

Meera Nursing Home Limited

Meera House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Meera House Nursing Home is a care home with nursing. It is registered to provide accommodation with personal and nursing care for 59 older people who may also have dementia. At the time of this inspection, there were 35 people using the service. The home provides care for people of Asian origin and most of the people living there are of the Hindu faith.

People's experience of using this service:

Risk assessments had been prepared for people. These contained guidance for minimising potential risks such as risks associated with the corona virus pandemic, falls, medical conditions such as diabetes and pressure sores.

The service followed safe recruitment practices and records contained the required documentation. The staffing levels were adequate to ensure that people's needs were attended to.

There were arrangements for safeguarding people. Care workers had been provided with training on safeguarding people and knew what action to take if they were aware that people were being abused.

There were suitable arrangements for the administration of medicines. Medicine administration record charts (MAR) and the controlled drugs register had been properly completed. Medicine audits had been carried out.

There was a record of essential maintenance and inspections by specialist contractors. There was a current safety inspection certificate for the electrical wiring and portable appliances. Window restrictors had been installed and were engaged in bedrooms we visited. This is needed to prevent scalding. Suitable fire safety arrangements including personal emergency and evacuation plans (PEEP) and weekly alarm checks were in place.

The premises were clean and tidy. We however, noted that a few areas of the home showed signs of wear and tear and repairs. The home had started taking action to rectify these areas.

Suitable infection prevention and control measures and practices were in place to keep people safe and prevent the spread of the corona virus and other infections. Staff had received appropriate training. They had access to sufficient stocks of personal protective equipment (PPE). The infection control nurse from the local health authority had visited the home and made several recommendations. Action had been taken in response to them.

Care needs of people had been attended to. There were suitable arrangements for caring for people requiring care for specific conditions such as diabetes and pressure sores. Appropriate care plans were in place. However, a small number of the care plans lacked information regarding personal details such as likes and dislikes and people's past history. This is needed to ensure that care staff are better informed of

the individual needs of people.

Relatives were regularly updated regarding the running of the home and the care of people. Checks and audits of the service had been carried out by senior staff of the company to ensure that the home was well managed and deficiencies promptly responded to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was requires improvement (published 8 May 2019) and there were breaches of regulation in relation to safe care and treatment and person-centred care. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

We undertook this focused inspection as we had concerns regarding the service and we wanted to check that people were well cared for. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Meera House Nursing Home on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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 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.

Meera House Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection visit was carried out by two inspectors, a nurse specialist and a guajarati interpreter.

Service and service type

Meera House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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.

What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. This information helps support our inspections.

We reviewed the last inspection report and information we had received about improvements made. We also reviewed information received from the local health authority infection control team.

During the inspection

We visited the communal areas and some bedrooms. We spoke with seven people using the service, the registered manager, two nurses, two care staff, a domestic staff, the group operations manager and two directors of the company. We reviewed a range of care records and records related to the running of the service. These records included seven people's care files, medicine administration records and five staff records. We also looked at policies and procedures, checks and audits carried out.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We interviewed six relatives and six staff by phone. We also received feedback about the service from two care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question was improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to provide adequate risk assessments which included guidance to care workers for managing risks to people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments had been prepared for people. These contained guidance for minimising potential risks such as risks associated with falls, medical conditions such as diabetes, and pressure sores. Staff were knowledgeable about people's needs and knew how to support them safely.
- Risk assessments were in place to ensure people were protected against the risk of contracting the corona virus.
- When asked about the safety of a person, a relative said, "The manager is responsive and has done what is needed to protect my relative. She has done what I requested." Another relative said, "They keep my relative safe. I am happy with the manager."
- Personal emergency and evacuation plans (PEEP) were prepared for people to ensure their safety in an emergency. The arrangements for ensuring fire safety were found to be satisfactory. This was also confirmed in the October 2020 report of The London Fire Service.
- Care workers checked the hot water temperatures prior to people being provided with a shower. This was needed to prevent scalding. The service had a record of essential maintenance carried out. These included safety inspections of the portable electrical appliances and the electrical installations which were found to be satisfactory.
- We checked and noted that window restrictors had been engaged in all bedrooms we visited.
- The service had a current certificate of employer's public liability insurance.

