

Borough Care Ltd

Meadway Court

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Meadway Court is a residential care home providing personal care to 40 people aged 65 and over at the time of the inspection. The service can support up to 42 people. This included nine recovery beds to assist people transferred from hospital and three beds for people requiring short-term respite support.

People's experience of using this service and what we found

On the inspection we identified concerns about safety, oral healthcare and governance. The provider and registered manager commenced immediate action to resolve the issues identified.

Medicines were not always administered as prescribed and staff did not have access to care plans for medicines given 'when required'. Monitoring documentation was not completed consistently. Staff were recruited safely. People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. People were happy living in the home and felt safe.

People did not always receive appropriate support with their oral healthcare. People had their nutritional needs met by the service. 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 were positive about the service. People told us staff were kind and caring. People were treated with dignity and respect and were involved in their care planning and delivery. People's right to privacy was upheld. The registered manager could provide people with information about local advocacy services, to ensure they could access support to express their views.

People received person-centred care which was responsive to their needs. People's communication needs had been assessed. People were entertained and stimulated when activities provided were for them. People knew how to complain, and felt concerns raised would be listened to and acted upon.

Quality assurance systems were in place to assess, monitor and improve the quality and safety of the services provided. However, audits had not always identified risks to people's safety and wellbeing. The management team were receptive to our feedback and started to make the required improvements immediately. They were committed to making improvements at the home, and ensuring effective systems were in place.

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 good (published 9 April 2018).

Why we inspected

The inspection was prompted in part due to concerns raised by Her Majesty's Coroner. A Regulation 28 Report was issued to the service on 26 November 2019 relating to risks around falls. The Coroners and Justice Act 2009 allows a Coroner to issue a Regulation 28 Report to an individual, organisations, local authorities or government departments and their agencies where the Coroner believes that action should be taken to prevent further deaths. A decision was made for us to inspect Meadway Court and examine those risks.

A new falls pathway was now in place at Meadway Court. recent risks had been safely managed. However, we found evidence that the provider needs to make other improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to safety and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Meadway Court

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.

Inspection team

This inspection was carried out by an inspector, a pharmacy inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Meadway Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

Day one of the inspection was unannounced. The service knew we would be visiting on the second day of the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted the Healthwatch Stockport to find out if they held any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, the area management team, the activities coordinator, care staff, domestic staff and the chef. We also spoke with three health and social care professionals who regularly visit the service.

We reviewed a range of records. This included three people's care records and 11 medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also walked around the service and observed how the staff interacted with people.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also looked at staff training data.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The service recently implemented an improved system to record and monitor falls. Records showed that the new falls pathway had been followed for people who had experienced falls recently.
- Two bath hoists were not fitted with lap belts in line with government recommendations. The service arranged for lap belts to be fitted by the second day of the inspection and completed associated risk assessments.
- Checks to monitor safety and wellbeing were not always recorded. For example, one person's who was relaxing in bed had not had a wellbeing check logged on the system for three hours.
- Senior care staff kept other risk assessments under review and updated them regularly to ensure staff had access to information to support people safely.
- Personal emergency evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. Staff understood their role and were clear about the procedures to be followed for people needing to be evacuated from the building.

Using medicines safely

- Medicines which should be given at specific times were not always given safely. For example, a system was in place to make sure medicines were not given too close together. However, staff failed to return to give doses of prescribed medicines. This meant people missed doses of pain relief.
- Staff did not have access to written guidance enabling them to safely administer prescribed medicines 'when required'. Guidance for medicines given in a variable dose did not have clear instructions.
- Most medicines were stored safely but we saw the waste medicines were not stored in line with current guidance.
- Topical medications were not always administered as prescribed or recorded accurately. For example, we found creams in people's private bathrooms that were not currently prescribed. Records were not completed accurately and did not show that creams were applied properly.
- Records about the use of thickener were not accurate and could not show that fluids had been thickened properly.

Due to poor medicines management people were placed at risk of harm. This was a breach of regulation 12 (Safe Care and treatment) of the health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The provider was responsive to our findings and immediately took steps to ensure that these areas were improved.

