

Meadowvale Residential Home

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Inspection report

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Tel: 01746714061

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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

This inspection took place on 15 July 2016 and was unannounced.

The provider of Meadowvale Residential Home is registered to provide accommodation and personal care for up to 15 people. At the time of this inspection 15 people lived at the home.

There was a registered manager in post who was present for our inspection. 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 service was last inspected on 16 July 2013 and was meeting the requirements of the law.

People were kept safe by staff who understood how to identify and report potential harm and abuse. Staff were aware of any risks to people and what they needed to do to help reduce those risks, such as helping people to move safely around the home. People were supported by sufficient numbers of staff who had the skills and knowledge to meet their needs. People were supported to take their medicine when they needed it.

Staff respected and supported people's right to make their own decisions and choices about their care and treatment. People's permission was sought by staff before they helped them with anything. Staff had received training relevant to their roles and felt supported by the registered manager. People were supported to eat and drink enough to maintain good health. People had access to other healthcare professionals as required to make sure their health needs were met.

People felt staff treated them with kindness and compassion and they felt involved in their own care. Staff respected people's dignity and privacy and supported them to keep their independence.

People received care that was personal to them because staff knew them well. People received their care when they needed it and were not kept waiting by staff when they asked for assistance. People knew how to make a complaint and felt able to discuss any concerns with the registered manager. The registered provider encouraged people and their relatives to give their opinions of the home through feedback forms and at meetings.

The registered manager was supported by an established staff team. The registered manager and staff had created an environment that was homely and welcoming. The provider enabled staff to value people and support them in a dignified and compassionate way.. Staff were clear on their roles and spoke about the people they supported with fondness and respect.

We saw that systems were in place to monitor and check the quality of care and to make sure people were safe. The provider and registered manager used the information to drive continuous improvement of the service they provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There was enough staff to respond to and meet people's needs safely. People were supported by staff who were trained to protect people from harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks.

Is the service effective?

Good ●

The service was effective.

Staff respected people's right to make their own decisions and supported them to do so. Staff had received training to give them the skills to meet people's needs effectively. People were supported to eat a balanced diet of their choice and were enabled to access healthcare services as required to maintain good health.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff they were familiar with and had the opportunity to build relationships with. People were involved in their own care. Staff provided care and support for people which was thoughtful, and sensitive, respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which was personal to them and reviewed regularly. Personal care plans were developed with the people. People spent their time how they wanted to. People knew how to raise concerns and were confident that they would be listened to.

Is the service well-led?

Good ●

The service was well-led.

People were supported to live well by a staff team who promoted a positive, enabling culture in the home. There was consistent and effective leadership provided by the registered manager. Systems were in place to monitor the quality of care provided

and identify any areas for improvement.

Meadowvale Residential 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 unannounced inspection took place on 15 July 2016. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make.

We checked the information we held about the service and the provider. This included statutory notifications received from the provider about deaths, accidents and any incidents of potential abuse. A statutory 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 and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch are an independent consumer champion who promotes the views and experiences of people who use health and social care.

During our inspection we spent time in the communal areas of the home to see how staff provided care for people. We spoke with eight people who lived at the home and six relatives who were visiting at the time of our inspection. We also spoke with the registered provider, registered manager and eight care staff. In addition we spoke with a district nurse who was visiting the home, and an external trainer.

We looked at one care plan. We also looked at the systems in place for managing complaints and monitoring the quality of the service provided within the home.

Is the service safe?

Our findings

People we spoke with told us that they always felt safe living at the home. One person told us, "The night staff check on me every hour. I like this because it makes me feel safe knowing that someone is there if I need help." Relatives we spoke with told us that they did not worry about the safety of their family member. One relative said, "There are plenty staff to help people and make sure they are all alright." We saw that care staff supported people to move safely around the home. They were aware of risks associated with people's mobility and what they needed to do to keep people safe. Staff we spoke with were able to tell us how they kept people safe and protected them from the risk of harm and abuse. One staff member said, "The resident's well-being is always our first thought." They had received training in how to recognise and respond to any abuse or discrimination. They knew how to report any concerns they may have about a person's safety. This included how to take their concerns to external agents such as the local authority or Care Quality Commission (CQC).

