

Anchor Trust Meadowside

Inspection report

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Ratings

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

Overall summary

Meadowside is a purpose built residential care home providing care and accommodation for up to 51 people some of whom are living with dementia and complex needs. The home is divided into seven small units each with their own lounge and dining area.

The inspection was unannounced and took place on 20 January 2015.

The service had 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.

The home was clean and welcoming; however we found poor standards of cleanliness in the sluice rooms in all units in the home. We looked at infection control audits that had been completed and found that the sluice rooms had not been included.

Summary of findings

People told us they would speak to staff and the manager if they had any concerns. Staff had received training relating to safeguarding and told us they knew how to report concerns about people's safety if they needed to.

The provider had a good recruitment process in place. Records we looked at confirmed that staff started work in the home after all recruitment checks had been completed. Staff told us they had not been offered employment until these checks had been completed. We found that staff had received training to enable them to support people.

We saw evidence that staff were trained to administer medication. We saw that medicines were stored in a safe and appropriate manner. Staff had received the training that they needed to administer medicines.

During our inspection we found that there were no restrictions placed on people living at the home which deprived them of their liberty. Relatives spoke positively about the home and the care their relatives received. We found that people's care records and reviews were up to date. We saw there were risk assessments in place that enabled people to maintain their independence.

People received support around their personal care needs and we found the staff supported people to

maintain their independence through choice and providing opportunities for people to make their own decisions. People had access to healthcare professionals who were regularly involved in monitoring their health. People were provided with balanced and nutritious meals.

People were encouraged and supported to access activities within the home. Staff spoke positively about the support they received from the registered manager. The home had good communication systems in place to support them to be aware of any changes in people's care needs.

People and their relatives were asked to complete questionnaires and given the opportunity to state their views and opinions in relation to the service being provided. People received feedback and their views and opinions were acted upon.

We have made a recommendation about infection control and how staff are supported to report concerns to the manager about infection control.

We have made a recommendation about further guidance and support for the management team around maintenance audits.

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?

This service was not always safe.

Not all areas of the home were included in the infection control audit.

Medicines were managed and administered safely. Where concerns were identified these were investigated appropriately and action taken.

Staff were knowledgeable about safeguarding and knew how to identify and raise safeguarding concerns to keep people safe.

Requires improvement



Is the service effective?

This service was not always effective.

Staff were not clear about their responsibility to monitor and record people's dietary needs.

People were provided with enough food and drink. They were provided with opportunities to decide what meals they preferred.

Staff and the registered manager had a good understanding of the Mental Capacity Act 2005.

People had access to appropriate health care professionals when required.

Requires improvement



Is the service caring?

This service was caring.

People told us they were well cared for, we saw that staff were caring and treated people with dignity and respect.

People and their relatives told us the staff were friendly and caring. We observed that the registered manager supported a caring culture.

Staff respected people's privacy and dignity when providing care, and obtained people's consent before supporting them.

Good



Is the service responsive?

This service was responsive

Relatives were involved in reviewing their family members care when they required support to do so.

People's individual needs and preferences had been assessed, and risk assessments were in place and up to date.

The provider had an appropriate complaints procedure in place and people and their relatives felt able to raise concerns with the manager and staff if they needed to do so.

Good



Summary of findings

Is the service well-led?

The service was well lead.

The culture of the home was open and inclusive. People and their relatives were encouraged to contribute their ideas about the service and felt listened to.

Relatives were included in reviewing their family members care when they were required to do so.

People and their relatives felt able to raise concerns with the management and the staff if they needed to do so.

Good



Meadowside

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 20 January 2015 and was unannounced.

Before the inspection the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help us focus our planning and determine what areas we needed to look at during our inspection. We also looked at other information we had about the service, such as records of accidents and incidents notifications that we had received. A notification is information about important events which the service is required to tell us about.

The inspection team consisted of three inspectors and one specialist advisor. A specialist advisor is someone who has clinical experience and knowledge of working with people who are living with dementia.

We looked at five care records including care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at three recruitment files, minutes of meetings and other records relating to staff support and training. We also looked at records used to monitor the quality of the service. We used the Short Observational Framework for inspections (SOFI). SOFI is a way of observing care to help us understand the care experience of people who could not talk to us.

We spoke with four people who used the service, two relatives, five staff, and three visiting health care professionals. We also spoke with the registered manager, and looked at the service maintenance records. We looked at the service quality assurance and quality monitoring systems. We observed care in the communal areas of the home to help us understand people's experience of living at the home.

This service was last inspected on 23 September 2013 and there were no concerns raised.

Is the service safe?

