

Southern Counties Care Limited.

# The Meadows Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

This inspection took place on 30 and 31 October 2014 and was unannounced.

At our last inspection on 3 February 2013 we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that improvements had been made to meet the relevant requirements.

The Meadows is registered to provide accommodation and nursing or personal care for up to 36 people. The

facilities within the home are arranged over two floors and divided into three units, Pine, Willows and Beeches. Pine and Willow units are on the ground floor and care for older

people. The Beeches unit is located on the first floor and cares for people with dementia related care needs. At the time of our inspection 35 people lived at the home.

The provider is required to have a registered manager in post. The registered manager had applied to deregister with us in October 2014. The provider had taken action

# Summary of findings

and an new manager had been appointed but was not yet registered with the Care Quality Commission. 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.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and The Mental Capacity Act 2005 (MCA) and report on what we find. The manager had knowledge about the DoLS and had completed applications for some people. However, the manager had not made applications for other people where their liberty had been restricted. This meant the required standards of the law related to the MCA and DoLS were not being met so that the decision to restrict somebody's liberty is only made by people who had suitable authority to do so.

Staff knew how to identify harm and abuse and how to act to protect people from the risk of harm which included unsafe staff practices. We saw that the management team had arrangements in place to demonstrate that there was sufficient staff who were suitably recruited, qualified, supported and trained.

The arrangements for ordering medicines was not always as robust as it could be so that people always received their medicines as prescribed. Clear guidance for staff was not always evident for people who needed medicines when required to ensure people's medicines were managed safely.

Staff understood the risks to people's health and wellbeing and how to support people to manage these. The procedures in place to record people's eating and drinking needed to be improved so that these did not impact on the consistency of care and the support people received to meet their nutritional needs.

People were supported to access health care services and so received effective care that was based around their individual needs.

People and their relatives told us that they felt safe and staff treated them well. Staff were seen to be kind and caring, and thoughtful towards people and treated them with dignity and respect when meeting their needs.

Some people did not receive personalised care and support when eating their meals. This meant people ate their meals but struggled at times due to staff not responding to people's individual needs. However, other people were supported appropriately when eating their meals.

Some people's care records were not always being maintained in relation to the care and support provided. Improvements were needed so that this did not impact on the consistency of care and the support people received to meet their needs.

People were supported with recreational pastimes of their choice and had opportunities fun and interesting things.

The manager was open to managing people's comments and complaints and people were confident these would be responded to. The views of people and their relatives had been regularly sought in meetings to obtain their feedback, and areas for improvement were being addressed.

The quality of some aspects of care was checked and improvements made. However, Improvements were required to ensure effective quality assurance systems were in place

You can see what action we told the provider to take at the back of the full version of the report.

# 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 not safe.

The procedures for ordering medicines and guidance for 'when required' medicines was not as robust as it could be so that people always received their medicines as prescribed.

People told us they felt safe. Safeguarding procedures were in place and staff knew about their responsibility to reduce the risk of harm.

There were risk management plans in place and health and safety arrangements for people to protect them from harm.

There were sufficient numbers of suitably recruited and skilled staff available to meet people's needs.

**Requires Improvement**



### Is the service effective?

The service was not effective.

The Deprivation of Liberty Safeguards were not consistently applied so that people were not potentially deprived of their liberty without permission.

The procedures for monitoring people's eating and drinking were not as robust as they could be to support staff in meeting people's eating and drinking needs.

People had access to health and social care professionals and staff were trained to meet people's specific needs. This included people's nutritional needs.

**Requires Improvement**



### Is the service caring?

The service was caring.

People told us that staff were caring and were kind when supporting them with personal care.

Staff took time to speak with people individually providing reassurance and this supported people's well-being.

Staff spoken with demonstrated a good understanding of people's needs and were aware of their personal preferences and histories.

**Good**



### Is the service responsive?

The service was not responsive.

Staff did not always respond to people's individual needs during the mid-day meal in one of the dining rooms so that people received personalised care.

**Requires Improvement**



# Summary of findings

Care records needed to be improved so that staff had clear guidance to follow so that people's needs were consistently responded to in the right way and at the right time.

People had interesting and fun things to do to meet their interests and wellbeing.

## Is the service well-led?

The service was not well led.

