

## Roseberry Care Centres GB Limited

# Long Meadow

### Inspection report

Bakewell Road  
Matlock  
Derbyshire  
DE4 3BN

Date of inspection visit:  
31 January 2019

Date of publication:  
10 April 2019

#### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Long Meadow is care home registered to accommodate up to 40 older people, some of whom are living with dementia and/or physical disabilities. On the day of our inspection there were 36 people using the service.

People's experience of using this service:

People were safe. A person said, "The staff come and check us at night. We are alright but its good they check us. They look after us." There were enough staff on duty to ensure people's needs were promptly met. People had their medicines on time. The home was clean and fresh throughout. The staff were well-trained and knowledgeable. A relative said, "The staff are skilled and know what they're doing." People and relatives made many positive comments about the food provided. A person said, "The food is superb." Staff worked closely with local GPs and community matrons to ensure people's healthcare needs were met.

The staff team were caring and kind. A relative said, "The staff treat [family member] as an individual and are nice to them. They give [family member] hugs and hold their hand to make them feel special." A staff member told us, "The best thing about it [Long Meadow] is that it's a home not an institution. We are a family here and we get on well with residents and relatives."

Staff met people's needs in the way they wanted. A person said, "The staff do anything you ask for you. They look after me and they look after everybody else." The home organised a wide range of activities for people. A person said, "A lot happens here." We saw people listening to music while enjoying a knitting session, and later a visiting entertainer led a singing and movement session. People joined in and the atmosphere was happy and lively.

People, relatives and staff told us the registered manager was approachable and helpful. A staff member said, "[Registered manager] is fantastic – you can go to her about anything and she talks to people and relatives every day." Staff worked closely with other health and social care professionals. A visiting healthcare professional told, "The home has got a lovely outlook, the staff are very caring, and the registered manager has her finger on the pulse." The provider and registered manager audited all aspects of the home and made improvements where necessary.

For further information please see the full report.

Rating at last inspection: At our last inspection (report published on 31/05/2016) the service was rated as Good.

Why we inspected: This was a scheduled inspection based on the service's previous rating.

Follow up: We will continue to monitor this service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Long Meadow

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection team consisted of an 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. Our expert by experience's area of expertise was dementia care.

#### Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We carried out the inspection visit unannounced on 31 January 2019.

#### What we did:

Before the inspection visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to let us know about.

On 5 April 2018 the provider had sent us a completed provider information return (PIR). The 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.

During our inspection we observed how the staff interacted with people who lived at Long Meadow and we spoke with seven people using the service and two relatives. We spoke with a visiting healthcare professional. We also spoke with the registered manager, the regional manager, the deputy manager, a senior member of care staff, a care worker, and the activities co-ordinator.

We looked at two people's care records as well as other records relating to the management of the home. These included records of accidents, incidents and complaints, and audits and quality assurance reports.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- People were safe at the home. A person told us, "I don't worry about anything here. If I was worried there's an office and I'd go there and tell the staff." A relative said, "[Family member] is safe because there are people to look after her."
- A relative told us, "I have never seen anything here that has made me concerned."
- Staff were trained in safeguarding both in-house and by the local authority.
- Staff understood their safeguarding responsibilities and knew who to report any concerns to.
- If a safeguarding incident occurred, the registered manager took prompt action to ensure people were safe and informed the local authority and CQC.

### Assessing risk, safety monitoring and management

- People's risk assessments gave staff the information they needed to keep people safe. For example, some people needed staff assistance when walking and this was made clear in their records.
- Risk was discussed at a daily heads of department meeting where the day's priorities were discussed. For example, on the day of our visit, the registered manager informed staff what was being done to reduce the risk to one person who had swallowing difficulties.
- Maintenance staff undertook regular checks of the premises and equipment to ensure the home was safe. For example, they checked water temperatures were not above 43 degrees to reduce the risk of scalding.
- People had PEEPS (personal emergency evacuation plans) in place so staff and others such as the fire service would know how best to evacuate them in an emergency.

### Staffing levels

- Staffing levels had recently been increased. The registered manager said this was to give a better standard of care and enable staff to spend more time with people.
- A person and a relative said staffing levels were good in the week, but they felt more staff were needed at weekends. We discussed this with the registered manager who said the amount of care workers at weekends was the same as in the week. However, she said she would review weekend staffing levels to ensure they were satisfactory.
- Staff were safely recruited in keeping with the provider's recruitment policy. For example, staff had DBS (Disclosure and Barring Service) checks in place, references, and identification documentation. Staff confirmed the provider had completed the checks before they started work at the home.

