Aspire Healthcare Limited

Meadowfield

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 Meadowfield Lodge on 26 August, 2 September 2015. We contacted a relative by telephone on 21 September 2015. The first day of the inspection was unannounced. We last inspected Meadowfield Lodge on 18 July 2013 and found the service was meeting the relevant regulations in force at that time.

Meadowfield is a five bed care home that provides care and support to people with learning disabilities. Nursing care is not provided. At the time of the inspection there were five people accommodated there.

The service had a registered manager in post, who became formally registered in October 2014. 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.

Summary of findings

People told us they felt safe and were well cared for. Staff knew about safeguarding vulnerable adults. Incidents and alerts were dealt with appropriately, which helped to keep people safe.

We observed staff provided care safely. At the time of our inspection, the levels of staff on duty were sufficient to safely meet people's needs. However they were not sufficient to support activities during the evening and weekend if some people who needed support had different preferences; such as not everyone wanting to go out. Staffing levels were not formally calculated on the basis of a dependency rating, and handover arrangements were accommodated on a good will basis. New staff were subject to thorough recruitment checks.

Medicines were managed safely for people and records completed correctly. People received their medicines at the times they needed them and in a consistently safe way.

As Meadowfield Lodge is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate policies and procedures were in place and the registered manager was familiar with the processes involved in the application for a DoLS. Staff obtained people's consent before providing care. Arrangements were in place to assess people's mental capacity and to identify if decisions needed to be taken on behalf of a person in their best interests.

Staff had completed relevant safety related training for their role and they were well supported by the registered manager. Training included care and safety related topics, and further training was planned.

Staff were aware of people's nutritional needs and made sure they were supported with eating and drinking where necessary. People's health needs were identified and an external professional involved where necessary. This ensured people's general medical needs were met promptly.

Activities were arranged in house and people accessed community based activities. We observed staff interacting positively with people. A relative told us about the caring approach of staff and the registered manager. We saw staff were respectful and explained clearly how people's privacy and dignity were maintained. Staff understood the needs of people and we saw care plans were person centred.

People using the service, a relative and staff spoke well of the registered manager and felt the service had good leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to the safety of the premises. You can see what action we told the provider to take at the back of the full version of the report.

We made a recommendation about safeguarding people's personal finances.

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?

Requires improvement

The service was not consistently safe.

People said they were safe and were well cared for. New staff were subject to robust recruitment checks. Staffing levels were at a minimal level to meet people's needs safely, but this meant staff weren't deployed flexibly at evenings and weekends.

Some routine safety checks for the building were not available.

There were systems in place to manage risks and respond to safeguarding matters. Medicines were managed safely and some people were supported to manage these themselves.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were suitably trained and well supported to give care and support to people using the service.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This included policies and procedures and guidance in people's care plans. Support was provided to help people eat and drink where this was needed.

Staff had developed good links with healthcare professionals and where necessary actively worked with them to promote and improve people's health and well-being.

Is the service caring?

Good

The service was caring.

People made positive comments about the caring attitude of staff. During our inspection we observed sensitive and friendly interactions.

People's dignity and privacy was respected and they were supported to be as independent as possible. Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

Is the service responsive?

Good

The service was responsive.

People were satisfied with the care provided. Activities were provided in house, with occasional trips out.

Care plans were person centred and people's abilities and preferences were recorded.

Summary of findings

Processes were in place to manage and respond to complaints and concerns. People and their relatives were aware of how to make a complaint should they need to.

Is the service well-led?

Good

The service was well led.

The service had a registered manager in post. People using the service, their relatives and staff made positive comments about the registered manager.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service, their relatives and staff. Action had been taken to address identified shortfalls and areas of development.

Meadowfield

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 checked 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 26 August, 2 September 2015 and the first day was unannounced. We spoke with a relative on 21 September 2015. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications. We spoke with an external professional from the local council.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home, including observations of the care provided. We spoke with three people who used the service and contacted a person's relative. We spoke with the registered manager, and two other members of staff.

We looked at a sample of records including three people's care plans and other associated documentation, medication records for four people, three staff files, staff training and supervision records, policies and procedures and audit documents. We also examined computerised audit and safety records.

Requires improvement

Is the service safe?

Our findings

People who used the service confirmed they were comfortable with the staff team. One person we spoke with said, "I'm happy here, the staff are very good." Another person said, "I feel safe." They also indicated they would raise any concerns they had directly with staff. A relative told us, "I think (my relative) is happy there. They're settled. (Name) has a bell in their room, they're on the ball and keep them safe." Safety and safeguarding were topics discussed with people at 'house forum' meetings. This allowed people to talk about any concerns they had openly and for staff to acknowledge and work to address these.

