policy was available in the medication storage room for staff to reference.

Meadowview used a blister pack system that was dispensed by a local pharmacist. Medication was stored in a medication trolley that was secured to a wall in a dedicated storage room. Separate storage was also available for homely remedies and for controlled drugs.

We checked the arrangements for the storage, recording and administration of medication and found that this was satisfactory. We saw that a record of administration was completed following the administration of any medication on the relevant medication administration record.

Systems were also in place to record fridge temperature checks; medication returns and any medication errors. We noted that a record of the temperature in the room used to store medication was not being maintained. This was brought to the attention of the registered manager who informed us that she would address this matter.

A monthly audit of medication was undertaken as part of the home's quality assurance system. We signposted the manager to review the NICE guidance on 'Managing Medicines in Care Homes' as this provides recommendations for good practice on the systems and processes for managing medicines in care homes.

Overall, areas viewed during the inspection appeared clean and well maintained. Staff had access to personal protective equipment and policies, procedures and audits for infection control were in place.

Good

Is the service effective?

Our findings

We asked people who used the service if they found the service provided at Meadowview to be effective. People spoken with told us that their care needs were met by the provider.

Comments received from people included: "The staff are helpful if you need help"; I like the food and there is plenty to eat and drink" and "If I need to see the doctor they will sort a visit. They are good like that".

Likewise, comments received from visitors included: "The home is great for keeping me informed about my mother's health"; "When I walked through the door at Meadowview I knew this was the place for mum. This place is second to none. There is so much visual stimulation that has helped my mother recognise the building" and "The meal times are good. My mum gets to have a choice of meals."

Meadowview is a single storey building with 41 single rooms equipped with washbasins, three lounges, a dining area, conservatory, laundry and hairdressing salon. Communal toilets and bathrooms are situated throughout the building. There is a small sheltered garden at the front of the building and several smaller sitting out areas around the building.

The environment of Meadowview had been decorated using old time memorabilia and photographs for local places in Warrington such as: Sankey Street; Bridge Street; The Square and The Dale. Other themes included Coronation Street; workplaces; local football teams and public houses. Externally, the grounds have been developed to focus on themes such as 'Alice in Wonderland'; wild life; a king and queen and beach.

People's rooms had been personalised with memorabilia and personal possessions and were homely and comfortable. Photograph boards had also been fitted to help people orientate and locate their rooms.

We spoke to a number of staff during the inspection who confirmed they had access to a range of induction, mandatory and other training relevant to their roles and responsibilities.

Examination of training records confirmed that staff had completed skills for care induction training together with key training subjects such as first aid; moving and handling; fire safety; food hygiene; safeguarding; medication; control of substances hazardous to health; infection control; dementia; mental capacity / deprivation of liberty safeguards and health and safety. Additional training courses such as national vocational qualifications / diploma in health and social care; record keeping; falls and nutrition and dignity training had also been completed by the majority of staff.

We noted that team meetings had been coordinated for staff to attend throughout the year and that staff had access to annual appraisals and supervisions every two months. Staff spoke with confirmed they felt valued and supported in their roles.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager.

The registered manager informed us that she had completed training together with other staff in the MCA and DoLS and we saw that there were corporate policies in place relating to the MCA and DoLS. Information received from the registered manager confirmed that at the time of our visit to Meadowview there were seven people using the service who were subject to a DoLS. Additional applications were also being considered by the local authority for authorisation.

The registered manager maintained a record of people subject to a DoLS, together with the type (standard or urgent) and expiry date. We also saw that the details of people with lasting power of attorney for health and welfare and property and / or financial affairs had also been obtained.

Good

Is the service effective?

A four week rolling menu plan was in operation at Meadowview which offered people a choice of menu and was reviewed periodically. The daily menu was on display in the reception area, a menu board and on menu cards on dining tables. Pictorial aids had also been developed to assist people in making their preferred meal choices.

We spoke with the kitchen staff and noted that the kitchen had been refurbished since our last inspection and appeared clean, tidy and well stocked. The most recent local authority food hygiene inspection was in June 2015 and Meadowview had been awarded a rating of 5 stars which is the highest award that can be given.

Kitchen staff demonstrated an understanding of the different dietary needs of people using the service and confirmed that people were supported to make their individual meal choices on a daily basis.