Our findings

People told us that they felt safe and well looked after by staff. One person told us “The staff all look after me” Another person said “People can’t just get into the home” One relative told us “My family member would tell me if they were not safe”. They told us they would speak to the registered manager if they had any concerns about safety. We observed that people were kept safe, and that staff were proactive in making sure people were safe.

We found that parts of the service were not kept clean. We found that all the sluice rooms in the home were not maintained or kept clean. We looked at the homes infection control audit which had been completed on a three monthly basis and found that the sluice rooms had not been included. We saw that the housekeeping staff kept the home clean and tidy, but the cleaning of the sluice rooms had not been included on their schedule. Staff told us they had received infection control training, but they had not reported to the registered manager that the sluice rooms had not been cleaned. We discussed this with the registered manager; who acknowledged that the sluice rooms had not been cleaned. They told us that the cleanliness of the sluice rooms would be included on the homes cleaning rota, and also on the homes infection control audit.

People and their relatives were involved in the completion of their risk assessments which ensured people were kept safe. These were regularly reviewed so that staff were made aware of any changes in people’s needs to help keep them safe from harm. Assessments included people who were at risk of falls, had mobility problems, and who may be at risk of pressure sores. Staff told us they were aware of people’s risk assessments and the action they would take to minimise the risk. However we found that where people had been assessed as at risk for pressure sores and required pressure relieving support we saw that staff did not always follow through as stated in their risk assessments. For example people with pressure sore preventative assessments in place were not ways supported by staff in the manner described in their risk assessments which meant that staff did not always minimise risk and keep people safe.

People were protected from harm by staff that had a good understanding of what they would do if they suspected abuse or if they had concerns about the care or treatment

people received. There was information displayed in several areas of the home so that people, visitors and their relatives and staff would know who to contact to raise any concerns. Relatives told us they were aware of whom to contact if they had any concerns about people’s safety. Staff had a clear understanding of who to contact should they need to raise any concerns. They had received up to date safeguarding training and there were clear policies and procedures available for staff to refer if needed.

We observed there were enough staff to meet people’s needs and keep them safe. Relatives we spoke with confirmed this. We saw that staff attended to people’s needs in different areas of the home in a timely way. We looked at the staff rota and found there was enough staff on each shift to keep people safe and meet their needs. The registered manager told us that staff were deployed in each unit to meet the needs of people in relation to their needs which have been identified in their care plans. Staff told us there was enough staff to meet people needs. The registered manager told us that on days were community activates were planned additional staff were included onto the rota to enable people to be taken into the community safely.

Staff had been recruited safely through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS) service. These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. We found that staff records also had proof of identity, previous work references and employment histories. Staff told us they had submitted an application form and attended an interview. We saw evidence that staff had been interviewed following the submission of a completed application form.

We saw that there were appropriate procedures in place for recording the administration and disposal of medicines. We found that medicines were kept securely and were administered from a lockable trolley. There were systems in place were in place to ensure that people did not run out of medicines. A pharmacist visited regularly to ensure that medicines were supplied to people. Only staff that had completed the medicines training was responsible for administering medicines to ensure people received their medicines in a safe manner.

Is the service safe?

Staff knew what to do in the event of an incident or an accident, and these were recorded and investigated where necessary. There were up to date plans for responding to an emergency and any untoward events. Staff were aware of the homes evacuation plans, and told us they knew who they were responsible for in the event of an emergency, and how to keep people safe.

We recommend that the registered manager ensures that all areas of the service, including sluice rooms, are clean to minimise the risk of infection.

Is the service effective?

Our findings

Relatives we spoke with had varied experiences in relation to their family members being referred to health care professionals. One relative told us “We have not experienced any difficulties having our family members referred” Another told us they had found the referral process “very difficult”. Staff told us there had been some difficulties with referral to health care professionals. The registered manager told us the referral process had improved. We looked at people’s care records and saw that people had been referred to the dietician, GP and district nurses.

The home had a weekly menu plan and we saw a dietary sheet in each unit, which was also displayed in the kitchen. Staff told us they were not fully aware of the process to follow through with people’s diets and they were not able to tell us whom responsible for monitoring people’s dietary needs. Staff told us that if they required advice they would refer to health care professionals such as the GP and the dietician.