Quality monitoring systems had effectively identified areas for improvement in the home but improvements were needed to promote consistent safe and effective care.

People and visitors opinions were actively sought by the provider to help develop and improve the service provided to people.

Staff understood their roles and responsibilities. They felt supported and were happy in their work.

**Requires Improvement**



# The Meadows Nursing 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 was planned to check 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 30 and 31 October 2014. It was carried out by an inspection team that consisted of two inspectors.

We looked at the information we held about the service and the provider prior to the inspection. We reviewed our last inspection report from February 2013 and the providers action plan to improve the area where we found they were in breach of a Regulation. In addition to this we looked at the notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is

information about important events which the provider is required to send us by law. We requested information about the service from the local authority who have responsibility for funding people who used the service and monitoring its quality. We used this information to help us plan our inspection.

The methods we used included, talking with seven people who lived at the home, one relative, the manager, previous registered manager, area manager, two nurses, six care staff, housekeeper and chef. We also looked at six people's care records as part of our pathway tracking process. 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 also spent time doing general observations of the care and support people were given. We looked at the records the provider had to show how they assessed the quality of the service they provided, accidents records, training records, minutes from meetings held with people and staff, menus and complaints.

# Is the service safe?

## Our findings

People who we spoke with told us they felt safe and did not have any concerns about abuse or bullying from staff. One person told us, “I feel safe here, the staff always check to see if I am alright.” Another person said, “I feel perfectly safe here and if I was not I would tell someone.” One relative told us, “I feel [my relative] is safe.” We observed staff chatting with people who lived at the home in an appropriate manner and people were comfortable with staff. Staff had training and information on how to protect people from abuse. Staff could tell us what actions they would take if they suspected someone had been abused. What they told us was consistent with the providers and national guidelines on safeguarding people.

People who we spoke with told us they felt safe when supported by staff. One person told us they had the equipment they needed to keep them safe. We observed people were supported with their mobility when moving from a wheelchair to a chair safely. Safe strategies were written into people’s care plans and we saw staff followed these when they supported people to move. We saw people had specialist beds and mattresses so that risks of sore skin were reduced. Staff we spoke with understood how to support and protect people where risks had been identified. Staff understood their responsibilities in relation to concerns they had about people’s safety and to report this to the manager.

There was evidence that incidents and allegations had been reported to the appropriate authorities so that people were protected from harm and abuse. The manager reported an incident which happened during this inspection and an allegation that was made about a member of staff. This showed the procedures for reporting incidents was understood and followed so that people were protected from potential harm and abuse.

People received their medicines from staff who confirmed they had appropriate training to do this.

During the medicine rounds in the morning and at mid-day, nurses checked each medicine against the medicine records. They checked people had drinks and made sure people had taken their medicine before they signed the records. We spoke with two people about the support they received from staff to take their medicines safely in a way they preferred. One person said, “They [staff] always make

sure I have my medicines and if I need anything extra for pain I only have to ask.” Another person said, “They bring my tablets round in a pot as I know what I am doing, I feel safe and my meds are safe.” Both people told us they were happy for staff to help them with their medicines and felt it was reassuring to know they would receive their medicines at the right time.

Medicine records demonstrated that people had received their medicines as prescribed by their doctor. However, we found one person had not received one type of medicine the night before our inspection. This medicine was to assist this person with their anxiety at night and if they had required this it would not have been available. We discussed this with the manager who advised us this was an oversight as staff had not checked with the pharmacy that the medicine would be delivered. The pharmacy that supplied the medicine was contacted to make sure the medicine was delivered without delay.

When people were prescribed medicines on a ‘when required’ basis there was not always sufficient written guidance for staff to follow to show when these should be given, for example for anxiety. However, we saw nurses understood the circumstances about when to give these medicines and we saw the amount of medicine one person had been given was minimal. Clear information about how all people’s ‘when required’ medicines should be managed would ensure people always received their medicines safely.

We asked people about staffing levels. One person said, “If I need any help the staff come quickly.” Another person said, “Life is very good, always someone around if you need help.”

We received mixed responses from staff about staffing levels. Some staff felt there were enough staff to meet people’s needs and other staff felt there could be more staff at different parts of the day so they could give more one to one support to people.

The manager had systems in place to identify the minimum numbers of staff required to meet people’s needs. We did not observe people’s safety being placed at risk of harm due to insufficient staff numbers, or care delivered by unskilled staff, during this inspection.

