

Meadow Lodge Care Limited

Meadow Lodge Care Home

Inspection report

Meadow Lodge
Broach Lane, Kellington
Goole
North Humberside
DN14 0ND

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Tel: 01977662899

Website: www.meadowlodge.co.uk

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: Meadow Lodge Care Home is a residential care home that was providing accommodation and personal care to 25 people over the age of 65, some of whom were living with dementia.

People's experience of using this service: People told us they felt safe and well supported. The provider followed robust recruitment checks, and sufficient staff were employed to ensure people's needs were met. People's medicines were managed safely.

All areas were clean and tidy. The rooms we looked at were nicely decorated in colours of people's choosing.

Staff had received training and development around management of dementia and demonstrated a good understanding of dementia care. They worked with people's individual strengths to ensure their independence, wishes and choices were promoted.

Communication was effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People enjoyed good food. Their health needs were identified and staff worked with other professionals, to ensure these needs were met.

Staff knew about people's individual care needs and care plans were person-centred and detailed.

People participated in a wide range of activities within the service and in the community, they also enjoyed the company of others in the service.

People were able to see their families as they wanted. There were no restrictions on when people could visit the service. People were supplied with the information they needed at the right time, involved in all aspects of their care and were always asked for their consent before staff undertook support tasks.

The service was well-led; systems were in place to assess and improve the quality of the service and complaints were responded to thoroughly. There was an open culture and learning was encouraged to drive improvement.

More information is in the full report.

Rating at last inspection: Good (Report published 13 July 2016).

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

remained good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

Meadow Lodge Care Home

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: One inspector carried out the inspection on both days and was assisted by an Expert by Experience on day one of inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. The Expert by Experience on this inspection had expertise in dementia care.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at 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: This inspection was unannounced on day one. We told the registered manager we would return for the second inspection day.

What we did: Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. The provider was asked to send us a provider information return prior to the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with the registered manager, the maintenance person and three care staff. We also had a conversation with a GP and a McMillan nurse and spoke with 12 people and 10 relatives. We

spent time observing the environment and the dining experience.

We looked at three people's care records including medication administration records (MARs) and a selection of documentation about the management and running of the service. This included recruitment information for three members of staff, staff training records, policies and procedures, complaints and staff rotas.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse.

- Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed well.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Systems were in place to identify and reduce the risks to people who used the service. People's care plans included risk assessments. These were individualised and provided staff with a clear description of any risks and guidance on the support people needed. Staff understood to promote people's independence and freedom, yet minimise the risks.
- Accidents and incidents were recorded and responded to appropriately to ensure outcomes could be achieved and lessons learned. The registered manager had oversight of these and the provider monitored them for any trends or patterns.
- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity.

People who used the service said they felt safe, confident and happy when being supported by staff. One person said, "Yes, I'm safe. I don't think any harm would come to us. I don't think anyone here would harm us."

- The environment and equipment were safe and well maintained. Emergency plans were in place to ensure people were protected in the event of a fire.

Staffing and recruitment.

- Staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- There were sufficient staff on duty meet people's needs and to enable people to take part in social activities and to attend medical appointments.
- People told us they received care in a timely way. One person told us, "There's always someone popping in to see if you're okay" and a relative said, "I think there's enough staff here, they 100% look after them."

Using medicines safely.

- We saw medicines were managed safely. One person said, "They do all my medicines for me and they do them fine."
- Care staff said they had received training in the handling of medicines. This was confirmed by our checks of

the staff training files.

Preventing and controlling infection.

- The service was well-maintained, clean and tidy throughout. Staff followed infection prevention and control procedures to ensure people were protected from the risk of infections spreading.
- People told us, "They're always cleaning and washing things and changing the bedding" and "They keep it very clean and tidy, they're very keen on that."

Is the service effective?

Our findings

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

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.

- Assessments of people's needs were completed and care and support regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. One visitor told us, "My relative has dementia and short term memory loss. Staff manage their needs and they are settled and safe in the service."

Staff support: induction, training, skills and experience.

- A comprehensive staff induction and training programme was in place.
- Staff were supported through regular supervision and annual appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff.
- People told us staff had the right skills to look after them. One person said, "Yes, they're trained, and they keep having extra training as they go along."

Supporting people to eat and drink enough to maintain a balanced diet.

- People's nutritional needs were met and choice was provided. Information on people's dietary needs and preferences was obtained on admission. Staff offered people appropriate support with eating and drinking and different options of meals.
- People said they enjoyed the meals on offer. They told us, "The food is very good, I like it all" and "The food is marvellous and so much variety."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Two health care professionals gave positive feedback about the service. One said, "The staff are very good at calling GP's or the practice nurses out if needed. Staff are responsive to any advice and proactive at recognising if people need a medical professional."
- People had good access to health care professionals. Records of visits were kept and people had documents in place, to provide key information should they need to go into hospital.
- Care files contained information about each person's health needs and the support they required to remain as independent as possible.

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

- People had access to a spacious garden area with flat walkways around it and a number of solid raised beds and planters full of bulbs and plants.
- People said they enjoyed doing gardening in better weather including cutting of grass and growing vegetables. Comments from one person included, "I painted all the benches and used to cut the grass, but it

is getting too much now" and their visitor said, "[Name of relative] still does the gardening though. Staff do encourage people to do things here."

