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Meteor Rest Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The unannounced inspection took place on the 15 February 2016 and 16 February 2016.

Meteor Rest home is registered to provide accommodation and personal care for up to a maximum of 15 people, some of whom may be diagnosed with dementia. At the time of our inspection there were fifteen people living in the service.

The service is required to and did have a registered manager. 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.

Staff delivered support effectively and care was provided in a way that intended to promote people's independence and wellbeing, whilst people's safety was ensured. Staff were recruited and employed upon completion of appropriate checks as part of a robust recruitment process. Sufficient numbers of staff enabled people's individual needs to be met adequately. Qualified staff dispensed medications and monitored people's health satisfactorily.

Staff understood their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff ensured access to healthcare services were readily available to people and worked with a range of healthcare professionals, such as social workers, community mental health nurses and GPs to implement care and support plans.

Staff were respectful and compassionate towards people ensuring privacy and dignity was valued. People were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks. People were supported to identify their own interests and pursue them with the assistance of staff. Person centred social activities took place within the service as well as in the community.

Systems were in place to make sure that people's views were gathered. These included regular meetings, direct interactions with people and questionnaires being distributed to people, relatives and healthcare professionals. The service was assisted to run effectively by the use of quality monitoring audits the registered manager carried out, which identified any improvements needed. A complaints procedure was in place and had been implemented appropriately by the management team.

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.

People felt safe at the service. The provider's arrangements ensured that staff were recruited safely and people were supported by sufficient staff to meet their needs and ensure their safety and wellbeing.

Staff at all levels had good knowledge on how to keep people safe.

Medication was managed and stored safely.

Is the service effective?

Good ●

The service was effective.

Management and staff had a good knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty, which helped to ensure people's rights were protected.

Staff received a suitable induction. People were cared for by staff that were appropriately trained to meet their needs. Staff felt supported in their role.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good ●

This service was caring.

Staff were kind and treated people with dignity and respect.

Staff made efforts to seek people's views about their care and took these into account when planning the care and support.

Staff communicated well with people in a variety of ways.

Is the service responsive?

Good ●

The service was responsive.

Care was person centred and met people's individual needs.

Care plans were individualised to meet people's needs. There were varied activities to support people's social care needs.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

This service was well-led.

The service an open culture where staff and people living in the service were included and encouraged to participate in aspects of running of the service.

The registered manager had developed good links with the local community and local services.

The registered manager provided staff with appropriate leadership and support.

Staff and the registered manager worked effectively as a team to ensure that people's needs were met.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Meteor Rest 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 15 February 2016 and 16 February 2016 and was unannounced and carried out by one inspector.

Before the inspection the registered manager had completed a Provider Information Return (PIR). This is a form that asks the registered manager to give some key information about the service, what the service does well and what improvements they plan to make. We also reviewed other information that we hold about the service such as notifications, these are the events happening in the service that the registered manager is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

As part of the inspection we spoke with five people who used the service, two relatives and two members of care and support staff, deputy manager and the registered manager who was also the joint owner of the service.

Some people were unable to communicate with us verbally to tell us about the quality of the service provided and how they were cared for by staff. We therefore used observations, speaking with staff, and relatives, reviewing care records and other information to help us assess how people's care needs were being met.

We spent time observing care in the communal areas and 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.

As part of this inspection we reviewed three people's care records. We looked at the recruitment and support records for three members of staff. We reviewed other records such as medicines management,

complaints and compliments information, quality monitoring and audit information and maintenance records.

Is the service safe?

Our findings

People living in the service told us they felt safe. One person told us, "I am safe here. The staff and managers always make sure we are well looked after and keep a close eye on us all." A relative informed us, "We come to see our relative every week and when we leave the service we always feel reassured that they are going to be safe and well cared for."

Staff knew how to recognise the signs of possible abuse and how and who to report it to. One member of staff informed us, "Should I be concerned about a person's wellbeing I would speak to the manager and my work colleagues if the manager is not around." The staff member went on to say, "The manager is always responsive to any concerns we raise and will discuss them with the whole care team so we can collectively find a resolution." Staff had confidence that the management team would act appropriately in the event of any future concerns. Looking through the safeguarding folder we found where issues or concerns had been reported in the past they had been addressed appropriately and in a timely manner by the management team. All staff had attended safeguarding training. Staff informed us, "We attend safeguarding refresher training every year. This helps us ensure we are protecting people in the service as some are very vulnerable."