We saw staff only commenced working in the home after comprehensive checks had been completed. We spoke with one newly recruited member of staff who confirmed

## Is the service safe?

that all the necessary checks had been completed before they had commenced working with people. This helped to ensure staff were suitable to work with people who lived at the home.

# Is the service effective?

## Our findings

We looked at whether the provider was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. We saw the arrangements in place were not fully effective. Although the manager had made some applications for two people which had been authorised by the local authority there were other people who had restrictions in place. For example, staff told us one person did not have capacity but had bed sides in place. We saw that some people who may not have capacity had restrictions in place such as bed sides. The manager told us they were aware of these restrictions. Staff we spoke with also confirmed restrictions were in place for some people because they would not be safe to leave the home unescorted. We discussed with the manager that there was a need for them to fulfil their responsibility. This was a breach in Regulation 11 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider did not effective arrangements in place to prevent people being unnecessarily deprived of their liberty.

The manager understood the principles of the Mental Capacity Act 2005 (MCA). They recognised that important decisions needed the involvement of other health and social care professionals when decisions were made in people's best interest. Staff had received training in the MCA and DoLS but some staff had limited understanding about DoLS. Most staff who we spoke with about the MCA had a general understanding about what it meant to gain everyday consent from people before they carried out care tasks. We saw examples of staff asked and waited for people to agree to staff support.

Staff we spoke with told us they provided a good service to people. One staff member said, "We care for people well here". Staff we spoke told us they had received training in a range of areas to be able to do their jobs effectively. All staff we spoke with told us that they received both formal and informal day to day supervision support and guidance. Staff told us that they would be able to raise any training needs at staff meetings as well as at one to one meetings. One staff member told us they had an induction to inform them about the procedures and worked alongside experienced staff to get to know people before they worked alone. This showed the provider had appropriate arrangements in place so that staff received an induction, training and support to carry out their job roles effectively.

We saw staff had the skills to meet people's needs. For example, we saw they supported people to move safely and caring for people's fragile skin. Staff we spoke with were able to tell us about the individual needs of each person as well as any health conditions that affected their care. We saw care plans were in place to reflect how people's needs should be met. People who lived at the home told us they did not have any concerns with the ability of staff to meet their needs. One person said, "They seem to know what they are doing." Another person said, "They give me the care I need." One relative told us, "I'm very happy with everything, meets people's needs."

All the people we spoke with were positive about the food served. One person told us, "The food is good." Another person said, "The meals are lovely, they are very filling."

The chef demonstrated they understood people's dietary needs and we saw people's dietary needs and preferences were met. For example, they were aware of how many people had diabetes and how many people required their food to be pureed. The cook confirmed that there were currently no people who required food to meet their cultural needs and or preferred vegetarian food. This reduced the risk that people would be given food that was inappropriate to their needs. This meant if necessary, people's cultural needs would be met.

Staff told us that people at risk of weight loss had been reviewed by their doctor and had access to food supplements. We saw staff had monitored their food on a daily basis. Some of the food records used to monitor people's food intake were not up to date as there were some gaps in the recordings for two people. We asked two members of staff about the gaps in one person's food chart. Both members of staff told us they had been on duty but had not collected the plate when the person had eaten their meal. Therefore they could not remember what the person had or what they had eaten. We saw people had been reviewed by their doctor when they were at risk from not eating and or drinking enough. However, improvements to the monitoring of people's dietary and fluid intake were needed to ensure the procedures in place enabled staff to readily identify if any further intervention was required.

Staff supported people with their health needs so that these could be effectively met at the right time and by the right professional. One person told us, "If I felt unwell the staff would get a doctor for me. There is one here today."



## Is the service effective?

Another person said that the doctor did weekly visits to the home and if they wanted to speak with the doctor about their health they could. We saw that referrals to other

professionals such as speech and language therapists and physiotherapists were made. This meant people received the care and treatment they needed to maintain good health and receive on-going healthcare support.

# Is the service caring?

## Our findings

People told us staff were caring. One person told us, “I am happy here and the staff do look after me, what more could I ask for.” Another person said, “They [staff] know me so well” and “This gives me reassurance.” One relative said, “It’s good [my relative] has the choice to sit here or in their bedroom.”

