

T.L. Care (Havering) Limited

Meadowbanks Care Home

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We carried out an inspection of Meadowbanks Care Home on 20 March 2015 and the inspection was unannounced. Following concerns shared with the Care Quality Commission we carried out a responsive inspection at 12.45am on 22 April 2015. We found no evidence to corroborate the concerns raised with us.

The last inspection took place on 31 January 2014 and found that Meadowbanks was meeting the regulations in relation to outcomes we inspected.

Meadowbanks Care Home provides accommodation and support with personal care to older people. At the time of the inspection they were providing personal care and support to 36 people.

There was a registered manager at the service at the time of 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

Summary of findings

associated Regulations about how the service is run.

Information relating to medicines was not always recorded correctly. We found that medicine had not been administered however the reasons for this were not clearly documented.

The home had comprehensive policies and procedures relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. DoLS ensure people who receive support are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

People and their relatives told us they felt safe at Meadowbanks and that they were happy with the level of care and support they received. The service followed a person centred approach in the delivery of care which was tailored to people's individual needs.

Comprehensive systems were in place to maintain people's safety. We saw that risk assessments were in place and that staff were aware of the whistleblowing policy and the different signs of abuse and who to report concerns to.

Records indicated that people's lives had been documented taking into account where possible people's preferences regarding the care they received.

We observed staff interacting with people in a kind, respectful and compassionate manner ensuring that people's privacy and dignity were maintained at all times. One person told us "Nothing's too much of a problem to the staff" and a relative told us "Magnificent, cannot fault them [staff], they treat mum with respect".

Audits were carried out by the registered manager in relation to health and safety, fire safety, medicines, risk assessments and food safety, to ensure the service provision was regularly monitored and any areas of improvement were acted upon.

Staff received training on moving and handling, health and safety, medicines, falls prevention and dementia to carry out their job effectively.

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?

Not all aspects of the service were safe. Medicines were not always recorded correctly which increased the risks of administration errors.

Accidents and incidents were recorded and reviewed to minimise the risk of repeat incidents.

The service had comprehensive systems in place to ensure that the premises and equipment were safe and operational.

The registered manager had devised risk assessments to ensure both known and unknown risks were managed effectively and in accordance with people's care plans.

Requires improvement



Is the service effective?

The service was effective. The home had comprehensive policies in place regarding Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff obtained people's consent to care and supported them to make choices.

Effective care and treatment was delivered by trained and experienced staff who received ongoing training, to ensure that they met people's needs.

People received access to health care services and received ongoing support from external professionals.

People were provided with sufficient nutritional food and encouraged to maintain a healthy balanced diet.

Good



Is the service caring?

The service was caring. Staff treated people with dignity and respect at all times. Staff maintained positive meaningful relationships with people and were compassionate to their needs.

Staff encouraged people to express their views and involved them in all aspects of their care.

Staff were respectful of people's needs and wishes and acted upon these as quickly as possible.

Good



Is the service responsive?

The service was responsive. Systems were in place to ensure that any complaints were investigated immediately and action taken where appropriate.

People who used the service received person centred care. The service provided a variety of activities for people in line with their likes and dislikes.

Good



Summary of findings

Is the service well-led?

The service was well-led. There were effective systems in place to monitor the quality of the service. These were regularly reviewed by the registered manager and where necessary action was taken.

People and their relatives spoke well of the registered manager and stated that they would have no problems approaching them should the need arise.

Good



Meadowbanks 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 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.

The inspection took place on 20 March 2015 and was unannounced. A second inspection visit took place at 12.45am on 22 April 2015, following some concerning information we received.

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 we gathered information we held about the service to help plan for the inspection, for example statutory notifications. Statutory notifications are reports that registered providers and managers of adult social care are required to notify the Care Quality Commission about, for example incidents, events and changes.

During the inspection we spoke with eight people who used the service, six relatives, three care staff, the chef, hairdresser, visiting occupational therapist, the deputy manager and the registered manager. We also looked at records relating to the delivery of care including eight people's care plans, risk assessments, nine medicine recording charts, activity plans, seven staff training files, five staff files, records of visits from health care professionals, health and safety records, fire safety records and rotas.

Is the service safe?