### Using medicines safely

- People had their medicines safely and on time. A person said, "The staff look after my tablets and make sure I get them."

- Staff were trained in the safe administration of medicines and their competency checked before they handled medicines.
- The home's contract pharmacist had recently inspected the medicines systems and records and found them to be satisfactory.
- The pharmacist had given advice on cleaning asthma medicine spacers and this was being followed with staff completing a chart they signed when each device was cleaned.

#### Preventing and controlling infection

- The home was clean and hygienic and staff completed regular audits to ensure it stayed that way. A relative said, "I visit whenever I want to and the home is always clean."
- The registered manager carried out a daily check of the premises looking at, among other issues, cleanliness. She acted if any shortfalls were found. For example, she'd noted that the underside of bath chairs needed further cleaning so alerted staff to this.
- Staff followed the provider's infection prevention and control policies and procedures and knew how to keep people safe from the spread of infection.
- Staff used disposable gloves and aprons as necessary and changed them regularly. The home's domestic staff followed a cleaning programme to ensure all areas were clean and fresh.

#### Learning lessons when things go wrong

- There were systems in place to monitor accidents and incidents and learn from these. For example, accidents and incidents were audited monthly to see if any patterns emerged.
- Analysing and learning from accidents and incidents, and sharing the findings at staff meetings, had led to a reduction in falls at the home.



# Is the service effective?

## Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had thorough, holistic assessments before coming to the home to ensure staff could meet their needs.
- Staff recorded people's life histories, work, family, hobbies and interests to help them get to know people and understand what was important to them.
- Assessments considered protected characteristics under the Equality Act. For example, staff recorded people's religious and cultural requirements so they could plan how these would be met.

Staff skills, knowledge and experience

- New staff had a thorough induction followed by ongoing mandatory training and refresher courses.
- Training courses were online and face-to-face so staff had the opportunity to study alone and in group situations.
- Staff took part in local training initiatives. For example, they attended courses provided by the local authority on the Mental Capacity Act, effective nutrition and hydration, and safeguarding.

Supporting people to eat and drink enough with choice in a balanced diet

- At lunchtime people chose their meal from the pictorial large-print menu or had an alternative if they preferred. Flowers and condiments were on the tables. Staff assisted people with their meals where necessary.
- People had eating and drinking care plans setting out their dietary needs and preferences and alerting staff to any allergies they might have.
- If there were concerns about a person's nutrition and hydration staff referred them to dieticians and/or the SALT (speech and language therapy) team.

Staff providing consistent, effective, timely care within and across organisations and supporting people to live healthier lives, access healthcare services and support

- People and relatives said people's healthcare needs were met. A relative said, "The staff are good at calling in the GP and they always let me know if they have any concerns about [family member's] health."
- A visiting healthcare professional told us, "The staff are good at telling us if people need medical attention, they always call us in if they are worried about someone and we trust their judgement."
- The home worked closely with a local health centre with a view to reducing GP visits by having a community matron visit the home regularly to address people's healthcare needs.

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

- Since our last inspection the registered manager had arranged for new signage to be put up throughout the home to make it easier for people to find their way about. New furniture had also been purchased.
- The home was divided into two units, each with their own dining and lounge areas. This meant people could live in smaller family groups.
- The large well-kept and landscaped gardens were a feature of the home admired by everyone we spoke with. One person said, "I love looking out at the gardens." The gardens were used extensively in the summer months and were where garden parties and community events took place.
- One person and a relative said they didn't think there were enough communal toilets in the home. We discussed this with the registered manager who said she would review the situation and discuss with the provider if necessary.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff were trained in the MCA and DoLS and assessed people's capacity to make specific decisions. They asked people for consent before they provided them with care and support
- If people had their liberty restricted staff referred them to the DoLS team for assessment and authorisation to ensure this was done lawfully.

## Is the service caring?

### Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- The staff were kind and compassionate. One person said, "The staff take care of us and they're all friendly."
- Staff knew people well and understood how they communicated their feelings. For example, a staff member told us a person had said they were 'mighty fine'. The staff member said, "This is a good response from [person] and shows they're not depressed. If they just say 'fine' it's a different story."
- The registered manager arranged for therapy dogs to come to the home so people could pet them. She told us people and relatives enjoyed this visit. She said, "It was a success because some people who don't interact with others interacted with the dogs and we saw a different side of them."
- A couple of people chose to sit in the reception area. Staff talked to them as they passed by, taking time to stroke their cheeks and hands which the people liked. Staff checked the people weren't cold and provided them with drinks, small tables, and blankets for their knees.