The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. There were 'ASK SAL' posters around the service, which gave advice to people who used the service, visitors and staff about what to do if they had any concerns. The posters gave information about who to contact outside the service if anyone wished to do so. This was provided in an appropriate format so as to ensure that people understood what abuse was and how they would be protected.

People were cared for in a safe environment. The provider employed maintenance staff for general repairs at the service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. There was also a policy in place should the service need to be evacuated and emergency contingency management implemented. In addition identified risks such low ceiling, loose flooring and uneven surfaces had been highlighted with hazard signs to aid people using the service. For example we noted during our inspection the service was having carpets replaced. The management team had closed off the area as to ensure the safety of the residents and visitors, in addition a risk assessment had been placed in clear sight of all the people using and visiting the service.

There were sufficient staff on duty to meet people's assessed needs and when people accessed the community additional staff were deployed. One person told us, "There is always someone in the home to look after us if it's not the carers then the manager will be around looking after us." The registered manager adjusted staffing numbers as required to support people needs. The registered manager informed us that staffing levels at the service were based on the Local Authority's funding arrangements for each person. However, the registered manager and staff informed us that should people's needs change they could deploy additional staff to meet the needs whilst waiting for a new assessment from the local authority. This was confirmed by our observations of the care people received and the records reviewed.

Medication was securely stored and the service had a procedure in place for the safe disposal of medication. We reviewed 10 people's Medication administration records (MAR) we found them all correctly completed with no unexplained gaps of omission. We observed staff doing the medication round staff informed and explained to people what medication they were being given then observed them as they took it. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support people with their medications.

We found that people using the service were being cared for in a safe and clean environment and there was no bad odours anywhere in the home. We observed the all staff promptly cleaning areas after every use.

Is the service effective?

Our findings

We found staff at all levels to have good knowledge and the skills they needed to provide good quality care to people using the service. One person informed us, "Staff know how to best care for me and I can speak to them about my care needs at any time." A relative added, "We have found to be very knowledgeable about the people they are looking after and the manager will always advocate for people when it comes to their health and wellbeing."

Staff told us they attended mandatory training when they first started work and that they attended yearly refresher courses which were arranged and monitored by the management team. Looking through staff's training folders it was evident that all staff had attended all the mandatory training. Staff training was provided both 'in house' and also arranged by the local authority. Staff were also encouraged to do additional training and development to continually develop their skills. We observed staff assisting people to transfer and this was all done in accordance to people's care plans and appropriate use manual handling techniques. One member of staff said, "I have been doing my nurse training and I will soon be leaving to go and work in a local hospital. I wouldn't have achieved this if the management team had not encouraged me to improve my knowledge and skills." Another member of staff added, "I would like to do a management course and my NVQ level 3."

Staff received a robust induction to ensure they understood their role and could care for people safely. Records confirmed this and staff told us that before commencing employment they were required to complete an induction which helped them learn about their role. As part of their induction, staff were required to read people's support plans to ensure that they had a good knowledge of the people they were supporting. There was a period of being observed by an experienced member staff and by the registered manager who would regularly give them feedback to ensure the level of care they were delivering met the needs of the people they were supporting. The registered manager was aware of the new Skills for Care 'Care Certificate' and how this should be applied.

We found that all care and auxiliary staff had regular and good quality supervision; however some of the management team did not have any recorded supervisions, however, on speaking to both the deputy managers and the other registered manager they informed us that they had regular support meetings with the registered manager/owner. They all told us that they felt supported by the registered manager/ owner and could speak to them at any time, which was evident from our observations during our inspection. The lack of records were highlighted to the registered manager who informed that it was difficult providing structured supervision to the other registered manager and two deputy managers as they were members of their family. The registered manager felt it would be difficult to give negative feedback to them and if they were to give positive feedback people would think they were being biased. The registered advised that they would look into an external company to carry out supervision for the managers. We reviewed the monthly meetings folder and found the service was holding meeting with staff, people and relatives on a regular basis. The manager informed meetings gave people the opportunity to discuss people's care and the running of the service and everyone present at the meeting was encouraged to be open and transparent about any concerns they may have.

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

We looked at whether the provider had considered the MCA and DoLS in relation to how important decisions were made on behalf of the people using the service. Details on how to involve the person in decision-making according to their Individual levels of understanding and preferred communication methods were included in each person's care plan. In addition an Independent Mental Capacity Advocate (IMCA) was available to advocate for people, to ensure that people's rights in this area of their care were protected.