Our findings

People told us they felt safe living at Meadowbanks. One person told us, “I’m safe here, they [staff] make sure of that.”

We reviewed four medication administration recording sheets (MARS) and found discrepancies with two MARS. For example, one person’s MAR sheet indicated that there were 16 Laxido powder sachets remaining however we found that there were only 15 sachets remaining. We found that some of the MARS were unclear as to what time people should receive medicine which meant that people were at risk of receiving medication at the incorrect time. During the follow up inspection we carried out a further medicine audit and found that the deputy manager had put systems in place to minimise the risks of medicine errors. We will check to make sure these improvements have been sustained.

The service had comprehensive risks assessments in place to ensure that both known and unknown risks were identified and measures were in place to minimise these risks. For example people had risk assessments relating to mobility, eating and drinking and moving and handling. This meant that people were protected against both known and unknown risks.

The service had specific protocols in place to ensure that the environment was regularly assessed to make sure it was safe. We reviewed the fire, health and safety and maintenance folders which were up to date and reviewed regularly in line with company policy. This meant that people were safe in the service premises.

The registered manager told us there were comprehensive processes for employing new staff. All staff underwent various checks to ensure they were suitable to work at Meadowbanks, for example, two references and a Disclosure and Barring Services (DBS) check. We found documentation in staff files to corroborate what the registered manager had told us. This meant that people living at Meadowbanks were supported by staff who had been checked to ensure they were suitable to work with people who need support.

The registered manager told us that team leaders and the deputy manager made themselves available to cover any

staff shortages within the service, for example if someone was unable to work due to sickness. During the inspection on 22 April 2015 we reviewed the staff rota and found that during the night shifts the ratio of staff ranged between three and four staff. We spoke with the deputy manager who told us they had offered two care workers a position and were awaiting their checks before they started work. Following the inspection we spoke with the registered manager who confirmed that the two staff had now started working. This meant that people were supported both during the day and at night by a full complement of staff to ensure their needs were met safely and in a timely manner.

Staff had good knowledge of safeguarding people at Meadowbanks. Staff told us the different types of abuse and were aware of their responsibility to report any suspected abuse or allegations of abuse. Staff told us they would immediately inform the registered manager if they had any concerns and would be supported by the registered manager throughout the process. One staff member told us, “I’d tell the manager and if she wasn’t available I would tell the shift leader”. The service had robust systems in place to report allegations of abuse, we saw documentation that showed the registered manager had reported allegations of abuse to the local authority. Staff told us that they were aware of the whistleblowing policy and would use the policy if they felt the need. This was corroborated when we spoke with the local authority. This meant that people were protected against the risk of abuse.

The registered manager had documentation recording all incidents and accidents. Staff had a clear understanding of the process in reporting incidents and accidents. Documentation detailed how incidents occurred and the action taken. The registered manager told us that any incidents or accidents that resulted in someone requiring treatment were shared with the local authority in compliance with the company policy. The registered manager explained how they looked at incidents and put action plans in place to ensure there is no reoccurrence.

People told us that staff responded to call bells swiftly, during the inspection we saw that call bells were answered in less than a minute. This meant that people were not left waiting for assistance for a long period of time.

Is the service effective?

Our findings

People told us staff had the skills and experience to effectively support their care needs. One person told us, “Staff are brilliant, wonderful, they look after me very well.”

Staff encouraged people to make their own decisions about the care they received and told us they always tried to gain people’s consent. They had good knowledge of the importance of consent and ways in which this can be obtained. Staff explained that should someone not be able to make a decision that family and management are included in discussions to ascertain the best interests of the person. Throughout the inspection we observed staff seeking consent from people in relation to self-care, meal times and activities.

The registered manager was knowledgeable on the requirements of the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards (DoLS) application process and under what circumstances these needed to be applied. MCA and DoLS are laws protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. At the time of inspection there were no DoLS applications in place, this was confirmed by the local authority. The service had comprehensive policies on MCA and DoLS in place and all staff were booked to attend refresher training on these topics.

All staff starting employment at Meadowbanks underwent induction whereby new staff shadow established staff to gain understanding on how the service was run and how people’s needs were met. The registered manager told us that the shadowing time could be extended if a staff member required additional guidance. Staff confirmed that during the induction process they were supported by the deputy and registered manager if they had any questions or concerns.