The staff we spoke with were clear about the procedures they would follow should they suspect abuse. They were confident the registered manager would respond to and address any concerns appropriately. All of the staff we spoke with stated they had been trained in safeguarding and this was confirmed by the records we looked at. The registered manager was aware of when they needed to report concerns to the local safeguarding adults' team. We reviewed the records we held about the service and saw the one alert we received in the last year was reported promptly and handled in a way that kept people safe.

Staff in the service helped manage people's personal cash allowances. We found there were clear records kept. Weekly audits were carried out by the registered manager to reduce the risk of financial abuse being undetected. However, we found some very small cash discrepancies and advised the registered manager to re-audit these. Some entries had no corresponding receipts and no other form of proof, such as a counter signed petty cash slip, kept.

Arrangements for identifying and managing risks were in place to keep people safe and protect people from harm. When viewing people's care plans we saw risks to people's safety and wellbeing in areas such as going out independently, displaying distressed behaviour and those associated with health needs, were assessed. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner. Risk assessments were also used to promote positive risk taking, so people could develop their skills and maintain their independence. For example, we saw people going out independently and were informed about a person who managed their own medicines. These risk assessments were reviewed each month. Staff we spoke with demonstrated a clear understanding of risk assessment and care planning procedures and were able to tell us how they supported individual people in a safe and effective way.

The home was generally in a good state of repair and decorative order. Damage to roof tiles had led to water damage in one area of the home. This was repaired by the second day of our inspection. Corridor, bathroom and lounge areas were generally free from obvious hazards, although the bathroom doubled up as a laundry. There were some domestic chemical products stored here and hard copies of product data sheets (which provide safety information about hazardous substances) were not available for easy reference, although they were kept on the provider's IT system. Although the bathroom had obscured glass there were no blinds fitted to help preserve people's privacy. The home was free from unpleasant odours. The registered manager showed us the results of audits, safety checks and copies of service records. We requested copies of electricity, gas and water system checks carried out by external contractors. A satisfactory gas safety certificate was available, but copies of water safety and electrical installation surveys were not.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before staff were confirmed in post the registered manager ensured an application form (with a detailed employment history) was completed. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. We looked at the recruitment records for two staff members, one of whom was yet to start. For the staff member who was already recruited we found appropriate documentation and checks were in place. The second staff member had completed an application form, attended an interview, and provided satisfactory proofs of identification. Some checks were awaited before they could formally start work.

We spent time during the inspection observing staff care practice. One the first day there was one member of staff on duty, on the second day two. Staff had time to chat and

Requires improvement

Is the service safe?

build positive relationships with people, in addition to carrying out other care tasks and duties. Because of the needs of some people living at Meadowfield, it was difficult for staff to always support activities where one person wanted to go out but another not. Because both these people needed staff support, activities sometimes had to be re-arranged. We discussed this with the registered manager and it was identified that, with suitable systems and support, one person concerned may have been able to stay at home independently. At the time of the inspection an assessment of this had not been carried out.

People using the service and a relative we spoke with made positive comments about the staff. One person said, "The staff are very good." Those staff we spoke with told us they felt current staff levels were adequate to keep people safe, but inadequate to support activities at times such as during the evening and weekends when people using the service were not attending day time support services and may have wanted to participate in activities which required staff support. The registered manager did not use a dependency tool to formulate staffing levels. The current staffing levels reflected previously determined levels. There was a staffing rota in place to help plan staffing cover and identify if shortfalls needed to be covered. This did not accommodate a formal handover period between shifts, which was based on staffs good will.

A person we spoke with told us they received their medicines when they needed them and some people were supported to manage these themselves with support. One comment made to us was, "Yes, they'll support me with my meds." Staff told us they had completed medicines training and we saw records of periodic competency checks having been carried out.

A monitored dosage system was used to store and manage the majority of medicines. This is a storage device designed to simplify the administration of medication by placing the medicines in separate compartments according to the time of day. As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medication records were well presented and organised. All records seen were complete and up to date, with no recording omissions. Hand written entries were countersigned by a second member of staff to verify their accuracy. Our check of stocks corresponded accurately to the medicines records. Each person had a medicines care plan, which detailed the differing level of support needed by each person. This meant there were measures in place to help ensure medicines were safely managed and administered as prescribed.