The registered manager and staff showed a good understanding of their responsibilities and had made appropriate DoLS applications in recent months. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered and if the person was unable to make an informed decision staff would then make a decision in the person's best interests, taking into account the person's past and present wishes and feelings. Where people had been assessed as lacking mental capacity to make an informed decision the service had care plans and risk assessments in place to ensure people's wishes and feelings were being respected.

People said they had enough food and choice about what they liked to eat. Throughout the day we observed people being offered food and drink. The service had several jugs of juice placed around the home and these were regularly replenished. All staff were encouraging and supporting people to make themselves a drink. People had their specialist dietary needs met, for example, the service were able to cater for people who required a soft food diet. Staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten. One person informed, "The food here is very good, today we are having curry and rice which is my favourite, the cook is very good." People's body language showed they were happy with the meal time experience and the food they had been served. The food was cooked using fresh produce, in the morning staff went around to all the people using the service to discuss the meal choices from the meal that was provided. A printed menu had also been made available in all the communal areas for people to access and read. People had the choice to change their meal preference at any time during the day. One person informed, "It's handy having a menu in place as each day I can get to choose what I want to have."

People's healthcare needs were well managed. We noted people were supported to attend any hospital appointments as scheduled. When required the service liaised with people's GP, mental health professionals and community mental health services to ensure all their healthcare needs were being met, in addition people were supported to obtain dental care and vision tests as and when required. One relative informed, "The manager and staff will always contact us when my relative is unwell and we support us on making decisions about getting support from the GP".

Is the service caring?

Our findings

The service provided care and support to people in a safe and caring environment and welcomed visitors. Relatives of people living in this service told us that the staff were caring in their approach. They said they found all staff and the management team to be welcoming and friendly. One relative added, "Every time we visit the registered manager always make sure he has time to sit down with us to discuss our relative's care."

We observed and heard staff listening to people's wishes, needs and then proceeding to support people accordingly as to ensure that their needs were met in a caring manner.

People and their relatives were actively involved in making decisions about their care and support. The registered manager informed us that the service regularly reviewed people's support plans with each individual, their family and healthcare professionals where possible and changes were made if required. The service also ensured that they attended people's discharge meetings following admissions to hospital. The registered manager informed us that they felt attending discharge meetings was vital in ensuring that the service was meeting people's needs in the best way possible.

The interaction was a display of respecting people's privacy whilst ensuring their safety and wellbeing. Staff knew people well, their preferences for care and their personal histories. This demonstrated that staff understood how to care for and support people as individuals. People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. People and their relatives were aware of their support plans and had regular meetings with their key worker and manager to identify any needs or wants they may have, along with their overall well-being. Details of these regular meetings were verified within the support plans.

Staff respected people's privacy by only accessing their rooms after consulting people. Most of the people living in the service were non-verbal and staff used alternative communication aids such as picture cards to enable effective communication and to ensure people felt valued and listened to.

People's independence was promoted by a staff team that knew them well. Staff informed us that people's well-being and dignity was very important to them and ensuring that people were well-presented was an important part of their supporting role. The registered manager told us that people were supported to undertake tasks such as folding the laundry, laying the table before meal times. People informed us that this gave them a sense of involvement and engagement in their care and support.

People were supported and encouraged to access advocacy services. The mental capacity assessments relating to people's capacity to decide about moving on to other services or into their own accommodation had indicated that some people required the services of an Independent Mental Capacity Advocate (IMCA) to make informed choices about their future and staff ensured that these people were supported as required. Advocates also attended people's review meetings if the person wanted them to.

Is the service responsive?

Our findings

Although some people were unable to tell us directly whether or not they felt safe we observed through their interactions with staff that any anxieties were well managed. We observed staff responding promptly to people to ensure they were safe at all times. Most people using the service were monitored throughout the day so as to minimise any possible risks people could present themselves. Staff were knowledgeable about the people they supported and used a range of techniques to intervene where people began to become distressed or upset, for example distraction technique this would be where by staff would encourage and talk to people about doing any alternative task.