Staff were provided with training in order to effectively carry out their roles for example, medicine, dementia, first aid, falls prevention and manual handling. We observed a list of planned training for the following month.

Staff confirmed they received ongoing professional development in the form of training and supervisions. We looked at records held by the registered manager which confirmed care staff received supervisions, where discussions around performance management, areas of improvement and additional training were recorded. Staff told us that they could approach the deputy manager and registered manager outside of the planned supervision dates should they require additional support.

We saw documentation where recommendations made by health professionals had been implemented. This meant that people’s health needs were met within a responsive time frame. We saw evidence that the service had requested referrals to external health professionals for further input, for example the occupational therapist. During the inspection the home was being visited by the Occupational Health who was assessing slips, trips and falls. This meant that the home actively encouraged input from other professionals to ensure that people’s needs were met.

A relative told us, “Mum’s fussy with food but they [staff] accommodate her. It’s quality, good.” We observed people having lunch and noted that people were supported to make choices about the food they were having. Staff supported people to eat their meals whether it be direct support or verbal encouragement. People were given time to eat their meal at a pace they chose and were not rushed. People could choose where they wanted to have their meals, for example some people chose to eat in the dining room whereas others chose to remain in their rooms.

The service had a four week menu which was situated on the noticeboard on each floor and in the dining room. People chose from two main courses at lunch time and two in the evening, however could choose additional items off the menu if they wished. Drinks were available to people throughout the day.

The service had made adaptations to the premises to ensure that people’s needs were met, for example there were specialist baths that allowed those with mobility difficulties to easily access the bath. This meant that people were given the choice to have the self-care they wanted which wasn’t limited by their mobility.

Is the service caring?

Our findings

People told us “They [staff] are very kind to me, they’re always willing to help.” Another person told us, “I like it here, people are friendly.” One staff member told us, “You must treat people as you would wish to be treated, with respect.”

Care staff, seniors and the team manager all wore different uniforms which meant that people were able to distinguish the difference between people’s roles

We observed staff interacting with people in a kind, caring and compassionate manner. Staff were compassionate towards one individual that appeared unsettled. We saw staff sitting with people ensuring that they could effectively communicate with the person. Staff used different methods of communication with people according to their preferences, for example we saw one staff member using hand gestures as a way of communicating to reinforce what they were saying verbally. This meant that staff knew and were respectful of people’s preferences.

One person told us, “The [staff] are all lovely; they would do anything for you. I like them a lot.” Staff had formed positive working relationships with people in Meadowbanks and would often advocate for them. We observed people and staff sharing jokes and everyone appeared at ease with each other.

People’s privacy was maintained within the home. Staff had a clear understanding of the importance of maintaining people’s privacy and dignity at all times and we saw

evidence of this throughout the inspection. For example, when receiving support with personal care the bedroom and bathroom doors were always shut and staff knocked on people’s doors and wait for permission to enter before doing so.

Staff encouraged people to maintain their independence at all times and when appropriate. Staff encouraged people to make choices and do things for themselves, for example staff were seen gently verbally encouraging someone to remain mobile. Staff were patient and kind in their approach giving positive feedback to the person, however were on hand to directly support people when required.

Staff encouraged people to engage in activities with their peers throughout the day. Staff respected people’s choices when they declined to engage and offered alternative activities, for example one person chose not to participate in a group activity however decided they would prefer to sit in the garden. Staff told us that they were aware of those who preferred to spend time alone however actively encouraged them to engage with others to ensure they weren’t isolating themselves. This meant that staff were respectful of people’s choices.

Staff informed people about the plans for the day regularly. We observed staff patiently explaining that it was lunch time to someone who appeared confused. Staff were respectful of the person’s need to have things explained several times and did so with kindness and respect. This meant that people were given explanations in a manner that they understood and preferred.

Is the service responsive?

Our findings

People told us, “There’s a lot for me to do here if I want to, people [entertainers] come and I really enjoy that.”

The service followed a person centred approach to the delivery of care. This meant that people were at the centre of the care provided and were supported to make informed decisions about the care they received. We saw ‘This is me’ documents from the Alzheimer’s Society were used by the service to document people’s preferences on the care they received. This meant that people’s care was tailored to their individual needs and preferences.