We recommend the provider seeks guidance from a reputable source on accountancy and recording arrangements for service users' monies.

Good

Is the service effective?

Our findings

People who used the service made positive comments about the staff team. One person told us, "All the staff are lovely. All the staff help you." A relative we spoke with said, "They're pretty good at what they do."

Staff received training relevant to their role and were supported by the registered manager. A staff member told us, "I've just done an in-depth course covering fire, health and safety and all the main areas. (The manager) is sourcing extra training too." Staff confirmed they had attended first aid and CPR training. The registered manager told us forthcoming training priorities included challenging behaviour and learning disability awareness training. They told us they would also access the internet, trade magazines and professional's advice for additional knowledge and learning.

A new member of staff had undergone an induction programme when they started work in the home and all staff were working through the provider's recently introduced e-learning programme. Topics covered included health and safety and care related topics, such as mental health awareness.

Staff spoken with told us they were provided with regular supervision and they were supported by the registered manager. Regular supervision meetings provided staff with the opportunity to discuss their responsibilities and to develop in their role. The records of these supervision meetings contained a detailed summary of the discussion and the topics covered were relevant to staffs role and their general welfare.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and they ensure where someone may be deprived of their liberty, the least restrictive option is taken.

People's capacity to make decisions for themselves was considered as part of a formal assessment. These were recorded on documentation supplied by the authorising authority (Gateshead Council). One DoLS authorisation that had been granted related to a person's need for 24 hour care and supervision when leaving the home. Another application for a DoLS had been rejected, as the person was determined to have the capacity to make important decisions. Staff told us they had received training on the DoLS and staff had access to on-line information on the MCA and DoLS. This meant they were able to identify where a DoLS authorisation may need to be sought and were aware of wider issues around mental capacity and decision making.

People told us they liked the food provided. One person confirmed they got enough to eat and said, "Yes, I enjoy the food." We observed the arrangements over lunch time and saw staff were attentive and responsive to people's needs. Choice was offered and people were all able to eat independently.

People's nutritional preferences were individually recorded. Where necessary a care plan had been developed, however at the time of the inspection nobody was at nutritional risk. People's weights were taken monthly to monitor unexpected changes.

Records showed us people were registered with a GP and received care and support from other professionals, such as the chiropodist, dentist and optician. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health needs. From our discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

Care files contained a summary information sheet which provided information about medical conditions and a description of healthcare needs. The sheet was provided to hospitals on admission to effectively communicate people's needs and wishes and to ensure continuity of care.

Good

Is the service caring?

Our findings

People using the service and their relatives told us they were treated with kindness and compassion. People were observed to be relaxed and comfortable and they expressed satisfaction with the service. One person told us, "I feel like I've got my freedom here." They continued, "It's a home. Of all the places I'm happiest here." A relative said, "I can ring the manager up any time and can visit at any time. It's welcoming."

Staff we spoke with understood their role in providing people with effective, caring and compassionate care and support. There was a 'keyworker' system in place; this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support.

A person using the service told us they were involved in planning their own care. One comment made to us was, "We have monthly reviews. We discuss what our goals are and write up how we feel." Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they involved people in making decisions. We observed people being asked for their opinions on various matters, such as activities and meal choices, and they were routinely involved in day to day decisions and life within the home.

On a tour of the premises, we noted people had chosen what they wanted to bring into the home to furnish their bedrooms. People had brought their own possessions, as well as photographs and posters for their walls. This personalised their space and contributed to a homely atmosphere. Practical steps had been taken to preserve people's privacy, such as door locks fitted to toilets and bathrooms.

People were encouraged to express their views as part of daily conversations, during 'house forum meetings' and in satisfaction surveys. Records of the meetings recorded that a variety of topics had been discussed. People we spoke with confirmed they could discuss any issues of their choice. For example, one comment made was, "The staff are here to guide me." People's involvement in their care plans was also recorded and care plans were very person centred. We saw individual preferences had been clearly recorded. People using the service were aware of local advocacy arrangements and one person had active support from a local advocacy service to help plan their future care needs.

We observed staff encouraged people to maintain and build their independent living skills. For example some people were able to come and go freely without support and people were supported to maintain and develop skills in areas such as medicines management. Staff were able to provide clear examples of how people were either supported to remain as independent as possible or where people needed more assistance. We saw staff interacted with people in a kind, pleasant and friendly manner. This meant staff adopted a caring and courteous approach.