The registered manager informed us that prior to people's admission into the service the service carried out pre admission assessments. The manager informed this ensured that the service could meet people's needs before being admitted into the service. Relatives also told us how they had been involved in helping to provide details of people's early life and interests when staff were writing support plans. The support plans we viewed contained descriptions of the person which enabled us to recognise the person when we met them. They were specific to the individual and provided evidence that people, where appropriate, had been consulted. The plans had been updated in response to people's changing needs and after review meetings which involved people using the service and, where appropriate, their relatives. We saw several examples of changes which had been made to plans in response to changes in people's health or mobility.

On reviewing people's care and support plans we found them to be detailed and covered people's preferences of care. For example, how people preferred to have their needs met and when. We also found care and support plans to have detailed recordings of each person's interests and how staff would support to take up their interests. This gave staff an opportunity to get to know them and their individual support needs. In the last 12 months the service has introduced a computerised care plan system which all staff had access to and prompted updates on a daily basis. This system is then reviewed by the management team on a daily and weekly basis to ensure all the information is accurately and up to date. The introduction of the new system ensured that people's current needs were recorded and the service was able to monitor people's health and wellbeing in real-time and enabled the service to ensure people's safety and seek externally professional support such as doctors and nurses as and when required.

People were engaged in meaningful activities and pastimes of their choice to enrich their daily lives. We saw that people could spend time in their own rooms whenever they wanted to do so. When we arrived people were engaged in various activities and some were in their rooms. Some had eaten breakfast and chosen to go back to their rooms. Staff told us about the activities that people enjoyed and we saw that people chose how to spend their time and had opportunities to spend time participating in a range of hobbies and interests. During both days of our inspection the service had a very good and fun atmosphere, people and staff appeared to be having good conversations. After lunch an activities co-ordinator was in the service and encourage all the people to participate in activities such as bingo and cards. One person informed us, "The activities lady comes in and does activities like exercising and dancing which we really enjoy. Today we have bingo and I am looking forward to it." The Activities co-ordinator informed us that activities were not routinely set out as people chose what they wanted to do each day and they would do their best to facilitate

each chosen activity. People were able to access all areas of the service freely but staff were constantly aware of where people were to ensure they remained safe and staff were able to respond when required if people required support. People were encouraged and helped to maintain contact with friends and family members, where possible.

The service had a robust complaint management system in place. People told us that the registered manager was approachable and they would tell her if they were not happy or had a complaint. They were confident that the registered manager would make any necessary changes. The service had clear policies and procedures for dealing with complaints. There were clear details about how to make a complaint in the service's service user guide and in the visitors' pack. The registered manager said that they welcomed feedback from people about the performance of the service. The feedback which we saw and received from visitors and people in the service was all positive. Looking through to complaints folder it was evident the manager and staff had promptly responded to all complaints in a timely manner.

Is the service well-led?

Our findings

The registered managers were visible within the service and we were informed that in the absence of the managers there were two deputy managers that looked after the service and kept them up-to-date of all the changes and concerns. The registered managers had a very good knowledge of people living in the service and their relatives.

People benefited from a staff team that felt supported by the registered manager. Staff said this helped them to assist the person and helped to maintain their independence and also showed that the person were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use which staff used to communicate important information to others. It enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

People and their relatives felt at ease discussing any issues with the manager and her staff. They informed us the service had a family feeling and this was due the service being a family run business. People and relatives informed that the registered manager was always available and would often spend time with relatives when they visited and would also be available by telephone should they require them. They added the registered manager who is also the joint owner of the home was always present and gave everyone time and respect. Another relative added, "The service is a family run business and everyone is very approachable and cared very much for the people they are looking after. And we don't think this would be the case if the registered manager wasn't caring."

The manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. The manager informed us that she held meetings with relatives and the person using the service as this gave the service an opportunity to identify areas of improvement and also give relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that were involved in the continual improvement of the service. Staff added by saying the registered manager was always looking for ways to improve the service, as most improvements ensured that people and staff were happier. Staff went on to say the registered manager always asked for staff's input and involved staff in changes within the service.

The registered manager made sure that the service was meeting people's needs and meeting the requirements of regulators and people who commissioned their services. They demonstrated that they had kept up to date with best practice in relation to people's needs and health conditions and the requirements of the law in relation to the running of the service. For example ensuring all staff working the service knew how changes to laws such as The Care Act 2014, MCA and DOLS would have an impact on people living in the service. The registered manager and care team expressed a commitment to providing a good service and continually seeking to improve.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control and call bells. The manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.

Personal records were stored in a locked office when not in use. The registered manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.