Learning lessons when things go wrong

- The management team took immediate steps during the inspection to address the concerns we raised and to make improvements.
- Accidents and incidents had been managed appropriately.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and staff spoken with had a good understanding of what to do to make sure people were protected from harm.
- People had no concerns about their safety. One person said, "The staff are good, that matters and helps me feel safe."

Staffing and recruitment

- The registered manager was fully aware of their responsibilities to ensure new staff were recruited safely.
- The management team and staff told us there were enough staff on duty to meet people's needs. People and relatives said there was an occasional shortage of staff and a reliance on agency staff.
- Staff interactions were task based and people were not always engaged in an activity or conversation. People told us; "If I press the call bell someone always comes,"; "[The service is] short of staff, there's not enough. They are friendly but don't have enough time to talk" and "Staff pop in and out but don't have time to talk." We passed this on to the management team.

Preventing and controlling infection

- The service had effective infection control procedures. Staff had access to and used protective personal equipment such as disposable gloves and aprons. This meant staff and people they supported were protected from potential infection during the delivery of personal care.
- Staff received infection control and food hygiene training and understood their roles and responsibilities in relation to these areas.

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

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People did not always receive effective oral healthcare. For example, we found that people did not always have access to toothbrushes, toothpaste and denture cleaners. People were not always supported with oral care in line with their care plan and oral care assessment. The service acted immediately to ensure people were receiving the support they needed.
- Staff did not always complete documentation accurately so we could not be sure people had received appropriate care. For example, one person's fluid intake record had not been updated for 18 hours. The provider immediately arranged a training course to support staff in this area.
- People were supported to maintain good health and had access to healthcare services when required. The registered manager obtained the necessary detail about people's healthcare needs and had provided guidance for staff regarding what action to take if people became unwell.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The management team completed assessments to ensure people's needs could be met.
- People's care plans did not always contain enough information about people's needs. All care plans had been updated by the second day of the inspection.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. This included for example, people's needs in relation to their sexuality, culture and religious practices. Staff completed training in equality and diversity and the registered manager and staff were committed to ensuring people's equality and diversity needs were met.

Staff support: induction, training, skills and experience

- Staff received an induction when they began working at the home. Staff we spoke with confirmed this and a copy of the induction record was stored in staff personnel files.
- Staff received training suitable for their job role which was regularly updated. Staff told us the training was effective and equipped them to carry out their role.
- Many members of the staff team had worked at the home over several years and told us the people and their relatives were like family, although staff were aware of the professional boundaries between them.

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

- Overall people and relatives told us they were happy with the menu options and the quality of the food at Meadway Court.

- People with specific dietary needs were catered for. The chef had good knowledge of people's needs and preferences. Meals were nutritionally balanced.
- Where people were at risk of weight loss or dehydration, medical advice was taken. People's weights were regularly recorded. Relatives were asked not to visit at mealtimes so people could focus fully on their dining experience.
- People who required assistance with eating and drinking were helped with patience and dignity.

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

- Accommodation was accessible, safe and suitable for people's needs. People told us they were happy with the standard of accommodation provided and were comfortable living at the home.
- People could maintain their independence and access pleasantly decorated areas to visit with their relatives.
- Rooms were furnished and adapted to meet people's individual needs and preferences.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. Consent documentation was in place and signed by the person receiving care or their relatives who had legal status to provide consent on their behalf.
- Staff observed during the inspection sought consent from people before providing their care.
- Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this. Conditions were met by the service.

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity. Respecting and promoting people's privacy, dignity and independence

- People were supported by caring and respectful staff. People said staff were kind and attentive and our observations confirmed this. We saw they were polite, respectful and showed compassion to people in their care. One person said, "I feel lucky to be here. I feel at home and comfortable and that's down to the staff."
- People were supported with their spiritual needs. One person attended a local church service regularly. A multi faith service was also held monthly within Meadway Court.
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen documented people's preferences and information about their backgrounds.
- People told us staff respected their privacy and dignity and consent was sought before staff carried out any support tasks. They told us they were always treated with respect and felt comfortable in the care of staff supporting them. One person shared a concern which was passed on to the registered manager.