People said their privacy and dignity were respected. We saw people being prompted and encouraged considerately and staff were seen to be polite. People were able to spend time in the privacy of their own rooms and in different areas of the home. Personal relationships were respected and supported. Staff were able to explain the practical steps they would take to preserve people's privacy, for example when providing personal care or by always knocking on people's doors and awaiting a response before entering. A staff member told us, "With personal matters we speak in private. We're mindful when providing personal care, promoting self-respect. I treat people how I would like to be."

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs and they were listened to. One person told us "Staff are understanding of my cultural needs." With regards to complaints another person told us "I would speak to the staff or the manager if I wasn't happy." Staff responded to people's requests and supported activities within and outside the home. At the time of our inspection some people were attending day services, two people were at Beamish Museum and another told us they were going to the gym. One person said, "I like going out and helping round the house."

When we observed the care provided we saw staff responded to people's various requests promptly. Other aspects of the service were responsive, and a relative told us they felt involved in and informed about the provision of care. They confirmed their suggestions, for example around health care needs, were listened to and acted upon.

Staff identified and planned for people's specific needs through the care planning and review process. We saw people had individual care plans in place to ensure staff had the correct information to help them maintain their health, well-being and individual identity. When people had come to live at the home there had been an assessment of their needs undertaken. From this assessment a number of areas of support had been identified by staff and care plans developed to outline the support needed from staff.

Care plans covered a range of areas including; diet and nutrition, psychological health, personal care, managing medicines and mobility. We saw if new areas of support were identified then care plans were developed to address these. Care plans were reviewed at least monthly. Care plans were, on the whole, sufficiently detailed to guide staff care practice. The input of other care professionals had also been reflected in individual care plans.

Staff reviewed people's health and social care plans monthly and a note was made of any changes needed. These reviews included an update on areas such as their weight, behaviour and mental well-being. Review comments were meaningful and useful in documenting people's changing needs and progress towards specific goals.

Staff had a good knowledge of the people living at the home and could clearly explain how they provided care that was important to the person. Staff were readily able to explain each person's preferences, such as those relating to leisure pastimes.

People using the service and their relatives told us they were aware of whom to complain to and expressed confidence that issues would be resolved. Most said they would speak to a member of staff and the registered manager if they had any concerns. 'How to make a complaint' was a topic discussed at the most recent 'house forum' in July. People were aware of external agencies and organisations they could contact should they be unsatisfied with the manager's or provider's response. There were two complaints made by people using the service which had been recorded during the past year. One of these was fully resolved and the other partially so. Feedback had been provided to each person, meaning they were kept informed about how issues and concerns had been responded to.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed they had been formally registered with the Commission in October 2014. The registered manager was present and assisted us with the inspection. They walked round with us for part of the inspection and appeared to know the people using the service and the staff well. Paper records we requested were produced for us promptly, however some computer records were difficult to access. The registered manager was able to highlight their priorities for developing the service and was open to working with us in a cooperative and transparent way. They were aware of the requirements as a registered person to send CQC notifications for certain events.

The registered manager told us her values and vision for the home was to promote a patient and caring attitude amongst the team and between the people using the service. There was a stated commitment to working in an open and transparent way. People using the service, their relatives and staff all expressed confidence in the registered manager. A relative described the service as, “Well run” and the manager as “Really, really good with my relative.”

We saw the registered manager carried out a range of checks and audits at the home. She reported back to the provider organisation on a monthly basis; detailing any incident reports or accidents, staff training completed, complaints, medicines and so on. There was also evidence of external checks by a more senior manager.

We reviewed our records as well as records of incidents held at the home. The registered manager notified us of relevant matters in line with the current regulations. There was a system to ensure accidents and incidents which occurred in the home were recorded and analysed to identify any patterns or areas requiring improvement. We saw no adverse incidents had occurred recently.

We saw the registered manager had a visible presence within the home and was involved in caring as well as management activities.

The registered manager told us there were staff meetings and house forum meetings for people living in the home. Records confirmed this was the case and also that these were well attended. There were a broad range of topics discussed, which were reflective of the registered manager’s stated vision and values. Topics included how to make a complaint, keeping safe, meal time arrangements and food suggestions. There was evidence in the meeting minutes of action points being noted and of these being acted upon and resolved. This meant people were involved in the running of the home and consulted on subjects important to them.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not ensured the premises used by the service provider was safe for use for their intended purpose and used in a safe way. Regulation 12(2)(d).