Staff had access to people’s personal histories to support then to provide personalised care and to get to know people’s likes and dislikes. We saw staff took time to chat to people in a friendly manner and these discussions demonstrated staff had a good knowledge of people’s personality, their lifestyles and interests. One person told us they really liked to have a chat with staff and another person said staff always listened to what they had to say. When we spoke with staff about the care and support they provided to people they were respectful and showed that they cared. One member of staff told us, “They know that we are here for them. Just sitting down with people and having a chat shows we care.” Another member of staff said: “We work really good as a team. We care for people who live here.”

Staff recognised the importance of people’s personal appearance and respected people’s choices. One person told us staff helped them to keep their glasses clean so that they were able to read as they enjoyed doing this. Another person told us they liked to wear their hat and we saw they had this on during the day at different times. We saw that people who remained in bed were dressed in clean

clothing which was loose so that people were as comfortable as they could be. We saw staff entered people’s rooms to check whether people needed anything. One person told us they liked to be in their room. They said, “They [staff] always come in and have a chat. They are always kind and helpful to me.”

Staff treated people with dignity and respect. We saw in their conversations with people, staff were kind, professional and patient. Staff assisted people in a discreet and dignified manner. For example, we saw that one person became unsettled. Staff showed they cared about this person’s emotional wellbeing as they spent time with this person and distracted them in another engagement. This person became less distressed as staff chatted to them. It was clear staff knew this person’s needs well and understood what to do to ease their anxiety. We also saw

two members of staff supported someone to stand. They made sure that the person understood what was about to happen. They gave the person gentle support, and encouraged them to do as much as possible without assistance.

We saw that the privacy of people who lived at the home was recognised by staff. One member of staff told us, “Residents decide if their doors are open or not.” Although a number of people who remained in their rooms wanted their doors left open, staff ensured that doors were closed when personal care was provided. One person told us, “I am happy to have the door open.” Another person said they liked their door open as they liked to talk with people as they walked past their room.

# Is the service responsive?

## Our findings

At our last inspection in February 2013 we found care was not always provided in a personalised and consistent way. Staff were gave us inconsistent information when we asked them about how they responded to some people's drinking abilities. For instance, we found staff did not always know which people required thickener in their drinks so that people's needs were met. We also saw examples of people requiring assistance to walk which was not provided in a timely way. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We had issued a compliance action and the provider developed an action plan. At this inspection we found arrangements had improved and staff were now knowledgeable about people's drinking abilities and staff provided people with support whilst they walked in a timely way to meet their individual needs.

People we spoke with told us they were happy with their care and support. One person told us, "They [staff] always help me with anything I need." Another person said, "I only have to press this (pointing to call bell) and they are here to see what I need."

All staff we spoke with were able to tell us how they responded to people's needs. For example staff told us how they responded if a person needed support to eat and drink enough and how to manage people's fragile skin. Although we saw staff appropriately responded to one person's anxiety the information they needed did not clearly set out the steps for staff to take in managing all their behaviour that challenged. For example, the distraction techniques that worked for the person to enable staff to respond to their anxiety levels and support their behaviour. The lack of guidance for staff did not protect people from the risk of receiving inconsistent care which could be provided by a new member of staff.

We observed the lunchtime experience for people. In one of the dining rooms we saw people were being supported appropriately by staff with their individual needs responded to. However, in the other dining room situated on The Beeches, we saw staff did not always respond to people's needs in a personalised way. For example, we saw one person struggled to keep some of their food on their plate. One staff member told us they needed a plate guard but this was not made available to the person. The manager told us plate guards were available so they should

have been used. We also saw a member of staff was standing when they assisted one person to eat their meal. The staff member was reminded to sit down by the manager when they came into the room so they were in the appropriate position to support this person and to show dignity to eat safely in order to meet their needs. We saw one person who became unsettled and started shouting in the dining room. Another person was distracted from their meal by this person. This meant staff failed to identify this unsettling behaviour and did not respond a timely way.

People we spoke with told us they spent their time in the way they preferred. One person told us, "There is always something on, singers, quizzes, but I am happy in my room. I like animals and there is a cat they [staff] bring to sit on my lap which I like." Another person said, "I go out sometimes with the staff here and my family." A relative told us, "There is lots of craft stuff available to keep them [my relative] occupied."