Staff told us that they always offered people choices to ensure that they have their say on the care they received. During the inspection we observed examples of staff offering choices to people ensuring that people got to do what they wished.

The service had a thorough admission process to ensure that the needs of the person could be met prior to them moving into Meadowbanks. The process involved meeting with people, relatives and other health care professionals to obtain a comprehensive understanding of their history, likes and dislikes, strength and weakness and health, medical, emotional and social needs. This meant that only those whose needs could be met were supported at Meadowbanks.

The service had comprehensive care plans in place to ensure that people’s needs were met and continually assessed. The deputy manager and the registered manager carried out regular reviews of all care plans to ensure they reflected people’s changing needs, and this information was then shared with the staff delivering the care. Care plans were person centred and detailed people’s history, likes, dislikes, strengths, weaknesses and where possible

people’s preference relating to their care. For example their history, treasured possessions, health and wellbeing, medication and mobility needs. The registered manager had involved people and their relatives in the planning of these documents to ensure that they were specific to the individual.

We looked at the concerns and complaints folder which showed that the registered manager had followed the appropriate channels to ensure that complaints were dealt with in a timely manner. The registered manager told us that each concern was thoroughly reviewed to ascertain if lessons could be learnt for future reference. Records relating to complaints were comprehensive and kept securely to ensure confidentiality.

Staff told us that some people preferred to spend time alone, however they were aware of this and still encouraged them to engage with others to ensure that they were not isolated. We saw evidence of staff respecting people’s privacy and staff checked on them regularly. This meant that people’s choices were respected.

The home provided a wide range of activities to suit all abilities and preferences within the home, for example quizzes, musical therapy, arts and crafts, musical bingo, board games, floor games and external entertainers. One person told us “I sometimes join in activities” and another person told us “I don’t like activities but like it when the entertainers visit”. At the time of the inspection the home was visited by ‘Pets as therapy’, whereby a dog was brought in and people could pet the dog. People appeared keen to participate in this activity. Two care workers carried out the role of activities co-ordinator. Each floor had a notice board in the communal area detailing planned activities. This meant that people had prior notice of activities they may want to participate in.

Is the service well-led?

Our findings

People told us, “The manager is approachable and always acknowledges you. The assistant manager is marvellous.” Another person told us, “The manager’s very nice, cannot fault any [staff] of them.”

During the inspection we observed staff approaching both the deputy manager and registered manager for advice and guidance. This showed that the staff felt at ease in approaching the registered manager and that the registered manager made herself available to the staff throughout the day. Staff told us that they are able to share their thoughts with the registered manager and that they felt they were listened to and where appropriate their thoughts were acted on.

Staff were aware of the management hierarchy and told us that they were confident any concerns raised would be acted on immediately.

The service had an open and transparent management style, where the registered manager ensured that information was shared with the team in a timely and appropriate manner. For example, changes to people’s needs were shared through the handover system. This meant that staff were aware of any changes to the delivery of care and people received care that reflected their needs immediately.

The registered manager told us, and records confirmed, that she questions the quality of the service provision by

carrying out regular audits. These included audits relating to health and safety, food hygiene, fire safety, staffing and management. We saw evidence that the views of people who use the service, relatives, visiting professionals and staff were sought regularly. We saw that 85 questionnaires were sent out and 45 were completed and returned, these included 16 from residents and relatives, 24 from staff and 5 from visiting professionals. The questionnaire asked for people’s views on the registered manager and staff approach to their needs, staffing levels, food and drink and what they felt would improve the quality of the service. Positive feedback was given, for example all visiting professionals stated they were happy with the admission process of their patient and service provision. One relative stated, “I feel Meadowbanks is an outstanding care home, certainly the best I have ever visited. The staff are always friendly and caring, they treat [my relative] with dignity and respect. There is always a happy atmosphere and welcome whenever you visit.” Evidence showed that action was taken to address any issues identified. Where negative feedback was received and appropriate to do so, action was taken to improve quality.

The home had comprehensive recording systems in place to ensure that details relating to all aspects of the home were logged. For example, care plans, risk assessments, complaints and compliments, health and safety, staff files, policies and procedures and maintenance. All documents viewed were up to date and regularly reviewed in line with company policy.