Using medicines safely

- Medicines were managed safely.
- The home had a comprehensive medicines policy.
- People received their medicines as prescribed. Medicines administration records (MARs) were fully completed and had no unexplained gaps.
- Medicines were stored securely and at the correct temperatures.
- Monthly medicines audits had been carried out to ensure that procedures were followed.

Preventing and controlling infection

- There were suitable arrangements for the control and prevention of the corona virus and other infections.

Staff had received appropriate training in infection prevention and control. They had access to sufficient stocks of personal protective equipment (PPE) such as gloves and masks.

- On the day of inspection we found the premises were clean and tidy and a cleaning schedule in place. Some windows left partially open to improve ventilation. The garden was accessible for people.
- Work was in progress to divide the laundry annexe into two rooms so that visitors could use the second room to see their relatives. The registered manager stated that they expected the work to be completed soon.
- The local infection control nurse had visited the home and made recommendations for improvements. The home had taken action in response to the recommendations.
- A relative said, "I am very, very happy with the care. I have no complaints. From what I can see from the outside and inside, the premises are clean when I visit."

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy and a whistle-blowing policy to ensure that people were protected from harm and abuse.
- Care workers were aware of these policies and they had been provided with training on safeguarding people. Care workers were able to describe the process for reporting concerns and were able to give examples of types of abuse that may occur.
- The registered manager and senior staff of the company conducted unannounced checks of the home to ensure that people were well treated and not subject to abuse.
- People told us that they had been treated with respect. A person who used the service said, "I am happy here. The staff are caring and helpful. They treat me with respect. I have no complaints." Another person said, "I have been treated with respect. No bad treatment received from staff. I am happy with the staff."

Staffing and recruitment

- There were enough staff to meet people's care needs.
- People said there were sufficient care workers and staff had attended to their needs. Care records showed the care needs of people had been attended to.
- Staff informed us that the staffing levels were adequate and they could attend to their duties. We observed that staff did not appear rushed and went about their duties in an orderly manner.
- The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. We noted that the records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom. The current registration details of nursing staff were available to ensure they were fit to practice.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded. Where appropriate, there was guidance provided to staff for preventing re-occurrences.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant 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
At our last inspection the provider had failed to ensure people were receiving appropriate care which met their needs. We found that the care and recording related to people with pressure ulcers and diabetes required improvement. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People with specific care needs such as diabetes and pressure ulcers received personalised care and support. Their care needs had been fully assessed and appropriate care plans prepared. One person who had a pressure ulcer on arrival at the home, made improvements as a result of the care given and the pressure ulcer had healed. People with diabetes were carefully monitored and received appropriate care and treatment.
- Care records were now in an electronic format and accessible to people and their representatives via the computer. The records contained assessments of people's needs and personal information such as their culture, religion, and family contacts. Following these assessments, care plans had been prepared. They covered areas such as mental health, communication, personal hygiene, sleeping, pain control, medicines, mobility, nutrition, falls, tissue viability and specific healthcare needs. Daily notes had been written regarding people's progress.
- Reviews had been carried out with people, their representatives and care professionals such as people's GP, tissue viability nurse and social worker. There was a "resident of the day" system in place whereby the care of a resident is closely scrutinised each day and the care plans were updated. This ensured that people received appropriate care and treatment.
- We found that some of the care documentation could be further improved by adding more personal details such as people's past history and what was important to them. The registered manager stated that this would be done.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives we spoke with told us that although they were not able to see their relatives inside the home as often as they wanted to, they were of the opinion that people were well cared for. One relative said, "We are happy with the care provided. The nurse from the home called recently to tell us about our relative. We have no concerns." Another relative said, "I spoke with the manager recently regarding the type of food my relative should have. She listens to me."
- The home employed an activities co-ordinator and there were various religious and therapeutic activities and celebrations organised for people. Activities organised included singing, playing cards, religious

services, prayers, one to one sessions and chair exercises. The home had also assisted people put together memory boxes with interesting information about themselves. This meant staff could have a better understanding of people.

- A local Hindu temple had linked up with people so that they could participate in daily internet prayers. The home had also organised Diwali celebrations for people and this included an online event that was held in the temple. Other religious celebrations such as Christmas were also celebrated at the home.