People had opportunities to be involved in interests and fun things to do. We saw there were some scheduled entertainments, including celebrations at different times of the year. This meant people were able to plan their day. We saw staff spent individual time with people talking about their day and past history by showing people objects, such as, hot water bottles. We saw people chatted about their lives and for some people their anxieties were reduced when staff supported them to carry out everyday tasks, for example, folding items of laundry.

We saw that people had information and access to advocacy services. Staff told us that they were aware that people had the right to have an independent person to discuss any concerns and or to support people with any decisions. One person who lived at the home told us that they had an advocate who visited them.

We asked people what they would do if they were not happy with their care or the way in which their care was being delivered. One person told us: "I'd tell the staff. They treat me well here. It's nice. Staff don't give me a reason (to complain)." A relative said, "I would talk to staff if I had any complaints."

The provider had a complaints policy in place. This information was available to people in the service user guide and was displayed in the home. In practice the manager showed that they were open to complaints and responded to these appropriately. The complaints policy

## Is the service responsive?

showed how people would make a complaint and what would be done to resolve it. All complaints were recorded and monitored so improvements to the service delivery and learning could take place.

# Is the service well-led?

## Our findings

There had been management changes at the home which the provider had made us aware of. The registered manager was moving to one of the providers other registered services and the clinical manager had been appointed as the new manager. When we carried out this inspection the former registered manager was at the home acting in a supporting role to the new manager. The new manager was in the process of applying to the Care Quality Commission to be the registered manager.

During this visit, we found a breach of the regulation in relation to the Deprivation of Liberty Safeguards (DoLS). The provider should have taken action to ensure this regulation was being met. The manager told us at the start of the inspection that they were already aware that DoLS applications needed to be made. The manager was covering the nursing role, due to staff shortages, which meant they did not have enough time to carry out all of their management responsibilities. They also told us a new clinical manager had been recruited which would promote people's health needs and clinical practices within the home.

We saw records of audits had been carried out to assess the quality of the service. These had been effective as they had identified areas where improvement were required and these had been actioned. However, improvements were not consistent as some of the actions from the audits had not been met. For example, we saw a medicine audit had been completed in September 2014. An action plan was in place which highlighted some people needed 'when required' protocols but there was no date for completion and or who would be responsible for making the changes to the protocols. This highlighted that improvement and leadership still needed to be strengthened in some areas to promote the safety and wellbeing of the people who lived at the home.

People told us the managers were friendly and approachable. One person said, "She always has time to listen to me. Seems good at what she does." During our inspection we saw the manager communicated positively with people as the manager was on the rota as a nurse on

the day of our inspection. For example, they sat beside one person doing art work with them and the person showed by their facial expressions they enjoyed this. The manager supported another person with their medicines and they told us, "She is lovely." Staff also told us the manager was approachable and they would feel confident to share any concerns about care with them. One staff member said, "I happily approach the manager when I need to". This showed that there was a positive and an open culture.

We found systems were in place that enabled people and relatives to make their views known about the running of the home. People told us they had regular meetings for them and their relatives to raise issues and give their views on the service provided. We saw minutes of these meetings which confirmed this. At one of the meetings people said they would like staff photographs in their rooms. The manager told us that plans were being made to ensure this request was carried out. They also told a survey was going to be completed within the next month for people who lived at the home, relatives and staff about whether people would like their photographs on their room doors to assist with orientation around the home.

Staff we spoke with understood their right to share any concerns about the care at the home. Staff told us they were aware of the provider's whistle blowing policy. They said they would raise concerns if they needed to and they felt that they would be listened to. One staff member said, "If I had any concerns I would raise these." We found the management team had taken the appropriate disciplinary action to protect people from the risk of harm or abuse. For example, the dismissal of staff.

We saw the provider was making positive improvements to the home. Part of the home known as 'Beeches' was being decorated. The manager showed us they had begun to introduce themed areas such as pictures as points of interest for people. They told us they had ordered memory boxes so that people could have these displayed in their rooms or on their doors if they wished. This demonstrated that the manager was making improvements with particular consideration to meeting people's needs and to enhance their wellbeing.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p><b>The provider had failed to ensure that an effective system was in place to prevent people being unnecessarily deprived of their liberty.</b></p>