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

- People and relatives were involved in creating and reviewing people's care plans. One relative said, "I am involved in [family member's] care plan. It's ready to be updated again and I will be part of that."
- Staff supported people to make decisions about all aspects of their care. They offered people choices about what to wear, what to eat and drink, and how they wanted to spend their time.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and maintained their privacy and dignity. They knocked on people's bedroom doors before entering and provided discreet personal care.
- A relative told us staff were respectful of their relationship with their family member and enabled them to have undisturbed family time. They said, "There is enough space in this home for us to have private time together."
- Staff encouraged people to be as independent as possible. For example, we saw one person making their own hot drink supported by staff.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

### Personalised care

- People had personalised care plans, which, where possible, they had signed to agree with the contents. They included details of people's preferences, for example, 'I like to have my hair done every week by the hairdresser, and my nails done by the staff.'
- People had a 'This is me' care plan to take with them if they were admitted to hospital so the staff there would have an understanding of their needs.
- The activity coordinator provided a wide range of group and one-to-one activities for people following themes, for example wartime memories and Hollywood movie stars.
- The activity coordinator had completed courses with NAPA (National Association of Activity Providers) and the Local Authority and was knowledgeable about providing activities to suit all tastes and abilities.
- A local church provided monthly services in the home and children from a local primary school visited each week to help people do gardening and arts and craft based activities.
- The registered manager was aware of the legal requirement, 'Accessible Information Standard' (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand.
- People's communication needs were identified and met, for example, the complaints procedure, menus, and service user guide were available in large print.

### Improving care quality in response to complaints or concerns

- People and relatives told us they would speak with staff if they had any complaints. A relative said the registered manager was approachable and they would tell her if they had any concerns.
- Another relative told us, "I have made complaints and they have always been dealt with."
- The registered manager recorded all complaints and acted, as necessary, in response. For example, following a complaint about water pressure she arranged for the water system to be serviced and improved to resolve the issue.

### End of life care and support

- People were asked for their wishes and preferences about how they wanted to be cared for at the end of their lives.
- At the time of our visit the home was not providing end of life care. The registered manager said when they did, they worked closely with healthcare professionals to ensure people had the care and support they needed.
- If people were receiving end of life care their relatives could stay with them in their room if they wished.

# Is the service well-led?

## Our findings

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

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

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and relatives said they liked the home and would recommend it to others. A person told us, "(The home) is nice and warm and comfy."
- Staff also made positive comments about the home. They said it was person-centred and focused on providing people with high-quality care and support. One staff member told us, "The residents always come first here."
- The provider had a clear set of values which were emphasised in staff training and during meetings.
- The home had an open and transparent culture and the registered manager analysed accidents, incidents and complaints and used them to improve the home.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager did a daily tour of the home checking on cleanliness and that people were being treated with dignity. She said, "I make sure residents are properly dressed in the way they want to be and everything is in order and staff and residents are happy and have no concerns."
- Heads of department attended a daily meeting where the registered manager could plan the day and update staff on any changes to people's care and support needs
- The registered manager followed the provider's audit system to ensure all areas of the service were monitored and checked. If improvements were needed, these were carried out. For example, during a recent audit of care plans the registered manager found that some information about keyworkers was out of date. This was addressed.

Engaging and involving people using the service, the public and staff

- People and relatives said they were asked for their views on the home and the care provided. A relative said, "They send me questionnaires and I am involved in [family member's] care plan."
- Results of the most recent quality survey showed people and relatives were satisfied with the home. Where people asked for improvements these were actioned, for example an activities coordinator was appointed as more and better activities had been requested.
- Residents' and relatives' meeting minutes showed that information about the home was shared and discussed and people and relatives had the opportunity to raise issues. These were followed up and addressed by the registered manager
- Staff had regular meetings and supervision sessions and were well-supported by the registered manager. A staff member said, "[Registered manager] is really good, easy to talk to, and supportive of me in my job

role. She is excellent at paperwork. If I'm stuck on care plans she sits me down and helps me, and she is always there at the end of the phone if I need her."

#### Continuous learning and improving care

- The home was subject to ongoing improvement and innovation. The provider had put resources into the home to improve the premises. A staff member said, "[Registered manager] has made lots of improvements, for example to the quality of care plans."
- The registered manager worked with the area manager to continuously improve the home. The provider sent out regular policy updates so the registered manager could make changes where necessary.

#### Working in partnership with others

- The home worked in partnership with health and social care professionals. For example, a specialist dementia care team was visiting the home regularly to work with one person who was having difficulty settling at the home.
- Community groups, including a church and a primary school, had links with the home, and participated in activities there. One person attended a social activity in the community supported by the activities coordinator.