We observed a meal time and saw that people had different options and a drink of their choice. Additional refreshments and snacks were also seen to be provided throughout the day. Staff were seen to be accessible and responsive to people requiring support at mealtimes.

People using the service or their representatives told us that they had access to a range of health care professionals subject to individual need. Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; district nurses; opticians and chiropodists etc. subject to individual needs.

Good

Is the service caring?

Our findings

We asked people using the service if they found the service provided at Meadowview to be caring. People spoken with told us that they were well cared for and treated with respect and dignity by the staff at Meadowview.

Comments received from people using the service included: "I like it here. The staff look after me well" and "Most of the staff are very friendly and helpful when needed."

Likewise, feedback from relatives included: "Finding this home was fate. There is always a warm welcome when I come here to visit my mum"; "The home is fantastic, they are brilliant here. The staff are very caring and patient to the residents" and "Honestly, I love this home. It's brilliant. The carers are fantastic. They show so much care and attention to the people here. The staff treat my mum with dignity and respect".

We spent time with people using the service and their visitors during our inspection of Meadowview. We found interactions between staff and people were positive, responsive to need and caring.

For example, staff were observed to speak with people living in Meadowview in a warm and friendly way and people looked at ease with staff as they talked together. Staff used their knowledge of people effectively so their conversations and support reflected their understanding of people using the service and their individual needs and preferences.

Through discussion and observation it was clear that that there was effective communication and engagement between the people using the service and staff responsible for the delivery of care. The registered manager and staff were seen to enjoy banter between each other and the people using the service. The home had a warm atmosphere and people were seen to respond to this interaction positively and appeared happy, content and relaxed.

Some people using the service had developed friendships with each other and were observed to be chatting informally at lunchtime and throughout the day in the lounge areas.

People spoken with confirmed their privacy and dignity was respected and that all personal care was provided in privacy, with doors and curtains closed. People were observed to be clean and had been supported to dress in appropriate clothing that reflected their preferences. Meadowview had a hair salon and people had the opportunity to see the hairdresser who visited regularly.

We used the Short Observational Framework for inspection (SOFI) tool over lunch time as a means to assess the standard of care provided. We observed people's choices were respected and that staff were attentive and responsive to the needs of people who required support at meal times. We also noted that staff communicated and engaged with people in a caring manner and that the mealtime was unhurried and relaxed.

We asked staff how they promoted good care practice when delivering care to people living at Meadowview. Staff spoken with were able to provide examples of how they treated people with respect, privacy and dignity and confirmed that they had learned about the principles of good care practice and the importance of person centred care as part of their induction and other training.

Examination of training records and discussion with staff confirmed staff had completed dementia, and other values based training to help them understand the importance of providing person centred care. It was evident from speaking to people using the service that staff applied the principles of treating people with respect, safeguarding people's right to privacy, promoting independence and delivering person centred care in their day-to-day duties.

Information about people receiving care at Meadowview was kept securely to ensure confidentiality.

A statement of purpose was available for prospective and current people to view in reception. We noted that the document was in need of review as it contained incorrect information regarding the regulated activities. This was addressed during the inspection.

A service user guide was also available in the reception area and a copy had been placed in each person's room for reference.

Good

Is the service responsive?

Our findings

We asked people who used the service and their representatives if they found the service provided at Meadowview to be responsive to their needs. People spoken with confirmed that the service was responsive to their individual needs.

For example, one relative reported: “I feel the home is responsive to my mums needs. They have a floor sensor in place that alerts them if my mother gets up. My mum told me the other night she stretched her legs out and the staff were in her room within seconds. This is extremely important to my family and I that my mum doesn’t have falls.”

We looked at four care files during our inspection. Files viewed contained a range of information such as: copies of assessments from social workers and support plans, together with a range of assessment and care planning information that had been developed and produced by the provider.

Care plans viewed outlined information on the holistic needs of people using the service, the level of support required from staff and what successful support would ensure (objectives). Plans covered a range of areas such as: health; capacity; foot care; personal care; lifestyle; religion; sleeping and night time routines.