Improving care quality in response to complaints or concerns

- The home had a complaints policy which was displayed at the entrance of the home. Complaints had been promptly dealt with. A complaints audit was carried out monthly. People and relatives we spoke with knew that they could complain to the registered manager if they had concerns. One person told us that the home had responded promptly to a complaint they made.
- Some relatives told us that they were unhappy that they could not meet with their relatives in a room within the home due to corona virus restrictions. One relative said, "I am not happy with the restrictions. I would like to go into the home and hold my relative's hand." Another relative said, "They respond to my complaints and there is a good relationship. However, I am not able to talk properly with my relative as we are not allowed in the home."
- The registered manager stated that a meeting room had been renovated and would be ready soon so that such meetings could take place there. She also stated that individual risk assessments and visiting plans would be prepared so that visiting arrangements can be improved.

End of life care and support

- The service had a system in place for providing end of life care although no person was receiving end of life care at the time of this inspection. There was an end of life policy to provide guidance for staff. Staff had also received end of life training.
- The service had explored the end of life choices and preferences with people and their representatives. These were documented in people's care records. The registered manager informed us of an instance in the past where the family of a person receiving end of life care was allowed to come into the home to spend time with their family member subject to their corona virus safeguards.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The home had a procedure for meeting this standard. We noted that notices around the home were in Gujarati and English. Pictorials to assist people with communication difficulties were in both English and Gujarati. In addition, we noted that the lift had verbal instructions in Gujarati and we saw care workers communicated in Gujarati with people.

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

At our last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This mean the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

During the last comprehensive inspection we carried out in February 2019, we found that the service did not have a sufficiently effective quality assurance system. Checks and audits were not sufficiently comprehensive. They did not identify and promptly rectify deficiencies we noted.

- The service had made improvements and there was a quality assurance manager who carried out monthly audits of the service. These audits included areas such as complaints, accidents, health and safety and staffing arrangements. Outcomes of audits were discussed with the registered manager and staff so that prompt action could be taken to improve the service. In addition, spot checks were carried out by the registered manager when care was provided to ensure that staff provided the care people needed. Checks were carried out weekly in areas such as medicine stocks, maintenance of the building and the hot water system.
- A care professional stated that the management of the home had improved, and the service had responded well to suggestions made by them. A relative said, "My relative is alright. The present manager is managing well. She listens to us. We get monthly emails from her. We also can speak to our relative on the computer."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had encouraged a culture that was open, inclusive and put people at the heart of the service. Care plans were now accessible to people and their representatives.
- Staff had consulted with people and their representatives regarding how they could meet the needs of people.
- Monthly staff meetings had been held where staff could express their views and received updates regarding the care of people.
- People and relatives we spoke with told us that they had confidence in the management of the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and directors of the company were aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. They knew when they needed to report notifiable incidents to us.
- Care documentation and records related to the management of the service were well maintained and up to date.

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

- People and their relatives had opportunities to feedback about the care provided. An annual survey had been carried out. The analysis of completed feedback forms indicated that people were mostly satisfied with the services provided. The service had an action plan for improving the care provided.
- The minutes of a recent meeting indicated that people had been consulted regarding their views and the care and services provided. We noted that the feedback from people indicated that they were satisfied with staff and the services provided.
- People's diverse and individual needs had been met. People stated that they had meals which met their religious and cultural observances. Religious meetings, prayers and TV programmes had been arranged for people.

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

- The registered manager was supported by a deputy manager, an area manager, directors of the company and a quality assurance manager. She and the deputy manager managed a team of nurses and care staff.
- Staff felt well supported. They told us the registered manager was approachable and listened to them. One staff member said, "I am very happy to work here. The manager listens and takes action. There is good teamwork."
- Staff meetings and supervision sessions were used to obtain the views of staff and share information about people and the service. Staff told us that morale among them was good.
- We saw that staff went about their duties in a calm and orderly manner. They were knowledgeable regarding their responsibilities towards people.

Working in partnership with others

- The service supported people to have effective links with the local community through accessing local cultural and religious services. This ensured that people were aware of what was happening in the local community.
- Staff worked in partnership with others to ensure people received good quality care and support. Feedback from a healthcare and a social care professional indicated that staff communicated and worked well with them to meet people's needs.
- There was documented evidence that the service had accessed the services of local healthcare professionals to ensure that people's special needs were met.
- People's relatives were positive and stated that there had been an improvement in communication with the service about the running of the home and the care of their relatives. Monthly emails had been sent by the registered manager to people's representatives to update them on the running of the home.