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

- The registered manager and staff team supported people with decision making.
- Information was available about local advocacy contacts, should someone wish to utilise this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.
- People were encouraged to maintain relationships with their family and friends and were given the opportunity to meet in privacy. Birthdays were celebrated within the home.
- Staff described how they support equality and diversity which included calling people by their preferred name, supporting people to be themselves and giving them choice and control about how they spend their time. Staff told us they didn't discriminate, and everyone was equal.

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 good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care files were person-centred and individualised documents reflected each person's assessment of needs. Care plans included people's personal care needs including nutritional support, social interests and communication needs. Staff spoken with were able to describe people's individual needs and how these were met.
- The registered manager and staff team provided care and support that was focused on individual needs, preferences and routines. People told us how they were supported by staff to express their views and wishes. This enabled them to make informed choices and decisions about their care.

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.

- People's communication needs had been assessed and support required documented. Picture card aids were available which could be used in most situations. These included enabling people to pick the meal of their choice.
- The provider could produce information in different formats or languages if required.

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 chose to spend most of their time in the communal lounge and the size of the home meant they knew each other well. People spent time in their bedrooms if they wished to.
- People could receive visitors who told us they were welcomed into the home.
- People told us social activities were organised to keep them entertained and stimulated. People told us they were happy with the activities organised. One person said, "We do go out on trips now and then. We sometimes play a game or watch movies. We often have music on."
- People told us they were supported to access the local community or go on trips farther afield. Events were held for birthdays and special community events. The service had welcomed a local scout's group in to help with gardening, a Christmas choir performance had taken place and a nursery group came in fortnightly for fun and games.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was shared with people when they started using the

service. People told us they knew how to raise concerns and were confident any complaints would be listened to and acted upon in an open and transparent way. One person said, "Any complaints have been dealt with without a fuss."

End of life care and support

- People's end of life wishes had been recorded. This included their cultural and spiritual needs so staff were aware of these. We saw people had been supported to remain at the home where possible. This allowed them to remain comfortable in their familiar, homely surroundings, supported by staff known to them.
- Some people had 'do not attempt cardio-pulmonary resuscitation' (DNACPR) records within in their care file. The DNACPR is a form completed by health professionals, usually a doctor and in agreement with the person and their family when resuscitation is unlikely to be successful. Staff were clear on which people were for resuscitation.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant management oversight was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, health and person-centred care.

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

- Systems to monitor quality of care failed to identify the issues we found during the inspection. For example, audits and manager's daily 'walk-a-rounds' did not alert the management team of issues around medicines, poor oral healthcare or inaccurate monitoring and documentation.

Systems were not robust enough to demonstrate that safety, health and wellbeing were effectively managed. This was a breach of Regulation 17 (Good Governance) of the health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The management team took immediate steps to ensure that these areas were improved.

- The home had a registered manager in post who was registered with the Care Quality Commission. The registered manager understood their responsibilities of their registration.
- The management team knew how to share information with relevant parties, when appropriate.
- The staff team felt well supported by the management team. One staff member told us, "The registered manager has supported me both professionally and personally. They are always there to listen."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 management team were available to speak with people, relatives, staff and professional visitors daily. A staff member told us, "The management team are approachable and receptive to feedback."
- The registered manager understood their responsibilities under duty of candour and had sent all notifiable incidents to the Care Quality Commission (CQC). The management team were keen to stop concerns escalating and had an open-door policy.

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

- People, relatives and the staff told us they were involved in regular meetings to share ideas and plans for the home. Surveys were completed and findings analysed to support quality improvement.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked with the local authority as part of a monitoring process and attended various quality workshops.
- Staff were encouraged to attend training and gain further qualifications to offer a high standard of care.
- The registered manager told us they were well supported by and shared learning with other managers within their provider group.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 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 provider did not ensure that medicines were administered as prescribed. Regulation 12 (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17 (2) (b)