Supporting documentation was also in place. For example; personal information / profiles such as: ‘About my health’; ‘All about my medication’; 'The story of me'; 'This is me' and ‘My likes and dislikes’. Furthermore, a range of risk assessments; health care records; communication sheets;

dependency assessments; observation notes; multidisciplinary records; daily record sheets and night carer notes and other miscellaneous records were also stored in files.

Care plans viewed had been reviewed on a monthly basis and had been signed by people using the service or their representatives to confirm their involvement and / or agreement.

The registered provider had developed a 'Compliments, comments and concerns policy' to provide guidance to staff and people using the service and / or their representatives on how to raise a concern or complaint. Information on how to complain had also been included in a guide for residents.

A 'comments, complaints, concerns and incident log had been established by the manager to

record any concerns or complaints. Examination of records revealed that there had been three minor complaints in the last twelve months.

The complaints concerned a range of issues including: the level of noise produced by another resident’s television; missing glasses and missing laundry.

The details of action taken in response to the concerns had been recorded and confirmed that the issues had been acted upon and resolved in a timely manner. No complaints, concerns or allegations were received from the people using the service during our visit.

We noted that a number of compliments had also been recorded in regard to the service provided at Meadowview.

An activity coordinator was employed at Meadowview who was responsible for the development and provision of a range of activities for people using the service. A programme of activities available for people using the service to access was displayed in the reception area of the home.

On the first day of our inspection we observed a group of people participating in a Methodist service. During the afternoon a bingo session was coordinated followed by a reflex ball activity.

Additional activities on offer included: Theme nights; board and interactive games; pamper sessions; baking; arts and crafts; trips; gentle exercises and fitness; outside entertainment and church services.

People spoken with confirmed they were satisfied with the activities on offer and records of individual activities were maintained and available for reference.

Good

Is the service well-led?

Our findings

We asked people who used the service if they found the service provided at Meadowview to be well led. People spoken with confirmed they were happy with the way the service was managed.

Comments from relatives included “There is a high level of professionalism with the staff and management. The manager is fantastic. I like the fact she has worked here as a carer many years ago and she knows what good care is. She is approachable and will take time out to have a chat”; “The manager is great for keeping me informed with any changes” and “I have never needed to complain. The manager is very approachable”.

Meadowview had a manager in place that had been registered with the Care Quality Commission (CQC) since March 2012.

The registered manager was present throughout our inspection and was observed to be helpful and responsive to requests for information and support from the inspection team, people using the service, staff and visitors.

Throughout the day the registered manager was seen to lead by example and was noted to be visible in different areas of the home assisting staff and people using the service. People were observed to refer to the registered manager by her first name which reinforced that there was a friendly relationship between them.

The registered provider had developed a policy on 'quality assurance'. We also saw that there was a system of routine checks and audits in place for a range of areas to enable the registered manager to monitor the service and identify any issues requiring attention.

The quality assurance process for Meadowview continued to involve seeking the views of a proportion of professionals, the people using the service or their representative and staff every six months.

The information was recorded by the organisation’s group care manager who had recently retired and the results displayed using graphs for a six month period. A summary report had also been produced and the documentation for the most recent survey undertaken during February to July 2015 was displayed in the reception area of the home for people to view. Overall the results were positive from each questionnaire type sampled.

The registered manager informed us that the group care manager had undertaken a monthly audit of the service prior to her retirement, however these records were not available for reference. More recently, the finance director for the organisation had taken over responsibility for the production of three-monthly provider visit report and copies for August 2015 and November 2015 were viewed.

Infection control; medication; care plans; daily observations; night monitoring visits and health and safety checks / audits were also undertaken periodically. Periodic monitoring of the standard of care provided to people funded via the local authority is also undertaken by Warrington Borough Council's Integrated Commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations.

We checked a number of test and / or maintenance records relating to: the fire alarm; fire extinguishers; gas installation; electrical wiring; portable appliance tests; water quality checks and hoisting equipment. All records were found to be in satisfactory order.

We noted that meetings with staff and people using the service or their representatives had been coordinated periodically to share and receive feedback on the service provided.

The manager of Meadowview is required to notify the CQC of certain significant events that may occur. Although the local authority safeguarding team had been notified of any suspicion or evidence of abuse, we found that the provider had not always notified the CQC as required. We have written to the provider regarding their failure to notify the CQC.