Staff told us they had a period of induction training prior to starting work, and had shadowed experienced members of staff to enable them to do their jobs effectively. We observed that staff interacted and engaged with people, for example speaking with people while supporting them to move from one area to another. Staff told us they received the training and support they needed to do their jobs well. They had supervision with the registered manager to discuss their developmental needs, and to identify areas where they could benefit from further training to enable them to do their jobs better. We saw evidence that staff had group supervision which allowed them to discuss their concerns and suggestions to improve the service.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS applications are made for people that are at risk of being unlawfully deprived of their liberty so that care and treatment is given in the least restrictive manner. The registered manager and staff understood their responsibility for making sure that the least restrictive options were considered when supporting people. No one living at the home was subject to (DoLS).

Staff gained consent from people before supporting them with personal care and other needs. For example we observed staff asking people who could not mobilise independently if they would like to be supported to move from one area to another. Staff explained to people what was happening and why. We looked at people’s care records and found signed consent to care and treatment. We saw that where people lacked capacity a capacity assessment had been completed. Staff told us they had completed the equality and diversity training and respected that people had a right to give their consent before their care needs were met.

One person said “It’s very good what more could I ask for”. One relative said “We are happy with the meals provided”. Another said “We get a variety of hot meals, cake and sandwiches”. People were provided with enough food and drink. Staff offered people a variety of drinks throughout the day. We saw staff supported people with their meals in a caring manner and were attentive to their needs. The meal time was relaxed and staff encouraged people to eat their meals independently and engaged them in general conversation. We saw that people were served generous portions and offered a choice of meals. Staff told us that if people did not want what was offered on the menu then they would be offered an alternative.

Is the service caring?

Our findings

People and their relatives spoke positively about the care provided by staff. They told us the care they received was “Good”. Other comments included the staff were “Very friendly, the staff look after me”. Relatives told us “Staff always speak nicely” and were always willing, happy and caring towards my relative”. We observed staff treated people with dignity and respect throughout the inspection in a caring and gentle manner. For example we observed staff showed patience and empathy towards people, and used gentle and sensitive methods to care and support people. We saw this when we observed staff supporting people to move to and from different areas of the home.

We observed there were good interactions between people and staff. For example at the homes coffee morning and at meal times, people looked relaxed and contented, and they talked openly amongst themselves and with staff. Staff was friendly, polite and respectful when talking with people, and addressed people by their first name. We observed that before staff provided care they sought consent in a sensitive manner and took the time to explain how they would assist people in a caring way.

We observed staff supported people to eat their meals, in a kind and supportive manner. We 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. We saw that staff

spoke with people in a calm and sensitive manner during their meals. We observed that staff encouraged people to eat their meals in a manner that promote independence, and this interaction with staff enabled people to enjoy their meals. The staff approach was gentle and caring.

People were dressed in clean clothes and their appearance was maintained by staff. Staff told us they knocked on people’s doors before entering their room, and they waited for permission before they entered. When personal care was delivered this was always carried out in a discreet manner. We observed that staff were discreet with their conversations with each other and with people who were in communal areas.

Staff engaged with people well, and the interactions between them were positive which contributed to their well-being. We found that staff and the registered manager promoted a caring culture in the home, and encouraged staff to engage with people. We observed that staff spoke with people, and spent time with them throughout the day.

People and their relatives were provided with opportunities to give their views and opinions about the quality of the care they received. Relative told us they attended regular meetings in the home and completed questionnaires that enabled them to give their views. They told us they were involved in their family members care reviews, and staff always informed them if there were any changes to people’s health or well-being.

Is the service responsive?

Our findings

Relatives told us their family members received the care and support they needed. They told us they had been involved by staff in discussions about people's care needs and their quality of life. One relative told us "The staff seem to know what my relative likes and dislikes, for example they know what they like to eat". People told us the staff cared for them in the way they preferred and supported them to spend their day how they chose to, and were kept as busy and as active as they chose to be.

People had been involved in an assessment of their needs before moving into the home. Once they had moved into the home a care plan was written in consultation with them and their family. Care plans we reviewed had been written in consultation with people and their families. They included information about people's preferences, likes and dislikes to enable staff to meet people's needs.

People's routines had been recorded and staff knew when people liked to have help to get up out of bed, and when they wanted to have a rest. The care plans had been reviewed and people and their families had been asked by staff if any aspect of people's care needed to be changed. People's care records were personalised. They provided information about people's life histories so that staff knew about their backgrounds. We heard staff speaking to people about their lives in a way that showed the staff had read these plans and knew people well.

People and their relatives knew who they could speak to if they had a concern or a complaint about any aspect of the care they received. They have been provided with a copy of the provider's complaint process when they first moved into the home. They told us they had confidence that the registered manager would always deal with these issues effectively. The home had a complaints policy in place, and was available and displayed where people, relatives and staff could access it. People told us they could make a complaint if they needed to and would speak to the manager if they had any concerns. Relatives told us they knew how to make a complaint if they needed to. One relative told us "I have never had to make a complaint" One person told us "I would go to the office to make a complaint; I have not had to do so". People and their relatives were confident about raising any concerns to the manager if they needed to.