- The service was nicely decorated and well maintained and met the needs of people who lived there, including those people living with dementia. For example, coloured toilet seats were fitted to ensure people could see the facilities clearly.

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 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.

- We found authorisations were appropriate and monitored by the registered manager.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. People told us they could make individual choices and decisions about their daily lives.
- People with capacity had signed their care plans and there was evidence of best interests meetings being held where people lacked capacity to make choices and decisions around their care. One visitor said, "Yes, we're fully informed and involved in the care plan, one of the family is their appointee. Now the manager is redoing my relative's DOLS."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; equality and diversity.

- People appeared comfortable and well looked after and staff demonstrated a friendly approach which showed consideration for their individual needs.
- Staff communicated with people in a caring and compassionate way. They gave time for people to respond. People appeared well looked after and well groomed.
- Staff listened to people and provided sensitive support to ensure their needs were promoted.
- Staff spent time getting to know people's preferences and used this knowledge to care for them in the way they liked. People told us, "I get my paper delivered every day. I do things for myself and only buzz when I need a bit of help that I can't manage" and "I do what I want when I feel like it."
- People's bedrooms were clean, tidy and personalised and all had space within which staff could deliver care.
- Personal information about people was securely stored and staff understood the need for confidentiality.

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

- Staff treated people on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in the care files.
- People confirmed staff were always very polite and included them when making decisions about how they wanted their care provided. People told us, "Staff involve me in decisions about my care" and "I've been other places, and this is the best. They're very, very good at caring and talk to me."
- For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the registered manager. An advocate is an independent person who supports someone so that their views are heard and their rights are upheld.

Respecting and promoting people's privacy, dignity and independence.

- People said they were treated with compassion, dignity and respect. They told us staff addressed them by their preferred name, gave them eye contact when conversing with them and were always polite and respectful when in their company.
- People appeared comfortable and their personal care needs were met. Staff demonstrated a friendly approach which showed consideration for their individual needs.
- People said staff were supportive in helping them to remain as independent as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- An assessment was carried out prior to admission, to identify each person's support needs. Care plans were developed outlining how these needs were to be met. Involving people in this assessment helped to ensure support was planned to meet people's individual care preferences.
- Care plans and risk assessments contained relevant information and were up-to-date.
- Staff were knowledgeable about the people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care.
- People and their representatives were involved in reviews of care. This made sure care plans were current and reflected people's preferences as their needs changed.
- Staff understood people's needs and found creative ways of supporting them to have a good quality of life. People told us they attended meetings when they occurred and enjoyed the social activities arranged for them by the service.
- People enjoyed attending a monthly in-house church service and where requested staff would assist them to local services.
- People had a range of activities they could take part in. They told us about bingo and dominoes and sometimes there was baking. They said they enjoyed reading daily newspapers and completing puzzles.

Improving care quality in response to complaints or concerns.

- The registered manager was aware of the need to make information for people available in formats they could understand. They said this was 'a work in progress'.
- There was a complaints procedure and information was provided to help people understand the care and support available to them. Complaints were dealt with appropriately by the registered manager when received.

End of life care and support.

- Each care file contained people's wishes and choices regarding end of life care. These gave staff details of who to contact in an emergency and what people wanted regarding their care and support.
- One person was receiving 'end of life' care and support. They were comfortable, settled in their bed and receiving appropriate care. They had received input from their GP and other healthcare professionals as needed.
- One visiting health care professional told us, "People are being well cared for and the support given at end of life is good. For example, oral care – their mouths are kept moist and clean. They are also very comfortable in bed."

Is the service well-led?

Our findings

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The service benefited from having a registered manager who was committed to providing good quality care to people who used the service.
- Visitors said, "Staff really know people here very well, and go out of their way to make sure people are able to live as normal a life as possible" and "Superb management by the registered manager. Senior care staff are also fantastic along with the deputy. [Name of deputy] is also very kind to my relative. We are always made to feel very welcome. We feel our relative has the best possible care."
- The registered manager and staff at the service understood their roles and responsibilities.
- Staff told us they felt listened to and that the registered manager was approachable. They understood the provider's vision for the service and told us they worked as a team to deliver high standards.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The service had a welcoming and friendly atmosphere. Staff morale was high and the atmosphere was warm, happy and supportive.
- The culture of the service was open, honest, caring and fully focused on people's individual needs.
- Our observations were that it was well run and people who used the service were treated with respect and in a professional manner.
- Regular checks were carried out by staff and the registered manager to ensure people were safe and happy with the service they received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The registered manager demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service, relatives and health care professionals.
- Recent satisfaction surveys had been returned. The majority of respondents, except one, rated the service as good or above. An example of the feedback was, "Everything is always done with dignity. All staff are amazing. We can be sure our relative is getting the best care. Cannot rate it highly enough thank you to all."

Continuous learning and improving care.

- The registered manager demonstrated an open and positive approach to learning and development. Improvements had been made following our previous inspection to ensure people continued to receive good quality care.

Working in partnership with others.

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.