Staff understood how to report accidents, and incidents. They knew the importance of following the registered provider's policies to help minimise risks to people. The registered manager monitored all accidents or incidents which occurred. The registered manager told us that by monitoring these they could identify any trends which may indicate a change in people's needs or medical condition. We saw records of the actions taken by the registered manager in response to a recent incident.

People were supported by sufficient numbers of staff to support them in a timely manner. We saw that staff were visible around the communal areas of the home and people were not kept waiting when they needed assistance. People we spoke with confirmed that they felt there were enough staff. One person told us, "The staff are smashing. They are so helpful. I never have to wait for them to come and help me." The registered manager told us that they had recently increased the staffing levels in the morning. This was in response to the increased support required by the people living at the home. They said that, because they spent much time working with the staff team, they recognised that they were stretched on occasions. The registered manager had recently begun to use a dependency assessment tool which confirmed their own views. A dependency tool is a system to identify staffing levels based on people's needs, rather than the number of people who lived at the home. Staff members we spoke with were very happy that the registered manager had increased the staffing levels. One staff member said, "It is great again now. We always managed but it was the little things that were going, such as just sitting and being with someone." Another commented, "The manager is brilliant. They not only listen to us, they work with us so they can see what we mean if we say something."

We saw that people were supported to take their medicine when they needed it from staff who had received training to be able to support them safely. Staff offered people their medicines, stayed with them while they took them and helped them to have a drink. Systems were in place to ensure that medicines were ordered and stored correctly according to national guidelines. Procedures were in place to audit medicine recording and ensure correct practices were followed.

Is the service effective?

Our findings

People told us staff had the right training and skills to meet their needs. One person told us, "I am well looked after here. I am happy with the care. They [staff] are very good and know what I want to be able to do." Another person said, "The staff all know what care I need. As you can see I have everything I want." Relatives told us that staff always recognised people's needs and ensured they had the support they needed. Staff told us that when they started working at the home they were supported to learn their role and worked alongside other, more experienced care staff. They said this had helped them to become familiar with people's needs and increased their confidence in their caring role. We spoke with a member of staff who said, "I love it here. I love the residents, the staff, everything!" All staff were supported by the registered provider to attain a recognised care qualification. On the day of the inspection, a number of staff were receiving training to support them in the giving of people's medicines. They told us that they were provided with much training to enable them to meet people's individual needs. The staff told us, "Whatever we do, it is about putting the residents first. The training provided gives us the confidence to do that bit more for them to make them happy."

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 interest and as least restrictive as possible. We found staff understood the principles of the MCA. Staff told us they had received training in MCA. Staff explained how this training had enabled them to be more aware of how they could involve people in making their own decisions at all times. One staff member said, "We work to give people as much choice as possible about how they live their life." Another staff member told us, "We never assume anything. Everyone living here has the right to do what they want. It is up to us to help them to do so." We saw and heard that staff sought people's permission before they supported them with their care needs. One person told us, "They always check what I want and if I am happy with how they are helping me." We heard staff talking to people and asking them what they wanted to do. We saw people responded to this approach and made their own decisions about where they sat and with whom.

We spent time with people as they had lunch and saw that people were supported to eat a balanced diet. Every person was given a choice of what they would like to eat before it was served. People we spoke with told us that there was a good selection of food available at all times. Two people sitting together told us, "We can have anything when we want it. We always have lots of hot drinks." One person said, "I don't eat a lot but the meals are very good." We saw that the food was hot and everyone said that it was tasty. We saw that people who required assistance to eat were supported by staff in a gentle and caring manner. Relatives told us that they were made welcome if they wanted to eat with people or provide support for their family member. Some people were provided with plate guards to enable them to eat independently. Where people required softer food, it was provided in an appetising way. Throughout the day we saw that people were offered hot and cold drinks and snacks between meals.

We were told by people that they were able to access healthcare services as required. These included their

GP, district nursing team, chiropodist, speech and language team (SaLT) and other healthcare professional teams. Relatives also confirmed that this was the case. We were able to speak with a district nurse who told us, "It is perfect. No queries, no worries about anything, everything clean and people well cared for."