We looked at care records and saw they had been reviewed and updated on a regular basis. We found that people's risk assessments were in place, and involved their family members. We saw that people were referred to health care professionals who supported staff to meet people's needs. We spoke with the dietician who told us people were referred in a timely manner. People told us they knew about their care records, but relied on their family members to help them.

Relatives told us their relatives received the care and support they needed. They told us they had been involved by staff in discussions about their relatives care needs and their quality of life. One relative told us "Yes, the staff seem to know what my relative likes and dislikes, for example they know what they like to eat". People told us the staff cared for them in the way they preferred and supported them to spend their day how they chose to, and were kept as busy and as active as they chose to be.

People could choose what activities they attended. Some people choose to spend some time in their rooms listening to the radio or watching their televisions, or walking in the garden. We observed that there was a rota of planned activities. During the inspection we observed people taking part in quizzes and a coffee morning. Relatives told us people can take part in activities such as bingo and singing, if they chose to do so. We saw that the home had a noticeboard where information about access to the homes iPad, residents meetings, and activities were displayed. People told us they could choose what activities they took part in, as well as what they eat, when they got out of bed, and what they did for the day.

Staff told us that students from the local school came to visit, and the local hotel brought tea to the home very six months. Staff told us a performance company came to the home annually to do performances, and once per year a company brought pets for the residents to see. Staff told us that there were planned trips to the community which took place mainly in the summer months. People were also supported during other times to visit pubs and restaurants.

The provider sent out annual satisfaction surveys to people and their relatives. We saw where people had raised any issues they were analysed and discussed at relatives meetings. Staff told us that all relatives were invited but not all attended. The meetings were held on each unit to provide more time and opportunity for people and their relatives to discuss their views and opinions.

Is the service well-led?

Our findings

People told us the manager was “Good” and they could talk with them at any time. Relatives confirmed that the manager was approachable and said they could raise issues with the manager and the staff at any time and they felt listened to when they did so. They told us staff kept them informed of any changes regarding their family members care needs. Relatives confirmed they were consulted about how the home was run.

The manager had undertaken regular quality assurance audits of the home in areas such as infection control, staffing, medicines, equipment and health and safety to ensure the service was providing good quality care.

The registered manager encouraged communication between people, families and staff. They told us they encouraged an open door policy and welcomed feedback on any aspect of the service. The registered manager told us they had a good staff team, and felt confident that staff would speak with them if they had any concerns. Staff confirmed that they felt able to speak with the registered manager and put their views and opinions forward, and they felt they would be listened to. People and their relatives told us they knew what to do to raise any complaints would be confident in speaking to the registered manager if they had any, and they felt their complaints would be dealt with.

Staff told us they had meetings with the manager to help monitor how the home was meeting people’s needs. We looked at records of these meetings, and staff confirmed that these meetings enabled them to discuss issues such what training staff required with the registered manager. The manager told us that these meetings helped them to monitor how the provider was meeting people’s needs.

The atmosphere in the home was warm and welcoming with an open and inclusive culture. Staff spoke to people in

a kind and friendly way and we saw positive interactions. We saw that staff engaged with people, and took time to speak with them and offered them choices about how they received their care. Relatives told us they were kept informed about any changes in their family members care needs. They said they were invited to care reviews which gave them an opportunity to give their views about the care their family members received. We found that staff sought to improve the quality of care, and people had access to health care professionals, and staff referred people who required support from their GP, the dietician and the community district nurses.

Staff confirmed that they received supervision with the manager and had annual appraisals. The manager told us they worked with staff to, observe, monitor, and improve good practice. This helped the registered manager to identify any areas that needed to improve. The registered manager told us they worked closely with the provider who was supportive, and could be contacted for help and advice at any time.

People and their relatives had been asked by the provider to complete surveys and questionnaires, and to give feedback relating to the service. Relatives told us they had requested that the home’s visitors signing in book be placed by the front door instead of in the reception area, to give relatives and visitors more easy access. This was actioned and the book was placed by the front door.

Records were kept securely. Peoples care records were held in individual files and stored appropriately. Records in relation to medicines were locked away appropriately. The registered manager and staff reported incidents to the Care Quality Commission in line with statutory requirements. Records we looked at showed that where these incidents required investigation, the registered manager put in place preventative actions from the outcomes to ensure the quality of the service improved.