Is the service caring?

Our findings

People told us that they received good care. One person said, "I am looked after very well indeed. The staff are very kind." We observed staff providing care and support which was thoughtful, patient and sensitive. People's facial expressions and responses to the staff team indicated to us that they were very at ease with staff. We heard, and were able to join in with, much laughter and jokes between people, relatives and staff. We spoke with one relative who told us, "I am really impressed so far, I can't fault how they are looking after [person]. It is all I wanted for [person]. The staff are happy, bubbly and doing a great job." One relative said their family member received, "Wonderful care." Another relative told us, "Care is good. It is obvious the staff know what they are doing. I am quite pleased with the care staff as they pick up on small details." One relative told us that the staff were all caring and had time for everyone living at the home. "This is a fantastic, homely place." One relative told us about their family member who had recently been ill. They said, "[Person] had been in hospital and we were concerned that they could not come back here. The hospital staff said they would not get any better. Since they came back here the staff have done everything and more. [Person] has improved. The care [person] has received has been absolutely superb. I can't fault it." A relative told us, "It is such a homely place, like a home from home." We saw that everyone who visited people who lived at the home knew everyone else. There was a very sociable and relaxed atmosphere where visitors interacted with everyone, not just their own family member. One person living at the home said, "We know each other well. It is nice that there is always someone to talk to." One relative told us, "The staff are warm and friendly. There are no restrictions on visiting and we are all made very welcome." People were encouraged to personalise their rooms and we saw that people had photographs and other souvenirs on display in their rooms

On the day of the inspection it was one person's birthday. We saw that the staff had decorated a small lounge with flags, banners and balloons for them. We smelled a cake being baked when we entered the home and the staff were preparing a special tea for the person and their relatives. The person told us that they were delighted with the things the staff team had done to make their birthday special.

People told us that staff respected their privacy and dignity. One person said, "They help me to wash in private." We saw staff knocked on people's room doors and toilet doors before asking if they could go in. We asked staff how they respected people's dignity and privacy. One staff member told us that they addressed people by their preferred name. They told us they had asked people when they came to live at the home. Other staff told us they respected people's dignity by supporting them with their hair, make up or jewellery if that was what they wanted. We saw that everyone had their own style with regard to dress, jewellery and hairstyles which confirmed the staff member's comment. One person told us that the staff took great care of their clothes in the laundry and respected their belongings. They said, "It is good to know that the staff respect my things as much as they respect me."

We were informed that one person living at the home was receiving end of life care. The registered manager said that, because they considered that people living at the home had 'a home for life,' the staff were enabled to provide dignified, compassionate and the best of end of life care and support. They told us that it was important that the care and support was provided to the families as well. They said that, although the

nursing care, if required, was provided by the district nursing team, the day to day care and support was provided by the staff team. The staff group we spoke with all agreed that they wanted to be able to provide the best of care for people in the home as they came to the end of their lives. One staff member said, "We are so lucky to be able to care for our residents and be a part of their life from admission to the end of their life, however long that may be."

Is the service responsive?

Our findings

People we spoke with told us they received the care they needed to meet their individual needs. One person said, "I can get up and go to bed when I want. It is never a problem." Another person said, "They [staff] do all they can to help me. They are always happy and smiling. They cheer me up every day." A relative said they had no complaints about the care and how staff responded to their family member's needs. Personal care plans were developed with people. Relatives were involved in care planning with people's permission. A relative told us that they were involved in developing their family member's life story with the person and a staff member. They confirmed that this was very enjoyable. We looked at a care plan and were able to see the influence of the person on the decisions being made about the person. This person was living with dementia but was still able and encouraged to make decisions about how they wanted to be supported. We also saw that people had been given the opportunity to complete future wishes plans. These plans enabled staff to talk with people and their families about how they would like to be cared for if they were coming to the end of their life. The information included which people they would like to be involved where they would like to be at the end.

In addition to their own room, people could choose to spend time in the communal areas of the home and the garden. The home benefitted from extensive outdoor areas which people and their families were able to use whenever they wished. Two people said that they liked to be outside as much as possible. The home had recently introduced 'Tea on the Terrace'. This was a tea party where people were encouraged to enjoy tea and cakes outside. People we spoke with said that they enjoyed this. One person said, "The gardens are very nice to sit in." Staff members told us that the people living at the home liked to be outside if the weather was good. One person was a sun worshipper who spent as much time as possible outside sunbathing. People were also encouraged to make decisions about how the home was run during their meetings, including discussions about what pastimes they would enjoy together. During their meetings, people had decided that they preferred not to have a list, but to decide on a weekly basis what they would do to be occupied. People had also decided that new packs of cards would be purchased, including larger ones for people with visual difficulties. Another decision made by people living at the home was to purchase a permanent summer house and a garden swing for young children to use whilst visiting their relatives. The registered manager confirmed that these items had been ordered.

People were encouraged to give their opinions and feedback on the quality of the care provided. People told us they saw the registered manager every day and had the opportunity to speak with them about anything they wished. One person said, "[Registered manager] is always around". People told us they had not needed to complain about anything. They told us if they had any concerns they would speak to the registered manager about it. All relatives spoken with advised us that they were always kept informed of any changes to their family member promptly and had no concerns. The registered manager confirmed that they had received one complaint in the last 12 months. They explained that the family member did not want their concern to become a complaint. The registered manager considered that any expression of dissatisfaction was a complaint and should be treated as such. We saw that the concern raised had been dealt with to the satisfaction of the family member.

Is the service well-led?

Our findings

People told us that the registered manager was, "Hands on" and worked alongside the care staff. During our visit we saw that the registered manager was actively involved with supporting people. We also saw them supporting other members of staff in their work. They were aware of what was happening in all areas of the home. We found the home had a positive culture which was echoed by all people, visitors and staff we spoke with. One staff member said, "This home is very friendly, welcoming. It's a warm, family like atmosphere." Staff told us they found the registered manager approachable and they were able to speak with them openly about any concerns or issues they had. One staff member said, "[Registered manager] is very helpful and always here". The group of staff we spoke with all agreed that they could talk with the registered manager at any time. One staff member said, "[Registered Manager] is fantastic, always listens to us and we all work together to put the residents first."

The staff team confirmed that they understood what whistleblowing was and who they could take concerns to outside of the home, such as the local authority, and CQC. Whistleblowing is when a staff member reports suspected wrongdoing at work. We saw there were regular staff meetings where staff were able to raise any issues they may have. They told us the registered manager discussed current practice, new initiatives and any improvements that needed to be made at these meetings. They did all agree, however, that they would not need to wait until the meetings because they spoke with the registered manager every day. One staff member said, "We are such a small home, we are a close knit team – that includes the residents. We are all a team together." Links with the local community were maintained by the fact that the people living at the home were, mainly, local people so their visitors were also local. One person said, "I have lots of visitors. They come to see somebody else but we all chat together." We observed that visitors interacted with everyone in a very social manner. The registered manager told us, "It is a very social home. Everyone knows everyone else."

People and staff were supported by the senior management team. We saw that the registered provider was a frequent visitor to the home. People knew them well and were pleased to see them. The provider chatted with one person whose birthday it was. They had brought them a present and card. They chatted together about how this person's mother had been cared for by the provider in the home. The person was very happy reminiscing about this. The registered provider had owned care homes for many years and led her staff team by example. They told us, "We want our residents to have a home for life. We are very honoured to be able to care for them all." The registered manager agreed with the philosophy of the registered provider and supported the staff team to provide a warm and homely environment for the people living at the home. Staff told us they were supported. One staff member said, "We are so motivated to do the best we can because our manager believes in us. We would not want to let them down, or our residents."

The high levels of positive interaction between people, visitors, staff and external healthcare professionals formed the basis of continuous improvement planning. We saw, and were told, that people were involved in decision making on a daily basis. People were involved in reviewing their care needs and planning records. People's feedback was sought which enabled the registered manager to monitor the quality of care provided and identify any areas for improvement. The registered provider had a programme of audits in

place to assess compliance with internal standards and they undertook regular quality monitoring visits to the service.